

CCD Counseling P.A.

Agency Policies and Procedures

(9/2015)

[Note: Additional Agency Policies and Procedures for the Family Tree and Denton Recovery Options Programs are contained in separate documents.]

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ORGANIZATIONAL

1. ORGANIZATIONAL INFORMATION

1A. Brief History

The Counseling Center of Denton (CCD) has been providing community-based counseling services to individuals, couples, families, and groups since May of 1990. In 1993, The Counseling Center of Decatur (Wise County) was opened. It closed in 2013. The Lewisville office (Family Tree Counseling) was opened in December 1997. Farmers Branch was opened in 2010. The agency was incorporated as CCD Counseling Inc. in 1996, and converted to CCD Counseling P.A. in 2002.

1B. Mission Statement

To provide affordable community-based services to assist clients in achieving maximum personal growth.

1C. Services

Therapeutic, educational and forensic services for adults, adolescents and children, including services for individuals, couples, families, and groups and educational programs for the community.

1D. Organization

CCD Counseling P.A. is an S-Corporation. Cindy D. Jacobson is president, sole stock holder and Director.

2. GENERAL POLICIES

2A. Reporting Child Abuse and Neglect

Chapter 261.101(c) of the Texas Family Code (TFC) requires every person who suspects that a child has been abused or neglected to report the suspected abuse or neglect to TDPRS or to another state agency authorized to receive the report. The law also specifically requires that professionals make oral report within 48 hours after first suspecting abuse or neglect [Note: STAR contract requires report within 24 hours]. Staff who directly provide services are considered to be professionals under the law. A professional may not delegate to or rely on another person to make the report.

2B. Equal Opportunity Policy

In both employment practices and provision of services, CCD will perform without regard to race, color, religion, national origin, sex, age, disability, political beliefs, religion, sexual orientation or other characteristics unrelated to either job performance or service eligibility.

2C. Confidentiality and Privacy

The contents of client files and information about clients are considered confidential. Employees of CCD will make every effort to protect the privacy of that information, including using or disclosing information only when such use or disclosure has been consented to, or authorized by the client, or when required or permitted by law. When laws about such use or disclosure conflict, the agency will follow the law which is more protective of client privacy. When client information is used or disclosed, staff should make every effort to limit the information to the minimum required to accomplish the purpose of the use or disclosure.

2D. HIV Guideline

CCD will not discriminate in employment or service provision because of AIDS, HIV infection, antibodies to HIV, or infection with any other probable causative agent of HIV. Information about a person's health is private, therefore every reasonable precaution will be taken to protect this information.

2E. Compliance with Professional Standards/Code of Ethics

All employees shall perform their duties in accordance with:

- a) the laws governing such service delivery in the State of Texas,
- b) the Code of Ethics of the employee's licensing body,
- c) practices that will edify and promote the reputation and future business of CCD, and
- d) practices which will facilitate the contractual and business obligations of the employer, including the professional, accurate, and timely completion of all documentation.

2. GENERAL POLICIES (continued)

2F. Recommendations for Improving Operations

Employees shall make available to the Director and/or their fellow employees all information of which they have any knowledge, and shall make all suggestions and recommendations that will be of mutual benefit to employer, employee and the agency.

2G. Safety

While services may be provided at a number of locations, including a CCD Office, another agency, a public place or in a family's home, any chosen location must provide for the safety of all involved. Program staff will avoid locations and situations that do not provide such safety and/or take positive action to eliminate, avoid and/or escape any place or situation where their, or another's safety is no longer assured.

2H. Contractual Standards

In the delivery of services for a contractual client of CCD, employees will comply with all provisions of that contract and abide by all terms and conditions imposed on subcontractor under the primary contract between the contractual client and CCD Counseling, P.A.

2I. Drug Free Workplace

1. Each employee shall receive CCD's Drug Free Workplace document outlining the dangers of drug abuse in the workplace, CCD's policy, available drug counseling, rehabilitation, and employee assistance programs, and penalties that may be imposed for violations occurring in the workplace.
2. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace.
3. Employees who violate the policy are subject to disciplinary action including immediate termination.
4. As a condition of their employment, employees will:
 - a) abide by this policy
 - b) notify the employer in writing of any conviction for a violation of a criminal drug statute no later than five calendar days after such conviction.
5. The agency will notify TDFPS and other granting agencies that they have received notifications of criminal convictions within 10 days of receiving them.
6. The agency will take one of the following actions within 30 calendar days of receiving notice of criminal convictions:
 - a) Personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency;
 - c) Making a good faith effort to continue to maintain a drug-free workplace.

3. EMPLOYMENT

3A. Types of Employment

1. Contract Employment

Contract employees are self-employed and perform duties for the agency on a contractual basis. As such, the contract employee shall have full power to determine which referrals to accept or reject, where and when services are provided and the particulars of that service delivery that are related to therapeutic style or theory base. Information contained in this document shall be disregarded if it conflicts with their employment contract. Contract employees are not entitled to agency fringe benefits of employment.

2. Full-Time Employees

An employee shall be designated full-time if the work scheduled for the position is 40 hours per week, and the employee has successfully completed the probationary period. Except during the initial probationary period, a full-time employee is entitled to any fringe benefits (e.g. vacation, health insurance, etc) on the same basis that they are offered to other current full-time employees.

3. Part-Time Employees

An employee shall be designated part-time if the work scheduled for the position is less than 40 hours per week. Part-Time employees are not entitled to agency fringe benefits of employment.

4. Probationary Period for Full and Part-Time Employees

A six month probationary period will begin with the original date of employment. No employee shall be considered permanent until the period of probation is completed. This probation period will be used for close supervision and evaluation. At the end of the period, the Director will review the performance of the employee and determine whether the individual should be removed from probationary status. At the Director's discretion, the probationary period may be extended for any period not to exceed six months. During the period of probation, an employee can be terminated with or without cause at the discretion of the director. Benefits during a probationary period are limited to holidays, health insurance when required by insurer, and the accrual (but not use) of vacation time.

3B. Employee Evaluations for Full and Part-Time Employees

A written performance evaluation will be completed at the end of the first six months by the director. Evaluations will be performed at least every 12 months thereafter. The Director reserves the right to perform evaluations at any given time during the year. This time will be used in assessing weaknesses and strengths and will help provide proper training and guidance for the individual staff member. The evaluation and any addendum/comments of the employee will be placed in each staff member's personnel file.

3. EMPLOYMENT (continued)

3C. Employee Suspension, Termination and Resignation for Full and Part-Time Employees

1. Suspension

The Director may suspend an employee with or without pay and paid suspension may take place in or out of the office. The length of the suspension is based on either time or specific tasks, duties, changes or other criteria that must be completed to the Director's satisfaction prior to resuming regular employment. In addition to work related performance, suspension may be utilized to remove an employee from contact with clients in the event that the employee is the subject of any of the following:

- a) an indictment alleging commission of any felony classified as an offense against a person or family or of public indecency, or of violation of the Texas Controlled Substance Act.
- b) an indictment alleging commission of any misdemeanor classified as an offense against a person or family or of public indecency.
- c) an official criminal complaint accepted by a district or county attorney alleging commission of a misdemeanor classified as an offense against the person or family, or public indecency.
- d) A violation of agency privacy practices.

2. Employee Termination

In the event that an employee is discharged, the organization will give 2 weeks notice, unless, in the opinion of the Director, such extreme circumstances exist as to warrant more immediate dismissal. Grounds for dismissal/termination of employment may include unsatisfactory performance, excessive absence, any form of abuse, unbecoming conduct, or a violation of the agency's privacy practices.

3. Employee Resignation

Employees must give 2 weeks notice in order to receive a favorable reference. Exceptions may be made if the resignation is the result of emergencies beyond the control of the employee. Any employee not reporting to work for 2 consecutive days without notifying the Director will be considered resigned.

3. EMPLOYMENT (continued)

3D. Leaves from Employment

1. Medical Leave: In accordance with agency policy, accrual of medical leave begins from the date of employment for all full-time employees in accordance with the following:

- a) Medical leave shall be accrued at a rate of eight hours per month,
- b) A maximum of 480 hours of medical leave may be accrued,
- c) Medical leave is granted to employees who are in fact ill, physically incapacitated or seeking routine medical health examinations/appointments.
- d) False claims for medical leave are cause for disciplinary action or severance.
- e) After medical leave is exhausted, vacation time and compensatory time may be used.
- f) Upon exhaustion of all available leave time and with the approval of the Director, the employee may use medical leave or compensatory time donated by a coworker(s).
- g) Medical leave shall be allowed to employees who become seriously ill while on vacation if supported by a physician's statement.
- h) If illness exceeds three days, a written doctor's excuse must be provided to the Director upon return to work.
- i) An employee is entitled to take medical leave when a member of his/her immediate family is ill. Immediate family members are defined as spouse (including a co-habiting partner), parents, grandparents, siblings, children, and grandchildren.
- j) In no case will sick leave be accrued or utilized after an employee is severed, dismissed, or resigns.

2. Compassionate Leave

Compassionate leave shall be granted to an employee because of a death in the immediate family or a significant relationship. Such leave may be granted by the Director for other reasons when an employee shows good cause for such leave. Compassionate leave shall not exceed three consecutive working days per request. Extensions may be granted at the discretion of the Director.

3. Leave of Absence

All regular full-time employees shall be eligible for a leave of absence without pay for compassionate reasons, for educational reasons, or compelling reasons up to thirty days when requested and approved in writing in advance. Request for such leave are subject to approval by the Director.

3. EMPLOYMENT (continued)

3D. Leaves from Employment(Continued)

4. Civil Duties

No deduction shall be made from an employee's wages or salary due to absence from work because of attending court as a witness or juror or for attending a coroner's inquest as a witness.

5. Elections

All employees are entitled to vote in national, state, and local elections and shall, if necessary, be allowed sufficient time off, not to exceed one hour with pay, to exercise their right.

6. Compensatory Leave

All regular employees shall be eligible for compensatory leave for service beyond forty hours per week during a regular work week (Sunday midnight to Sunday midnight) for any unscheduled service performed between the hours of 10 pm and 8 am as part of on-call crisis intervention coverage. Compensatory time is time and a half. Director should be notified in writing upon accrual and utilization of compensatory time. All employees are encouraged to use compensatory time as soon as possible. Employees may not accrue more than 40 hours of compensatory time. Unused compensatory leave is forfeited when an employee separates from employment.

7. Flex Time

All regular employees shall be eligible to maintain schedules that permit them to best meet the needs of clients and the agency. Variations in scheduling should be approved by the director in advance and permit completion of duties in a timely fashion and coverage for all responsibilities without confusion.

8. Unexcused Absence

No employee shall be absent from duty without notifying the Director no later than 8:00 a.m. of the day of the absence. Unexcused absence may be cause for disciplinary action. An employee who expects to be late must report the expected deviation to the Director.

9. Leave for Childbirth

Leave for childbirth is treated as any other temporary disability in which accumulated sick and vacation leave are taken. Once all accumulated sick and vacation leave are exhausted, further absence is leave without pay. A male employee may use up to ten days for childbirth related activities. If the male employee is actually giving birth, he agrees to share all movie rights in exchange for this leave. All leave should be arranged in advance with the Director.

10. Office Hours

Salaried employees are expected to maintain a schedule that permits them to get the job done and to be available and responsive to referral sources, clients, and co-workers.

3. EMPLOYMENT (continued)

3E. Employee Benefits

1. Holidays

CCD Counseling P.A. recognizes the following as paid holidays:

New Years Day	Independence Day	Thanksgiving Day
President's Day	Labor Day	The Day after Thanksgiving
Good Friday	Columbus Day	Christmas Eve
Memorial Day	Veterans Day	Christmas Day

Employee's birthday or a recognized cultural or religious holiday of their choice
(e.g. Rosh Hashanah, Martin Luther King, Cinco de Mayo, etc.)

2. Vacation

a) Each full-time employee shall be entitled to vacation based on the following formula:

<u># Years</u> <u>Employed</u>	<u>Vacation</u> <u>Entitled</u>	<u>Monthly</u> <u>Rate</u>
0-3	2 Weeks (80 hours)	6.66 hours per
4-60	3 Weeks (120 hours)	10.00 hours per

b) Vacations shall be requested in writing by the employee and approved by the director. The advance notice of the request must equal or exceed the length of time an employee is requesting off.

c) In the event of conflicting requests for vacation at a similar time/date, vacation will be granted by the following criteria: 1) office coverage (interests of the agency), 2) first come, first serve, and 3) seniority (time with the agency).

d) A maximum of 120 hours of vacation time may be accrued.

e) Vacation time may not be used during initial probationary period.

f) Unused vacation leave is forfeited when an employee separates from employment. However, if an employee in good standing voluntarily resigns from employment with at least two weeks' advance written notice, the employee will receive the full balance of accrued, but unused vacation leave. Leave time may not be counted toward such a notice period.

3. Raises

It is in the best interest of the agency to retain employees who contribute significantly to the agency and its mission. In the effort to retain such employees, management may offer raises in pay to: a) match market rates (rate of pay for similar positions in similar agencies), b) counter the effects of inflation, and/or c) to reward exemplary performance. Raises may affect one position, a class of positions (e.g. all support staff), or all staff. All raises shall be determined by the director and are made at the sole discretion of the director.

3. EMPLOYMENT (continued)

3F. Personnel Records

1. Personnel Records shall contain copies of the following documents (if applicable to the position):
 - a) resume or vitae documenting required education, training, and work experience
 - b) copies of all post-secondary diplomas
 - c) copy of current liability insurance
 - d) copy of current licensure and credentials
 - e) documentation of required training and in-services, including:
 1. date,
 2. number of hours,
 3. content,
 4. instructor's name and qualifications,
 5. signature of the person completing the training, and
 6. certificate of completion or agenda (if provided.)
 - f) W-4
 - g) copies of annual performance evaluations
 - h) job description or contract
 - i) Confidentiality and Privacy Agreement
 - j) criminal records search
 - k) permission for criminal records search

2. The following documents may also be required for staff serving certain contracts:
 - a) employment application
 - b) DPEI security agreement
 - c) I-9

3. It is the responsibility of the employee to submit new copies of personnel documentation as it is renewed and/or to notify the director if an expired credential will not be renewed prior to the expiration of the existing one. Employees shall also report changes of address, telephone numbers, number of dependents, marital status, and other payroll or tax-withholding related data to the Director.

3G. Hiring Practices

1. Applicants hired will meet or exceed the minimum qualifications listed in the job description.

2. Director will complete background checks as required to protect clients and to meet the standards of various contracts, programs, or licensing, complying with The Texas Civil Practice and Remedies Code 81.003 which relates to employment reference checks.

OPERATIONS

4. GENERAL CONDUCT

Share everything.

Play fair.

Don't hit people.

Put things back where you found them.

Clean up your own mess.

Don't take things that aren't yours.

Say you're sorry when you hurt somebody.

Wash your hands before you eat.

Flush.

Warm cookies and cold milk are good for you.

Live a balanced life - learn some and think some and draw and paint and sing and dance and play and work every day some.

Take a nap every afternoon.

When you go out into the world, watch out for traffic, hold hands, and stick together.

Be aware of wonder. Remember the little seed in the Styrofoam cup: The roots go down and the plant goes up and nobody knows how or why, but we are all like that.

Goldfish and hamsters and white mice and even the little seed in the Styrofoam cup - they all die. So do we.

And then remember the Dick-and-Jane books and the first word you learned - the biggest word of all - LOOK.

-Robert Fulghum

All I Really Need to Know I Learned in Kindergarten.

4. GENERAL CONDUCT (CONT)

4A. Non-negotiable Expectation Number One

All employees will play nice with others, acknowledging when someone does something well, and addressing differences before they become conflicts.

4B. Representing the Agency

Each employee's personal appearance, conduct, and correspondence represents the agency to the public. It is important that each employee make the best possible impression at all times by maintaining high standards in appearance, conduct, and correspondence.

4C. Timeliness

Employees are to be punctual in reporting to work, keeping appointments, and meeting schedules for completion of duties, including paperwork.

4D. Staying Informed: Memos, Meetings, Minutes and E-Mail

Employees are expected to be well-informed. New information is delivered in Memos, Meetings and Minutes. Staff are responsible for meeting deadlines and following procedural changes announced in Memos, Meetings and Minutes. Attend and Read.

4E. Responsiveness

Employees are expected to be responsive to their fellow employees, clients and potential clients. Phone calls and emails should be returned within 24 hours on weekdays. Contract employees are expected to check their email daily on business weekdays, regardless of whether they are seeing a client that day or not.

4F. Policies and Procedures

Staff are responsible for having knowledge of agency policies, procedures, forms, and their contents. Policies on fees, late cancellations, and payment are agency policies and therapists are responsible for implementing them.

4G. Use of Office Equipment

No employee shall use any office equipment for personal or non-office related use without prior permission from the Director.

4H. Office

All offices are to be neat and orderly. All clutter shall be removed from the tops of desks and filing cabinets at the end of the business day.

4. GENERAL CONDUCT (CONT)

4I. Practice Standards

In addition to standards imposed by our professions or by our contracts, CCD staff will follow standards that others would describe as “exemplary” or “model,” including:

1. Therapists must have the client’s file with them while providing a service and must review the contents of the client’s file immediately prior to that client’s session. Exceptions to this are a) group services, and b) crisis intervention provided in a location other than the location of the file. Additional exceptions may be approved by the director on a case by case basis.
2. Clients will not be scheduled closer than 1 hour apart. The 10 minute break between clinical hours is to be utilized for paperwork, review of the next client’s file, and restoration of the therapist’s potential.

5. BEING KIND AND DECENT

5A. Cindy Appreciates...

1. Input.
2. When employees demonstrate a sense of ownership in the business, tidying a waiting room or changing a light bulb.
3. Well thought out, written requests and suggestions. Cindy has a better record for responding to written requests than conversational discussions. The best requests:
 - a) require no additional research, because you have done it,
 - b) require only approval and/or a check,
 - c) are clearly connected to the growth and/or benefit of the agency and/or our clients.
4. When people don’t assume that information delivered to husbands and/or assistants has been passed to the President-Director-Privacy Officer.
5. Being a part of a team - people that are pleasant to spend time with, in addition to whatever professional skills they offer to the agency.
6. Hearing team members acknowledge and support one another, offering public praise for when someone performs a service for the group, recognizing someone for their achievements, and providing assistance when other team members need it.

5. BEING KIND AND DECENT (cont)

5B. Your Colleagues Appreciate

The CCD offices are utilized by multiple staff with a total active caseload of hundreds of clients. To ensure professionalism of services, protect confidentiality of clients and because its kind and decent to do so:

1. Thermostat: Changing the temperature in your room changes the temperature in everyone's room. Setting the temperature at extremes does not heat or cool the building any more quickly than setting it at the desired temperature. Free expression is permitted within the bounds of "kind and decent" to fellow therapists.
2. After you use a room, "straighten it up" (hopefully the way you found it - lamps off, furniture returned to it's home, papers picked up, etc.). A trash can is provided for your convenience. Special attention needs to be given to the playroom due to the nature of its use. (See Playroom Rules in Appendix)
3. When finished with your paperwork, return supplies to their proper location so the next person can find them.
4. Start and end your appointments on time when sharing rooms.
5. The chairs in the lobby should be your last source for extra chairs. Chairs should be returned to the source when finished with them.
6. Client Supervision: Clients are the responsibility of staff they are scheduled to visit from the time they arrive on site until they leave. The waiting room is for waiting. Therapy rooms are for therapy. If children are being left unsupervised in the waiting area, there is a problem. Therapists should help the parents solve it.
7. Supplies: Shortages should be reported before they become absences. List needed supplies on the order clipboard hanging in the Denton Office. Alert Administrative Coordinator if forms are low. Squirreling away your own stock of forms, pens and other supplies does not assist the cause of keeping supplies stocked and is indicative of a hoarding disorder.
8. Schedules: Staff utilizes a shared office arrangement for individual, couples or families. If your caseload outgrows your allotted office space, changes will be made. There is a master schedule/coordinator for each location.

Note: Signing out space will not cause clients to appear. Marketing will.

5. BEING KIND AND DECENT (cont)

5C. Food Preparation

1. The coffeepot should be turned off and cleaned out after you use it.
2. The microwave should retain no record of what you cooked for lunch.
3. Your leftovers and dirty dishes should not be available for inspection.
4. Food in the refrigerator should be disposed of before it becomes eligible for the science fair.
5. Perishable food left overnight in the refrigerator should be labeled with the owner's name and an appropriate "expiration" date to allay suspicion that it is the source of "that smell." In the event of "that smell," all unlabeled food will be disposed of. The "smeller/disposer" is not responsible for identifying the exact source of "that smell."
6. The Denton refrigerator/freezer is cleaned monthly on a rotating basis. Cleaning should include liberal use of spray cleaner, defrosting of the freezer as needed, and disposal of all unlabeled or outdated perishables.

5D. Maintenance

1. While a cleaning service performs weekly, staff are permitted to clean a little here and there if needed. Cleaning equipment and supplies are provided.
2. If a spill occurs, please apply spot remover to the soiled spot.
3. If you notice cleaning needs for the cleaning service's attention, notify the Administrative Assistant.
4. If you notice maintenance needs notify the director, and when appropriate (e.g. plumbing, electrical), notify the landlord:

Denton	EDAN Properties	Jake (940) 383-8400.
Lewisville	Edmonds Development Group	Linda (972) 221-9334
Farmers Branch	Boxer Property (6 th floor)	Mary (214) 651-7368

5. BEING KIND AND DECENT (cont)

5E. Security

1. Waiting area interior doors and transaction windows should remain locked when not in use.
2. Last person to leave:
 - a) lock desk,
 - b) turn off all lights,
 - c) check thermostat,
 - d) lock filing cabinets,
 - e) lock all external doors, lobby internal doors,
 - f) lock transaction window, and
 - g) lock external windows.

5F. Resolving Conflict

To avoid:

1. poisoning our organization with gossip
2. making mountains out of molehills, and/or
3. creating an “us vs. them” environment,

...staff will address any differences with one another as follows:

1. Early - while this doesn't preclude time to cool off and think about it, it is defined as “before you talk about the problem to other staff.”
2. Between the TWO parties directly involved. We often rationalize talking to a third person about it because we need to vent or need advise. Please be aware of the usually negative impact of using fellow staff to vent to. Even if your intent is pure, you appear to be gossiping or “recruiting” (people to your side.)
3. Resist being the THIRD. It would be great if everyone's first and last response was “Have you talked to her/him about that?”
4. The Director is the DESIGNATED THIRD. There are three ways to use the director in conflict resolution:
 - A. COACH. To express your frustration, alert her that you intend to address the problem, and/or ask how to approach the problem.
 - B. WITNESS/MEDIATOR. If you have attempted to resolve the problem face to face, and not had success, or if you are afraid to have the face to face confrontation, your coaching session may lead to a meeting with the other party in which Cindy is either merely present, or actively helping the two of you seek a solution.
 - C. BOSS. Finally, if the problem is an agency problem (Performance issue, Illegal activity, or a violation of contract), then the director will step in as the boss. This supersedes all other rules except “early.” You merely have to inform her of the problem.

6. BUILDING YOUR PRACTICE

6A. Referrals

1. Initial intake calls are generally handled by the on-call therapist and then referred to therapists for attention.
2. Referrals are generally made to you based on the following criteria:
 - a) Client or referral source specifically requests you,
 - b) You are the one who marketed the referral source,
 - c) You have the expertise required by the presenting client needs,
 - d) You regularly volunteer for on-call therapist duty,
 - e) You have a low hassle factor (when you receive referrals, they receive prompt excellent services, are either scheduled or referred quickly back to on-call person, clients are happy, referral sources are happy, paperwork is completed, etc.).
 - f) You respond to your email or voice mail and/or are otherwise accessible,
 - g) You have available time slots,
 - h) You notify the referring therapist that the client is scheduled, so you get credit for your good work, and/or,
 - i) You regularly inform on-call therapists of openings you wish to fill (an email a day keeps the no-client-blues away)
3. Therapists can increase their referrals by reviewing the previous list and acting on it.

6B. Marketing

1. The agency is anxious to help you in marketing your services. Historically the agency has provided the funding (for mailings, news ads, receptions) to match your sweat equity (visiting referral sources, making calls, building the mailing list)..
2. Jake Jacobson is your consultant for developing niche markets and market plans. He can't do it for you, but he can facilitate. Things he will help you do include:
 - a) Identifying a niche market,
 - b) Identifying needs and contact points for that market. We have an active e-mail list.
 - c) Designing a marketing plan and supporting materials or events, and
 - d) Adding your specialty to our website and/or refining your web page
4. During your visit to a referral source, make sure you get information and permission to update our mailing list and return this info to Jake, OR entice them to go to the website to subscribe..
5. What goes around, comes around. Offer to carry other's marketing materials with you. Our Family Tree coordinators have been particularly good at doing this when they attend health fairs and other forums.
6. Be prepared to do the work. Sending a mailing to all the ministers in Wise County is not good marketing and a waste of resources. A mailing followed by visits followed by a thank you note is great marketing!

7. COMMUNICATION PROCEDURES

7A. E-Mail

1. E-mail is the preferred communication method for all agency communication (Obviously, face to face is better for some communication). E-mail is free, efficient, and provides a written record for the forgetful.
2. Attachments: When staff is sending attachments via email, two emails should be sent. The first email should announce the sending of the attachment. The second email should contain some brief expression of humility AND should have an actual document attached.

7B. Answering Service(s)

1. There are currently two answering systems at the agency. The Family Tree Program has it's own system. Everyone else is on another system.
2. The specifics of the phone systems vary, but you have many choices you can make about how your phone calls are handled. If you receive a call, it can be forwarded to your cell or sent to voice mail. You can screen your forwarded calls. If a caller leaves a message, you can receive text notification and get a recording of that message in your email. If you wish to forward the call to another therapist, you can forward the email. To learn more about the specifics of the system, consult the on line manual, or customer service, or fellow staff.
3. Calling other staff - You can call through their CCD extension, but every minute on that system costs money. Calling their cell phone directly is more cost effective.
4. If you are going to be out of town/unavailable:
 - a) change your voice mail greeting to provide the info that you are unavailable, which therapist is covering your cases, and the date of your return;
 - b) notify your colleagues (by e-mail)

7C. Denton Telephone

Line : (940) 382-5328 / 800-897-7068

- **The Main CCD line.**

- Incoming goes straight to CCD answering service.

Line : (940) 387-7517 / 888-837-0666

- The Main Family Tree line.

- Incoming goes straight to Family Tree answering service.

Line: (940) 387-8267

-another outgoing line

FAX Line (940) 898-8527.

- The Office staff's line.

- Faxes (Incoming and Outgoing)

- Outgoing calls (with Administrative staff's permission to tie up that line).

7. COMMUNICATION PROCEDURES (continued)

7D. Other Lines

- Line : 800-972-3416
- Spanish Language line
- rings straight to ext 12
- Line : 888-666-4165
- Phone.com main line
- Line : 888-837-0666
- ONEbox main line

7E. Lewisville Telephone

- Line : (972) 353-9404
- **The Main CCD line.**
- Incoming goes straight to CCD answering service.
- For outgoing Calls

FAX Line: (972) 353-8225

7F. Farmers Branch Telephone

- Line : (972) 331 -1611
- Unpublished number for outgoing Calls
- FAX Line:** (972) 331-1612

7G. Family Tree Telephone

Voice Line: (940) 387-7517 / (888) 837-0666

Family Tree is on the ONE BOX system. Calls made to a Family Tree Coordinator extension forwards to their cell phone when they are available. Calling directly to their cell phone saves the agency money.

7H. Denton Faxes

1. If you pull a fax off the fax machine, stamp it with the date stamp!
2. If the fax isn't for you, put it in the fax tray above the fax machine. **DO NOT** try to be helpful and deliver it to any other destination. Office Staff will process them daily.

8. EMERGENCY MANAGEMENT
(Denton Recovery Options has additional criteria)

8A. General

In any emergency, staff should take any and all action to protect their clients, themselves, and other persons from harm.

8B. Fire

If any person suspects there is a fire in the building:

1. 911 will be called from a safe location,
2. Staff shall direct or assist clients under their care to move quickly and calmly to the nearest exit and to the front sidewalk. Staff will discourage clients from attempting to assist others, to investigate, or to extinguish a fire;
3. Staff who have ensured the safety of their own clients should then attempt to alert other occupants, if they can do so without endangering themselves or others.
4. If all known occupants have been evacuated, and 911 has been called, staff may attempt to extinguish the fire if such attempt may be made without endangering themselves or others.
5. No attempt should be made to retrieve material possessions. It's just stuff.

8C. Medical Emergencies

1. **911** will be called for every suspected client medical emergency, regardless of the wishes of the client.
2. Persons trained in CPR and first aid should use those skills, as appropriate while awaiting arrival of an ambulance.

8D. Psychiatric Emergencies

If a current client exhibits verbal or behavioral indications of being suicidal or violent, staff will take the following actions:

1. every action to insure the immediate safety of the client, other clients, and staff,
2. every action to de-escalate the situation and insure the future safety of the client, other clients, and staff,
3. notification of persons required under "Duty to Warn" to protect from harm,
4. immediate notification of the Director,
5. completion of an incident report

8E. Personal Restraint

Client's in need of personal restraint are not appropriate for any program in this agency. Clients indicating such a need will be immediately discharged and referred to a more appropriate level of care.

8. EMERGENCY MANAGEMENT (CONT)

8F. Incident Reports

(Denton Recovery Options has additional criteria)

1. Staff shall complete an incident report for all significant client incidents, including:
 - a) actual or suspected abuse, neglect, exploitation, or other violation of client rights,
 - b) accidents and injuries,
 - c) medical emergencies,
 - d) psychiatric emergencies,
 - e) illegal or violent behavior,
 - f) loss of a client record,
 - g) disclosure of confidential/private client information without client consent or authorization,
 - h) fire or significant disruption of program operation,
 - i) death of an active client (on or off the program site), or
 - j) other significant disruptions

2. Incident reports shall be completed and delivered to the Director within 24 hours. The Director will, as needed, take additional action, document that action in addendum form and sign the report.

3. Incident reports will include:
 - a) details of the incident,
 - b) sequence of events leading to and following the incident,
 - c) approximate time and date of events,
 - d) approximate or exact location,
 - e) names and contact phone numbers or addresses for all present,
 - f) prior action taken to prevent the incident,
 - g) action taken at the time of, or following to address the incident,
 - h) action taken to prevent future recurrence of the incident,
 - i) present disposition of the client(s) or others affected by the incident,
 - j) signature of the reporting party, and
 - k) time and date of signature.

SERVICE DELIVERY

9. DOCUMENTATION AND CLIENT INFORMATION

Notice Regarding Non-PHI Services

Federal law creates special client rights related to Protected Health Information (PHI).

The agency provides some services which do not result in the creation of PHI. Educational services are services during which no counseling takes place, which is indicated by the fact that no record is made of the client's response to the material presented or their participation level. An example might include a workshop about parenting. On the other hand, the agency also could conduct a parenting counseling group which would create PHI, because there is a group counseling component, or the group is associated with the client's counseling at the agency. In that case, records are kept of client response, participation level or progress.

Other non-PHI services are Forensic Services. Forensic Services are services ordered by the court, directly related to a court case, or performed with a reasonable expectation they will be the subject of a future court case. In general, client's rights related to those records are determined by the client's agreement with the provider and/or by the court of jurisdiction.

Another forensic service, a custody evaluation does not create PHI, but may contain PHI as part of the investigative component.

If you have questions about whether a service creates/contains PHI or not, you should ask our Privacy Officer.

In these Policies and Procedures there are Policies and Procedures that apply to all records, which will be referred to as records, files or information. There are also Policies and Procedures that apply only to Health Care Records, which will be referred to as Health Care Records, Health Care Information, or Protected Health Information (PHI).

9. DOCUMENTATION AND CLIENT INFORMATION (CONT)

9A. Client Information - Confidentiality and Privacy

1. All client records shall be locked or under the supervision of authorized staff at all times. Client files never leave the office, except to travel to another CCD office. Special circumstances (subpoenas, home visits) that require removal of files must be approved by the Director.
2. Staff will take appropriate steps to protect Protected Health Information when sending electronically, including:
 - a) verifying the number/address of the intended recipients and dialing/typing carefully; and,
 - b) using the current version of our cover page when sending faxes
3. Staff will take appropriate steps to protect Protected Health Information when leaving or receiving messages including:
 - a) not leaving messages that contain Protected Health Information or can easily be associated with the client's care at CCD, on any device, or at any number with any person which the client has not designated as acceptable for this purpose;
 - b) preventing Protected Health Information from being overheard by not playing voice mail messages in a manner or time when others may hear; and,
 - c) listening to voice mail messages over a head set and not on speaker phone.
4. For purposes of complying with the Health Insurance Portability and Accountability Act (HIPAA), the President of CCD Counseling, P.A. is given the duties of Privacy Officer and security official.
5. The Privacy Officer or their designee is responsible for:
 - a) developing policies, procedures to comply with HIPAA;
 - b) the training of staff; and,
 - c) responding to all complaints, inquiries, and investigations of the agency's privacy practices.
6. Breach of PHI - Staff will report to the Privacy Officer, immediately upon discovery, of any use or disclosure of the Protected Health Information not permitted by policy or law. The Privacy Officer will then initiate appropriate investigations, mitigation, notifications and/or documentation, as required by HIPAA.

9. DOCUMENTATION AND CLIENT INFORMATION (CONT)

9B. Documentation - General

1. All records and files concerning CCD clients shall belong to and remain the property of CCD. Any Protected Health Information contained in it is the property of the client.
2. Paper records shall be kept for one year following the date of termination, at which time they may be converted to electronic records. Records shall be kept for seven (7) years for adult clients and seven (7) years beyond the age of 18 for minor clients.
3. All contact with clients seeking services will be documented adequately to record that the call was received and returned and/or to convey needed information to a therapist who the client is subsequently referred to.
4. A case note will be completed for all clinical face to face contacts between staff and clients and for any other contact or activities essential for understanding the course of treatment (e.g. cancellations, no-shows, etc...), or required by other policy or law (e.g. unauthorized disclosures.)
5. Documentation will be factual and accurate.
6. Case notes should be completed the same day of service. Case notes for individuals or couples counseling will always be completed within 24 hours. Case notes for group sessions will always be completed within 48 hours.
7. All documentation will be signed and dated. If the document relates to a past activity, the date of that activity will also be recorded.
8. All documentation will be permanent and legible.
9. Left Blank. N/A
10. When it is necessary to correct a client record, the error shall be marked through with a single line, dated and initialed by the writer.
11. A contract employee's paycheck will not be released until all their documentation required for the monthly billing has been submitted.
12. Agency forms are complete when all blanks are filled in. Information that is unavailable or inapplicable will be marked with "NA" and not left blank.
13. Supporting Documents (e.g. Updated referral form, eap billings, any and all correspondence w/ Office Staff) should be marked with the client's name and CCD ID#.

9. DOCUMENTATION AND CLIENT INFORMATION (CONT)

9C. Documentation - The Last Word on Paperwork

Everything the agency does is built on a foundation of good paperwork (your paperwork). Billings, marketing research, statistics, and clients individualized treatment are all derived from or recorded for posterity based on the few forms you and your client complete. Most of the world's problems would be solved if staff did the following:

- 1. Make sure every blank is filled in.**
- 2. Proofread your clients' work.**
- 3. Sign or get signed every signature space.**
- 4. Write Legibly.**
- 5. Document and submit on time.**
- 6. Write your Client's ID# on EVERY document**

10. INTAKE PROCEDURES

10A. Intake Documentation

1. Prior to delivering any service, staff must have a completed CCD intake packet including:
 - a) Client Registration with client and provider signatures; and,
 - b) Client Information and Consent with client signature and provider signatures.

NOTE: See Appendix for detailed instructions for completing a client registration form and checklists for common types of clients and the documentation requirements that apply.

2. Staff should use Client Registration (CR) and Client Information and Consent (CIC) forms that are appropriate to the service being sought, what the client is consenting to and the rights that the clients have to their record.
3. If the service will result in the creation of Protected Health Information, clients should complete the standard CR and CIC included in the intake packet.
4. If services will not result in the creation of Protected Health Information (e.g. Forensic and Educational services), staff may use other CR/CIC forms that have been approved by the director. If forensic services include counseling, staff will treat those client records as PHI.
5. If the service will result in the creation of Protected Health Information, clients will
 - a) receive a copy of our Notice of Privacy Policies (NPP) prior to the delivery of services; and
 - b) sign an NPP Receipt and Acknowledgment (NCCRA) prior to the delivery of services.
6. If a client who is receiving non-Protected Health Information services, at a later date, chooses to receive services that will result in the creation of Protected Health Information, the client must then:
 - a) receive a copy of our Notice of Privacy Policies (NPP) prior to the delivery of Protected Health Information services;
 - b) sign a NPP Receipt and Acknowledgment (NCCRA) prior to the delivery of Protected Health Information services; and,
 - c) complete the standard CR and CIC, or another appropriate for Protected Health Information services.

10. INTAKE PROCEDURES(CONT)

10A. Intake Documentation (Cont)

7. Forensic services: Both adult parties may need a separate ID # for accounting purposes, depending upon the nature of the case. [Every document does not have to be copied to each file. One file can have a single case note that says “Notes for this case are contained in case #45987 -Sally Jones.” Staff should exercise caution in cases where the court has protected information (e.g. in the case of domestic violence or stalking) in choosing which file you put the notes in and which one says look in the other.]
8. Prior to delivering any service to a legal dependant, staff must have the signatures of those authorized to provide consent for that person on all consent forms and other forms requiring them for legal validity.
9. Clients will receive a copy of any documents they sign at the time of signing and those documents will be part of their record.

10. INTAKE PROCEDURES (CONT)

10B. File Assembly and Data Entry

1. Immediately following the intake, therapist should assemble the file, as follows:
 - A. Initial Contracts stapled on the left side:
 1. Client Registration,
 2. Client Information and Consent for Services, and,
 3. if applicable, the NPP Receipt and Acknowledgment (NCCRA) , and
 4. if applicable, any other Service Agreement(s).
 - B. Chronological Documents, two hole punched, on the right, most recent on top.
Note: Blank and informal notes may be kept loose in the file, but should be under the chronological notes.
 - C. Information for the Administrative Assistant (e.g. Insurance Form) should be loose and on top of chronological documents.
2. Immediately following the file assembly, notice which office you are in. If you are in:
 - A. Denton: Therapist will place the completed file in the appropriate section of the filing cabinet by the front desk for data entry. The ledger card should be left in the file so it can be labeled by the Administrative staff. Most new client files can go in the folder labeled "New Charts."
 - B. Other Offices: If the therapist who completed the intake is not returning to Denton, completed documents should be sent with a staff who is, or placed in proper filing cabinet for the next Denton-bound staff. Staff who are headed to the Denton office should take all the files in this section and place them in the proper Denton folder.
3. After the file is entered in the computer, Denton client files will be alphabetized and filed in the active files cabinet. Wise and Lewisville files will be placed in the file drawer in the section labeled "Return to...". Staff who are headed to another office should take all the files in this section (including blank files and forms for restocking those offices) and place them in their proper place at that location.
4. If the file returns from data entry with a sticky note or highlight on it, that means staff was irresponsible and did not get all of the blanks on the intake filled in. Staff should complete the missing sections of the file and email the corrections to Administrative staff for data entry.

10. INTAKE PROCEDURES (CONT)
10B. File Assembly and Data Entry (cont)

5. If the client's services will be paid for by a third party that utilizes referral forms (e.g. DCAP or CPS), a corresponding referral form from their officer/caseworker must be received before the first session in order to receive payment. Therapists should then be sure there is a copy in the file and one for the Administrative Assistant's collection when the file is submitted for data entry. Services provided without a current referral form cannot be billed, therefore the therapist will not be paid for these services. Staff should be sure they have a referral before seeing the client.

11. TRANSACTIONS PROCEDURES

1. Accepting Checks
 - a) Transaction log entries need to be made in the client's name, regardless of the name on the check.
 - b) **If the client name and name on the check are different, the client's name should be placed on the memo line of the check.**
 - c) The ID # should also be placed on the memo line of the check.
 - d) The “paid” therapist’s initials should be entered into the upper right hand corner of the check.
 - e) Stamp the back of the check with the CCD Deposit Stamp.
 2. Post dated checks. Staff may agree to hold a post dated check, but it cannot be entered into the transaction log until that date arrives. The entry on the day of service should show no payment. On the agreed date, a second entry (showing no service) will be made **by the therapist** to show receipt of payment (e.g. 01 19) and the check turned in for deposit.
 3. When making the first entry for a new month, a new transaction sheet should be used. When a sheet has 25 entries on it, it is full. It should be left in place, and a new one started on top of it.
 4. Ledger cards are filed alphabetically except for special collections (e.g. IOP group), which are alphabetized within their group.
 5. When a transaction is finished being recorded, the receipt is given to the client and everything else is returned to where it belongs (ledger cards filed alphabetically and in correct section, log in bottom drawer, cash box locked away, etc.)
 6. Appointment cards are for you to give to your client to remind them of their next scheduled appointment. They are much less expensive than your business card and include a statement of cancellation/no-show policy.
 7. All cash and checks should be placed in cashbox in locked drawer of desk. Denton - money pouches are divided by therapist name.
 8. Entries in the transaction log need to be:
 - a) legible (press hard on multiple forms),
 - b) printed, and
 - c) need to be accurate and complete - with information in all the proper places.
 9. Accepting Credit Cards
 - (a) If staff is trained and authorized, transaction is entered at the Intuit Online site. Otherwise, a credit card form is completed and placed with daily receipts.
 - (b) amount is entered in the transactions straddling the cash & check columns and circled.
 10. Accepting Payment for another therapist - Can include a wide range of activities from putting the payment in their box, to completing all the required entries. Most important is that you communicate these events to that therapist, so that they know who made payment and what part of the documentation was completed.
- NOTE:** See Appendix for detailed instructions for completing a transaction log entry.

12. SPECIFIC SERVICE SPECIFICATIONS

12A. Supervised Visits and Exchanges

1. CCD Supervisor must have documentation from the “enforcing” party [e.g. a signed court order (not a draft) or treatment plan from CPS or a written voluntary agreement] before conducting the intake.
2. Supervision cases are each unique. CCD Supervisors should complete any “Additional Guidelines” (in the Supervised Visitation Service Agreement) thoughtfully and accurately, to ensure that guidelines satisfy the needs of: a) the agency, b) the supervisor, and b) the “authority” (CPS or court). Input may also be accepted from both adult client parties, when appropriate.
3. Each adult client party should sign in on the Supervised Visit/Exchange Documentation form upon their arrival.
4. CCD Supervisors will make positive identification of any party picking up a child. CCD Supervisors will not release children to any party other than the identified adult clients without advance written permission from the custodial party(ies.) Prior to the first release to approved “other” parties, CCD Supervisors will place a copy of the “other’s” Driver’s License in the file.
5. The Supervised Visitation Service Agreement contains updated policy and specific policy for each case. CCD Supervisors are responsible for implementing and enforcing those policies.

13. USING AND DISCLOSING CLIENT INFORMATION

Terms Defined

Use - The reading or sharing of information inside our organization.

Disclosure - The transmission of information outside of our organization.

Consent - Permission granted for the Use or Disclosure of information as a condition of providing services.

Authorization - Permission granted for the Use or Disclosure of information that may exceed the original consent

13A. Use and Disclosure - General

1. Client information may be used or disclosed in accordance with the client's consent or authorization, except in cases where another policy forbids that use, or requires additional authorization.
2. No use or disclosure of client information shall be made to any party unless the CCD client has consented or authorized that use or disclosure in writing unless a professional is:
 - a) fulfilling a "Duty to Warn",
 - b) reporting child or elder abuse,
 - c) otherwise required by law, or
 - c) performing some other exception to confidentiality prescribed by:
 1. their licensing body,
 2. their professional code of ethics,
 3. state or federal laws, or
 4. CCD's contract with the client.
3. When laws about such use or disclosure conflict, staff will consult with the Privacy Officer prior to using or disclosing the information.
4. CCD Staff will request authorization , and will not rely on the client's original consent form, whenever information will be disclosed to a party that has a role or power that exceeds or is different than approving of payment (e.g. probation officer, employer, spouse, etc...), except when fulfilling a duty to warn, reporting suspected abuse, or making other disclosures required by the law.
5. If an Authorization to Disclose Information (ADI) form is required, it must be completed and signed prior to the disclosure being made.
6. An Authorization for Disclosure of Information that is not Protected Health Information (e.g. Custody Evaluation) may be incorporated into a client's service agreement. If the information is Protected Health Information, a separate ADI form must be used.
7. When client information is used or disclosed, staff should make every effort to limit the information to the minimum required to accomplish the purpose of the use or disclosure.

13. USING AND DISCLOSING CLIENT INFORMATION (CONT)

13B. Valid Authorizations to Disclose Information

1. A valid Authorization to Disclose Information must include the following information:
 - a) the name of the person or agency releasing the information;
 - b) the name of the person or agency receiving the information;
 - c) the name of the client(s) whose information is being disclosed;
 - d) the names of any legal dependent(s) whose information is being disclosed, the relationship between the signer and the dependent(s), and an attestation of the signer's right to sign for the dependent(s);
 - e) the purpose for the disclosure, or the phrase "at the request of [the client]";
 - f) a description of the information to be disclosed;
 - g) the date or event upon which the consent will expire;
 - h) notification of client rights regarding revocation, re-disclosure, and refusal to sign; and
 - i) the signature of the legal consentor,

2. Staff should use the CCD Authorization to Disclose Information form whenever possible, but may honor another form, provided it is valid as described above, and is not invalidated by any of the following:
 - a) the current date is beyond the expiration date or event;
 - b) the authorization is not filled out completely;
 - c) the authorization contains information known to be false;
 - d) the authorization is known to have been revoked; or
 - e) the authorization is for Protected Health Information, and is of the prohibited type, either:
 - 1) conditioning treatment, payment, enrollment, or eligibility upon signing by the client, or
 - 2) improperly combining the authorization with another consent or authorization.

13. USING AND DISCLOSING CLIENT INFORMATION (CONT)

13C. Responding to Requests for Disclosure

1. If staff receives a request for disclosure, the request should be forwarded to the professional who provided the service, or to the Director if the provider is no longer with the agency.
2. If there is no valid consent or authorization, staff will neither confirm nor deny the existence of information.

13D. Disclosing - General

1. All disclosures must be approved either by the professional who provided the service, or by the Director if that provider is no longer with the agency, or there are multiple providers.
2. Providers may approve disclosures without consulting the director, if:
 - a) the client has provided consent or authorization;
 - b) no risk to the client or others is anticipated; and,
 - c) the provider has no question about the appropriateness of the disclosure.
3. Providers will consult with, or defer to the director, if they have any question about the appropriateness of the disclosure.
4. Staff will verify the identity of persons receiving the disclosed information. If the party is not known to staff, the staff will require a completed Document Receipt Form prior to releasing any records. If the records are protected, that form requires an attestation that the recipient is legally entitled to the information and a copy of a government issued ID card (e.g. Drivers License). The Document Receipt Form and any ID will become part of the permanent record.
5. Providers will determine the minimum necessary information that is to be disclosed.
6. Providers will notify the requester of any copying cost, at which time the requester may modify their request.
7. Providers will include any written requests for information in the client's file.

13E. Disclosing with Consent

When a provider receives a request for information and the client has consented to that disclosure, the provider will follow general procedures (above) and send the information to the requester consistent with the request.

13. USING AND DISCLOSING CLIENT INFORMATION (CONT)

13F. Disclosing with Authorization

When a provider receives a request for information and the client has authorized that disclosure, the provider will verify the validity of the authorization, follow general procedures (above) and send the information to the requester consistent with the request.

13G. Disclosing without Consent or Authorization

Any disclosures made without consent or authorization (e.g. reporting suspected child abuse) must be documented. The documentation will include:

- a) the date of the disclosure;
- b) the name and address of the entity who received the records;
- c) a brief description of the Protected Health Information disclosed; and,
- d) a brief statement of the purpose of the disclosure.

Note: Professionals need to be able to prove that they made required reports (e.g. reporting suspected child abuse). CPS will provide a report number. This number should be included in the documentation.

14. FILE PROCEDURES

14A. Termination

1. Client files should be closed immediately when:
 - a) Staff believe services are completed, or,
 - b) there have been no services provided for 60 days.
2. File termination is completed with the following steps:
 - a) tidy the file, placing any notes on the prongs and removing any blank documents,
 - b) pull the ledger card and attach it to the files prongs,
 - c) complete a termination form, attaching it to the file's prongs (on top of all other documentation), and
 - d) place the entire file in the "Terminations" section of the files. The termination will be entered in the computer and the file will be filed alphabetically in the inactive files.

14B. Change of Status

1. Frequently, staff will receive a Caseload report listing their “current clients,” clients who are open in the computer database. Staff should review that sheet and take action (e.g. close files, etc..) if it doesn’t accurately reflect their caseload.
2. If a client changes address, phone number, sex, or some other relevant data, or an additional family member begins to attend, such changes must be documented. Staff should complete a Data Change form.

14C. Re-opening Files

1. When clients change therapists, services, or payors, or simply return after their file has been closed, providers may:
 - a) open a new file, or
 - b) re-open the existing file

REMEMBER: Client ID numbers and files represent a particular person or group of people and often a particular billing entity. Sometimes there is a rule regarding whether a new file number is needed (e.g. All Family Tree reopens). Other times, the therapist must use their judgement, considering that if the existing file is used:

- a) **Each person in that file and any payors may have a legal right to its contents, and**
 - b) You are now sharing a file with the other therapist.
2. To Re-open a closed file, retrieve the physical file, complete a Data Change, and return the ledger card to the ledger drawer.

14. FILE PROCEDURES (CONT)

14D. Electronic Files

1. After a year, files may be scanned and the physical file destroyed. If a client (whose file is now electronic) returns, open a new file (Just like a new client.)
2. If the current case is truly a continuation of the previous case (i.e. the “new” client(s) and “new” payor(s) are identical and all have the same legal right to the previous file as they do the new file - See Note in Re-open section), then the “old” file number(s) should be noted on the top right of the Client Registration page.
3. If you need to access or copy an electronic file, the Administrative staff can assist you in both viewing and/or printing.

15. Reports

1. End of the month reports for contracts should be emailed to the appropriate P.O. or Caseworker and/or placed in the appropriate slot (varies with contract) as soon as they are completed, and by noon on the first day of the month.
2. Family Tree : Copies of progress notes, surveys, and other documentation should be turned in immediately following their completion (Which should be immediately following the service.)

16. GENERAL BILLING PROCEDURES

16A. Billing Responsibility

Therapists are responsible for their own billing. They fulfill that responsibility either via:

- a) Therapist billings, b) Administrative-assisted billings, or c) Agency billings.

16B. Therapist Billings

Some invoices are generated entirely by the therapist (e.g. Some managed care companies utilize their own billing form, which is not generated by our computer.) To ensure that payment will be credited to the proper therapist when it arrives, the therapist should, prior to sending the invoice:

- a) make a copy of the invoice,
- b) write the CCD ID# and the words "OFFICE COPY" on the copy, and
- c) place the copy in the Administrative Assistant's box.

16C. Administrative-Assisted Individual Invoices

Therapists can get a computer-generated invoice for clients. This invoice can also be used to check history of services and payments for third party paid clients. The request should include:

- a) the client name and ID#, and
- b) the range of service dates to be included in the invoice.

The completed request should be e-mailed to Administrative staff.

16D. Administrative-Assisted HCFA's

(See Also: Insurance Procedures)

1. HCFA's are created and mailed (and on-line billings are made) once a week for all Insurance services completed and properly recorded during the previous week.
2. Therapists are provided a report of what was billed on their behalf. If this report is not received, or is missing a service that should have been billed, Therapist should immediately contact Administrative staff. If the problem is discovered to be documentation (e.g. no Transaction entry), therapist should remedy.
3. Therapists are notified of the results of claims (payment or denial). If a claim is denied, the therapist will be provided with a copy of the accompanying EOB (Explanation of Benefits) that provides the reason for the denial. Therapists should investigate the reason and if they remedy it, should submit a request to Administrative Staff to re-bill for the specific dates they desire.
4. The agency does not track insurance billings and payments. Therapists should develop and use a tracking system that enables them to notice when a billing does not take place, or when the insurance company response is past due. For example, if a service that the therapist believes was properly logged is not billed within two weeks, contact Administrative staff. If a billed service is not received within four weeks, contact Administrative staff.

16. GENERAL BILLING PROCEDURES (CONT)

16E. Agency Generated Billings

A number of agency contracts (e.g. Family Tree) require a single bill which represents all services provided by all therapists in the agency. Therapists are responsible for providing the administrative staff with accurate documentation required for agency generated bills in a timely fashion.

16F. Collections

Therapists should monitor their own collections and re-submit invoices for Therapist Billings and Administrative-Assisted Billings at regular intervals for unpaid accounts. Note: The client file does not have to be active to accept payments. Therapists should not leave files open simply for unpaid balances.

16G. Distributing Receipts

Payments received from clients will be applied to the earliest incurred balance that is still outstanding, before being applied to later balances or used to pay for current services.

17. CLIENT'S RIGHTS TO HEALTH INFORMATION

17A. Client's Right to Inspect and Copy

1. Clients will be provided the right to inspect and copy their Protected Health Information except as provided by Texas Health and Safety Code and Federal HIPPA Regulations. [e.g. Clients don't have a right to inspect or copy information "compiled in reasonable anticipation of... ..civil, criminal, or administrative action or proceeding.] [164.524(a)(1)(ii)]"

Procedure

2. If staff receives a request for inspection or copying, the request should be forwarded to the professional who provided the service, or to the Director if the provider is no longer with the agency
3. Upon the request of the client, Providers may permit inspection of the client's Protected Health Information if no risk to the client or others is anticipated, and the provider has no other concern.
4. Upon the request of the client, and after agreeing to copying costs, the Provider may make copies of the client's Protected Health Information if no risk to the client or others is anticipated, and the provider has no other concern.
5. If, in the provider's opinion, there is potential risk to the client or others, the file includes other person's Protected Health Information, or the provider has any other questions about the appropriateness of inspection or copying, the provider will refer the client to the privacy officer.
6. The privacy officer will perform consistent with [HIPAA ASRT 164.524b], as follows or as currently written:
 - a) explain our privacy policy and assist the client in submitting a written request;
 - b) act within 30 days of receiving the written request or within an additional 30 day extension, when applicable;
 - c) evaluate the clients needs and questions;
 - d) evaluate the provider's concerns and the applicable law;
 - e) consult with others, if necessary; and,
 - f) arrive at a decision
7. If the privacy officer decides that access or copies are permitted, the client will be informed of any related costs, and if agreed, access or copies will be provided.

17. CLIENT'S RIGHTS TO HEALTH INFORMATION (cont)

17A. Client's Right to Inspect and Copy (cont)

Denial of Inspection or Copies

1. If, following a review by the privacy officer, access or copying is denied, either in whole, or in part, CCD will provide the client with the decision in writing, including these HIPAA components:

- a) why access was denied,
- b) the client's rights of review, and
- c) the procedure for filing a complaint with the agency or the Secretary of Health and Human Services.

and these Texas Health and Safety components:

(c) If the professional denies access to any portion of a record, the professional shall give the patient a signed and dated written statement that having access to the record would be harmful to the patient's physical, mental, or emotional health and shall include a copy of the written statement in the patient's records. The statement must specify the portion of the record to which access is denied, the reason for denial, and the duration of the denial.

2. If access was denied because CCD doesn't have the requested Protected Health Information but knows where it is, CCD will inform the client how to seek access there.
3. If access is denied to parts of the record, CCD will allow access to the remaining parts.
4. If access was denied as permitted by HIPAA 164.524 or as permitted by Texas Health and Safety Section. 611.0045. RIGHT TO MENTAL HEALTH RECORD, CCD will inform the client of their rights under those laws, including HIPAA's provision for a review by another licensed health care professional of CCD's choice but who did not participate in the original decision to deny access. Since these laws are similar, but different in specifics, staff will consult with the director if faced with contradictory laws.
5. If the client requests a review by a second professional in writing, the second professional will make a timely decision, and CCD will provide the client notice of that decision and will comply with that decision.

17. CLIENT'S RIGHTS TO HEALTH INFORMATION (cont)

17B. Client's Right to Request Amendment

1. Clients will be provided the right to request amendment of their Protected Health Information if they believe the information is incomplete or incorrect, unless there is a compelling reason, as indicated below, to not do so.

Procedure

2. Requests for amendments should be directed to the privacy officer who will assist the client in completing the proper form requesting such amendment.
3. CCD will act on a request for amendment within 60 days or, as permitted with an additional 30 day extension.
4. The privacy officer, in consultation with the person responsible for the entry in the record, will make a decision.
5. CCD may deny amendment if:
 - a) CCD did not create the information,
 - b) the information is not part of the client's records,
 - c) the information is not accessible to the client because of state or federal laws, or
 - d) CCD believes the information is accurate and complete.
6. If a request for amendment is granted, the client will be notified.
7. If a request for amendment is granted, no information is to be deleted. The original entry and the amendment will be annotated with the date of the addition.
8. Upon the request of the client, the amended information will be shared with entities that have the Protected Health Information that was amended
9. If CCD receives notice of amendment from another provider, the notice will be added to CCD's record.

17. CLIENT'S RIGHTS TO HEALTH INFORMATION (cont)

17B. Client's Right to Request Amendment (cont)

Denial of Amendment

10. If the request for amendment is denied, CCD will:
 - a) identify parts of the request denied;
 - b) explain the basis for any denial; and
 - c) inform the client of:
 - 1) the right to submit a statement of disagreement;
 - 2) the right to have their request and the denial added to the file;
 - 3) the right to complain to CCD or to the Secretary of Health and Human Services and how to make those complaints.
11. If the client does not submit a statement of disagreement, but requests that their request for amendment and CCD's denial be added to the record, CCD will include those documents in any future disclosures of the Protected Health Information.
12. If the client submits a written statement of disagreement, CCD will:
 - a) accept the statement, although may limit the size of this statement;
 - b) make a written rebuttal, if CCD chooses to;
 - c) send a copy of any written rebuttal to the client; and
 - d) include the requested amendments, denials, and any statements of disagreements and rebuttals in any future disclosures of the Protected Health Information.
13. CCD will identify in the client's record the information the client sought to amend and append or link it to the following
 - a) the client's request for amendment;
 - b) CCD's denial;
 - c) any statement of disagreement by the client; and,
 - d) any rebuttal by CCD.

17. CLIENT'S RIGHTS TO HEALTH INFORMATION (cont)

17C. Client's Right to an Accounting of Disclosures

1. Clients may request in writing an accounting of disclosures.

Procedure

Note: We can't imagine any disclosure made by our agency that would fall under this rule (we're going to call them "relevant disclosures"), unless it was a disclosure made in error, in which case it should be reported to the privacy officer as soon as it is discovered.

If a client asks a Provider for an accounting of disclosures and the Provider knows that there are no "relevant disclosures," the provider may simply inform the client of that fact, without following the formal procedure of requesting an accounting - unless the client wants an official one.

Further, Providers, at their discretion, may reveal to clients other disclosures (not "relevant" to this rule) if no risk to the client or others is anticipated, and the provider has no other concern.

2. Requests for accounting of disclosures should be directed to the privacy officer who will assist the client in completing the proper form.
3. Upon the client's written request, CCD will provide an accounting of all disclosures of their Protected Health Information made during the six years prior to the date of request; except when a law enforcement or health oversight agency requests a suspension of this right; unless those disclosures were made for any of the following purposes:
 - a) Treatment, Payment, or Healthcare Operations,
 - b) to the client,
 - c) incident to a use or disclosure otherwise permitted or required
 - d) pursuant to an authorization,
 - e) to persons involved in the individual's care,
 - f) for national security purposes,
 - g) to correctional institutions, or law enforcement,
 - h) as part of a limited data set, or
as otherwise provided for by HIPAA 164.528
4. CCD will provide this accounting within 60 days. There will be no charge for the first accounting in any 12 month period. A reasonable fee will be charged for subsequent accountings. The client will be informed of this fee and they will be permitted to withdraw or modify their request prior to the accounting being made.

17. CLIENT'S RIGHTS TO HEALTH INFORMATION (cont)

17D. Client's Right to Restrict Disclosures

1. CCD will attempt to comply with all reasonable written requests made by clients to restrict the disclosure of their Protected Health Information.

Procedure

2. Requests for restrictions should be directed to the Provider of that client's services, who will document and comply with all "simple" requests.
3. Requests for restrictions not easily accommodated by the Provider should be referred to the privacy officer who will assist the client in completing the proper form requesting such restriction.
4. The Client's provider and the privacy officer will make a decision on whether the decision is "reasonable" based on:
 - a) the administrative difficulty of accommodating the request; and,
 - b) whether the request is contrary to law.
5. The client will be notified of CCD's decision regarding their request for restriction.
6. If a request for restriction is granted, all relevant staff will be notified, who will accommodate the request.

17. CLIENT'S RIGHTS TO HEALTH INFORMATION (cont)

17E. Client's Right to Confidential Communications

1. CCD will attempt to comply with all written requests made by clients to receive communications of Protected Health Information by alternative means or at alternative locations. The client will not be required to provide a reason for the request.

Procedure

2. Requests for alternative communications should be directed to the Provider of that client's services, who will document and comply with all "simple" requests.
3. Requests for alternative communications not easily accommodated by the Provider should be referred to the privacy officer who will assist the client in completing the proper form requesting such restriction.
4. The client's provider and the privacy officer will decide whether the request is "reasonable" based on:
 - a) the administrative difficulty of accommodating the request;
 - b) whether an alternative method of contact was provided; and,
 - c) whether arrangement for payment, if applicable was provided.
5. The client will be notified of CCD's decision regarding their request for alternative communications.
6. If a request for alternative communications is granted, all relevant staff will be notified, who will accommodate the request.

17F. Client's Right to Revoke an Authorization

1. Clients have the right to revoke any Authorization they have completed at any time.

Procedure

2. Requests to Revoke an Authorization should be directed to the privacy officer who will assist the client in completing the proper form requesting revocation.
3. Upon completion of that form, all relevant staff will be notified, and no further disclosures of Protected Health Information that relied upon that authorization made.

17. CLIENT'S RIGHTS TO HEALTH INFORMATION (cont)

17G. Client's Right to Complain

1. Clients have a right to submit a complaint with CCD and with the Secretary of Health and Human Services

Procedure

2. Complaints regarding our Privacy Practices should be directed to the privacy officer who will assist the client in completing the proper Complaint form.
3. Clients will be informed of their right to file a complaint with the Secretary of Health and Human Services and CCD will fully cooperate with any resulting investigation.
4. The Privacy Officer will investigate the written complaint and document the complaint, findings and any action taken. The client will receive a copy of this report within 30 days of the original complaint.
5. All Complaint reports will be retained for six years.
6. CCD staff will not intimidate, coerce, threaten, discriminate or retaliate against a client, client's family, client's friends, or other persons who exercise their right to file a complaint. Employees who violate this policy will receive disciplinary action, up to and including firing.
7. Clients who wish to complain privately, in their mind, or to their friends, may do so without contacting the privacy officer.

Mitigation

8. CCD will make all appropriate and reasonable efforts to mitigate any harmful consequences of any violations of our client's privacy that results from CCD's, or CCD's business associates action or failure to act.
9. If there have been unauthorized or erroneous disclosures, the privacy officer will propose a plan to mitigate those effects.
10. The plan will be shared with the client and all relevant staff members.
11. CCD will carry out the mitigation plan.
12. Documentation of mitigation efforts will be retained for six years.

18. HIPAA SECURITY AND PRIVACY

Note: In this section, [numbers in brackets] refer to the HIPAA Administrative Simplification Regulation Text (ASRT) to assist administration in tracking compliance with current standard. “Audit Notes” are HIPAA ASRT standards that do not result in policy or procedure. They are noted here to assist audit tracking.

Security Management Process [164.308(a) (1)]

Risk Analysis

Audit Note: - CCD Risk Analysis(es) are on file with the director. [164.308(a) (1)(ii)(A)]

Risk Management

Audit Note: - CCD implements security measures [164.308(a) (1)(ii)(B)]

Sanction Policy

- Staff who fail to comply with the security policies and procedures will be subject to discipline, up to and including immediate termination. [164.308a(1)(ii)(C)]

Information System Activity Review

- Any documents related to information system activity, such as security incident reports will be submitted to the Director for immediate review. [164.308a(1)(ii)(D)]

Assigned Security Responsibility [164.308 (a) (2)]

- The Director or their appointee is responsible for the development and implementation of Security and Privacy policies and procedures. [164.308a(2)]

Workforce Security [164.308a(3)]

- to ensure that staff have appropriate access to electronic protected health information (EPHI) and to prevent those that do not have access from obtaining access

Authorization and/or Supervision [164.308a(3)(ii)(A)]

- Computers which contain EPHI will be password protected.

- Staff who are authorized to access that EPHI will be given passwords. Currently, those positions are Administrative Assistant, Clerical Assistant, Director, and Assistant to the Directors.

- Passwords will never be shared or written down. [Also meets 164.308a(5)D]

- If access is needed by other staff, their access will be supervised by someone with a password. Example: If a therapist is trying to solve a billing problem, they may need to see EPHI related to their client from the database.

- Staff shall log out EPHI computers when they are not supervising the area.

18. HIPAA SECURITY AND PRIVACY Workforce Security (cont)

Workforce Clearance Procedure [164.308a(3)(ii)(B)]

- Staff who need access to EPHI to complete their job duties will be given a password. Those who don't, will not receive one.

Termination Procedures [164.308a(3)(ii)(C)]

- Upon the end of employment, passwords will be stripped from employees' memories whenever such technology is available. Until such time, keys that permit access to the EPHI office area will be retrieved by the Director and passwords for the EPHI computers will be changed.

Information Access Management [164.308a(4)]

Isolating Health care Clearinghouse Function

Audit Note: CCD is not a Health care Clearinghouse

Access Authorization and **Access Establishment and Modification**: All EPHI access authorization, establishment and modification is at the discretion of the director. If a password has not been given, the staff are not authorized. When employment is terminated, staff are no longer authorized.

Security Awareness and Training [164.308a(5)]

Security Reminders

- Staff will be notified of security updates. [164.308a(5)A]

Protection from Malicious Software

- Computers will have firewalls turned on. Computers will have current installed versions of programs designed to detect and defeat virus and other malware. [164.308a(5)B]

Log-in Monitoring

- Authorized staff will immediately report to the director if they notice patterns of concern (e.g repeated failed log ins) in the Windows log in history. [164.308a(5)C]

Password Management

- The Assistant to the Director is responsible for creating and changing passwords, as needed, acting at the direction of the Director [164.308a(5)D]

Security Incident Procedures [164.308a(6)]

- Suspected security incidents will be investigated.

- In the event of a known security incident, effort will be made to mitigate the harmful effects.

- Security incidents, responses and outcomes will be documented.

18. HIPAA SECURITY AND PRIVACY (cont)

Contingency Plan [164.308a(7)]

Data Back-up Plan

- EPHI is backed up regularly (minimum - once per week). Back up copies are stored off site. [164.308a(7)A]

Disaster Recovery Plan

- In the event of primary data loss, the back up data will be restored from the off site copies. [164.308a(7)B]

Emergency Mode Operation Plan

- In the event of an emergency that prevents the return to business on-site, critical business operations may be conducted off site. [164.308a(7)C]

Testing and Revision Procedure

- Back up data is regularly loaded on to an off site computer and tested. [164.308a(7)D]

Applications and data criticality analysis

Addressed - See Risk Analysis [164.308a(7)E]

Evaluation [164.308a(8)]

-These P&P's will be re-evaluated in response to environmental or operational changes

Physical Safeguards 164.310

Contingency Operations

Addressed - See Risk Analysis [164.310a(2)(i)]

Facility Security Plan

- Only staff who have been granted key access are permitted in the office area where electronic PHI is stored. [164.310a(2)(ii)]

Access Control and Validation Procedures

- In the rare event that a visitor needs to be in the office area where electronic PHI is stored, they will be accompanied at all times by a key holding staff member. If access to the electronic PHI software is needed by a non-staff technician, that access will be supervised. [164.310a(2)(iii)]

Maintenance Records

- Repairs to physical facilities related to security will be documented via financial records for same repairs. [164.310a(2)(iv)]

Workstation Use

- The EPHI computers are to be used for work related tasks by users authorized with passwords. [164.310b]

18. HIPAA SECURITY AND PRIVACY (cont)

Workstation Security

- The EPHI computers will always remain behind locked doors. [164.310c]

Device and Media Controls

Disposal

- When hardware or media containing EPHI is disposed of, it will be physically rendered unusable [164.310d (2) (i)]

Media Re-use

- Electronic Media used for EPHI will not be used for other purposes. If there is an exception, that media must be overwritten, not just deleted . [164.310d (2)(ii)]

Accountability

- Only password holding staff are authorized to move electronic media. Backup disks are labeled with the date of the back up and carried by a password holding staff to off site location. [164.310d (2) (iii)]

Data Backup and Storage

- A backup will be created prior to moving any hardware [164.310d (2) (iv)]

Technical Safeguards 164.312

Unique User Identification

- User names are assigned to each EPHI user (currently three initials) [164.312a(2)(i)]

Emergency Access Procedure

- During an emergency necessary EPHI can be obtained by any authorized user.[164.312a(2)(ii)]

Automatic Logoff

- EPHI computers will have automatic log off after 15 minutes of inactivity. [164.312a(2)(iii)]

Encryption and Decryption

Audit Note: CCD's database utilizes password encryption[164.312a(2)(iv)]

Audit Controls

Audit Note: Activity in information systems is monitored via log in. [164.312b]

Integrity

Audit Note: [164.312c(1) and (2)]- Addressed. See Analysis

- EPHI shall only be disclosed consistent with agency policies to verify identity of recipient. [164.312d]

18. HIPAA SECURITY AND PRIVACY (cont)

Transmission Security

Integrity Controls

Audit Note: [164.312e (2) (i)]- Addressed. See Analysis

Encryption

Audit Note: [164.312e (2) (ii)]- Addressed. See Analysis

Organizational Requirements [164.314]

Business Associate Contracts must include provisions for Business Associate's

- compliance with HIPAA
- agreement to report security incidents

Policies and Procedures and Documentation Requirements [164.316]

- Organizational documents (these Policies and Procedures) will be maintained for six years from creation or until the last date they are in effect, whichever is later.

- Organizational documents (these Policies and Procedures) will be reviewed and updated in response to environmental or operational changes affecting security.

APPENDIX

PROCEDURES FOR VARIOUS CONTRACTS

CHECKLIST FOR PRIVATE PAY CLIENT FILES
CHECKLIST FOR PROBATION REFERRED FILES
CHECKLIST FOR CPS FILES
CHECKLIST FOR FORENSIC CLIENT FILES
INSURANCE/MANAGED CARE/EAP
CHECKLIST FOR FAMILY CONNECTION (FC) FILES
FAMILY TREE FLOW CHART

RULES

PLAYROOM RULES
SCHEDULING BOARD RULES

CONTENT MASTERY

COMPLETING THE CLIENT REGISTRATION FORM
COMPLETING A TRANSACTION LOG ENTRY

SECRETS

PROCEDURES FOR VARIOUS CONTRACTS

CHECKLIST FOR PRIVATE PAY COUNSELING CLIENT FILES

At Intake

Complete with Client:

- Client Registration (2 pages +)
- Client Information and Consent (4 pages)
- Notice of Privacy Practices (4 pages read, and kept by client) and
Consent to Use and Disclose Health Information (1 page in file)
- Authorization to Disclose Information (ONLY AS REQUIRED)
- Thank you to Referral Source (WITH CLIENTS AUTHORIZATION)

Following each event

- Progress Notes (Current and on the right side of the client folder)

Monthly

If progress reports are needed on the client (e.g. parole referrals) place the monthly report in the "Outgoing Reports" slot on/or before the first of each month designating on the report who it needs to be sent to. In cases where the report does not have to be crochecked with a bill, the therapist may mail or deliver the report themselves.

At Closing

- CCD Termination

Handling Referrals
CPS/Probation Procedures from Referral to Billing

1. Original referral arrives
 - via fax (stamped with date)
 - to "new faxes" tray
 - OFFICE STAFF (OS) files it in new client referral book to await arrival of new client
2. Therapist makes new chart. Finds the referral form and makes a copy. One copy attached in chart on right hand side. One copy is left loose in chart.
3. New File and referral info are entered in database
 - OS places their copy of referral in Referral Book
4. On-going activities and feedback systems:
 - Therapist provides services and logs correctly in Transaction Log and Service Log
 - OS data enters Transaction Logs
 - OS compares computer transactions with Therapist service log
 - Computer queries data for obvious errors
5. Deficit Curing: When OS identifies an error,
 - they try to fix easy fixes for non-habitual offending therapists, and/or
 - notifies the therapist
6. Therapist places monthly reports in monthly report slots (for particular contract)
 - If a CPS client is on Medicaid, Medicaid gets billed first, but the report still needs to be submitted. The therapist will mark those reports as "billed to Medicaid," so OS won't worry about it not appearing on the bill.
 - Note: the caseworker will not tell you, the Therapist has to ask if client is on Medicaid.
 - Alcohol and Drug assessment reports get submitted to caseworkers upon completion, not at the end of the month.
7. End of month proofreading - OS compares submitted reports to computer billing and runs other routine computer proofreading programs.

Handling Referrals p. 2

Ongoing Procedures - CPS/Probation Clients

1. The computer will spit out an alert that a referral is coming due. OS will deliver to Therapist.
2. Therapist IMMEDIATELY notifies caseworker and tells them what they need in the new referral. (E.g start date)
3. Caseworker sends updated referral and Therapist checks to make sure there are no gaps between the original and updated referral.
4. Referrals that arrive via Fax go into New Fax tray after being date stamped.
5. If therapist gets the referral:
 - write the client's CCD ID# on the referral
 - make a copy
 - one goes in the chart, one in the OS current clients Referral Tray
6. IF OS gets the referral
 - write the client's CCD ID# on the referral
 - make a copy
 - one in chart, one for data entry, then on to Referral book.
 - if Client is Lewisville or Decatur (client file not available) - the referral is scanned and emailed to therapist

Rules about Referrals

1. Do not see a client until you have a current referral in hand.
2. If you refuse regularly, workers will be conscientious about getting them to you.
3. If there is a pattern of a particular caseworker failing to get you referrals, notify Cindy so she can discuss it with our contract contacts.
4. If you are co-dependent or otherwise decide to disregard this rule, your transaction log entry should show \$ 0 Fee and \$ 0 Billed. If you then receive a backdated referral to cover that visit, make sure that OS changes those \$0's to fees so you will get paid.

CHECKLIST FOR PROBATION REFERRED FILES

Prior to Intake

BE SURE YOU HAVE A COMPLETED CURRENT REFERRAL FORM IN YOUR HAND FROM THE PROBATION OFFICER if probation is assisting with payment. Place a copy in the client's file. If you receive the original directly, make a copy and place it and a copy in the new client file. The Administrative Assistant must have a copy (or the yellow page) or CCD cannot bill for it and you; therefore, will not be paid.

At Intake

Complete with Client:

- Client Registration (2 pages +)
- Client Information and Consent (4 pages)
- Notice of Privacy Practices (4 pages read, and kept by client) and Consent to Use and Disclose Health Information (1 page in file)
- Authorization to Disclose Information (with Probation)

Following each event

- Progress Notes (Current and on the right side of the client folder)

Monthly

On or before NOON on the first day of the month, complete and place in the "Outgoing Reports" slot two copies of each of the following:

- Monthly Progress Reports

NOTE: Administrative Assistant must have all specified forms by NOON on the first in order to check them and get them and the bill submitted on time. A therapist's paycheck is not released until their reports are in.

At Closing

- CCD Termination

CHECKLIST FOR CPS FILES

Prior to Intake

BE SURE YOU HAVE A COMPLETED CURRENT REFERRAL FORM (FORM 2054) IN YOUR HAND FROM THE CPS CASEWORKER. Place a copy in the client's file. If you receive the original directly, make a copy and place it in the new client file. The Administrative Assistant must have the original with client numbers on it or CCD cannot bill for it and you; therefore, will not be paid.

At Intake

Complete with Client:

- Client Registration (2 pages +)
- Client Information and Consent (4 pages)
- Notice of Privacy Practices (4 pages read, and kept by client) and Consent to Use and Disclose Health Information (1 page in file)
- Authorization to Disclose Information (CPS)
- Ask client if they are on Medicaid. If yes, get copy of their verification (form or card) for their file and complete "Insurance Info" section of CCD's "Data Change" form.

Note about Medicaid: Always code all CPS client transactions as 05 pay source. If you do that, our computer will keep track of which ones to bill to Medicaid and which ones to bill to CPS and which ones are rejected by Medicaid and can now be billed to CPS. If you use any other pay source (e.g. Medicaid code), it won't keep track of them for you. **Always code all CPS client transactions as 05 pay source!**

Monitoring your Referral

2054's have an expiration date and a specified number of units (services) approved. **BEFORE EACH SESSION**, Check to be sure your client's has not expired and remember to keep track of the units! If you exceed either, you are working for free. The computer will give you a report when your expiration date is near. If the client needs continued services, contact the caseworker to get an updated referral.

Following each event

- Progress Notes: CPS has specific requirements for ALL documentation. See CCD's CPS Procedure Manual on the website. The correctly completed progress note will be kept on the right side of the client folder, newest on top.

NOTE: All Documentation sent to CPS requires a date immediately next to therapist's signature, and the method and date that the report is being sent.

Following the Second Session

- Complete Initial Treatment Plan: CPS has specific requirements for ALL documentation. See CCD's CPS Procedure Manual on the website.

CHECKLIST FOR CPS FILES (cont)

Monthly

On or before NOON on the first day of the month, complete each of the following and send to the client's caseworker, retaining the original in the client file:

- Monthly Progress Reports
- Initial Treatment Plans (when appropriate)

At 3 Month Intervals:

Complete and send to the client's caseworker, retaining the original in the client file:

- Updated Treatment Plan

At Closing

- CCD Termination
- CPS Termination/Closure Summaries (after last contact)

Note: Closing the case for CPS and closing the CCD case are two different operations. Be sure to do both when appropriate.

CHECKLIST FOR FORENSIC CLIENT FILES
(Social Study, Supervised Visit, or Supervised Exchange.)

At Intake/Orientations(s)

1. Both adult parties may have a separate ID # for accounting purposes.
2. Both adult client parties must have an intake/orientation and complete:

Complete with **BOTH** Clients:

- Client Registration (2 pages +)
- Customized Client Information and Consent
- Customized Service Agreement
- Authorization to Disclose Information
(As necessary for attorneys or the court)

Following each event

- Progress Notes (Current and on the right side of the client folder)

At Closing

- CCD Termination

INSURANCE/ MANAGED CARE/ EAP

Pre-certification

Pre-certification is required by almost every insurance company. The client may call in advance or the therapist may call. You need the pre-cert # to get paid for any service.

You should have the following information ready before you call:

1. Tax ID # (75-2670610) and Therapist's NPI
2. Client name, Address, birthdate and Insurance ID#

You should receive and record on an Insurance Data form the following information from the insurance company:

1. Client's behavioral health benefits: # of sessions, co-pay, deductible and requirements for pre-authorization. Be sure the service they are requesting is one that is covered (i.e. very few insurance companies cover couples, but all EAP's do).
2. Verify that you are a provider. If you are not, ask about out of network benefits (in case the client decides to see you).
3. Verify insurance company and mailing address (behavioral health company may be different than regular medical)

At Intake

Complete with Client:

- ___ Client Registration (2 pages +) **Note: on page 2, the "primary insured" section must be completed.**
- ___ Client Information and Consent (4 pages)
- ___ Notice of Privacy Practices (4 pages read, and kept by client) and Consent to Use and Disclose Health Information (1 page in file)
- ___ Authorization to Disclose Information (ONLY AS REQUIRED)
- ___ **Insurance Data form** (leave no blanks)
- ___ **Copy Clients Insurance Card (Front and Back)**

Leave the Insurance Data form and the copies of the Insurance Card loose in the front of the file.

Correct Pay Source Coding

Be sure you are using the correct coding for the company that you wish to bill. Each code represents a different set of requirements for what the computer will print on the HCFA form. Different companies require different data in different places. If the Generic Insurance Code (60) is used for Traditional Medicaid (27), the claim will print wrong and be denied payment.

INSURANCE (CONT)

Following each event

- Progress Notes (Current and on the right side of the client folder)
- Document the service in your own specialized Tracking system

If HCFA's are printed, they will be returned to you for signing (unless the Administrative Assistant has your signature stamp) before being mailed. On-Line billings do not require this step.

When you receive a report from Administration

- Check your Tracking for any unbilled services
- Record in your Tracking any payments or denials
- Follow up on denials and request re-bills as needed

Other

1. With accurate coding, most insurance claims are paid promptly.
2. Some EAP's or Managed Care may have additional documentation requirements. Know what they are and complete them in a timely and accurate manner.
3. If you were granted a limited number of sessions by the carrier and it is your responsibility to keep track of the numbers. You must call to re-certify for more sessions. There are re-certification forms in each of the carriers packets.

Medicaid Notes

1. A Current Treatment Plan is required to be on file, but not required to be mailed in. Treatment plan must include: diagnosis, frequency of treatment, expected duration of treatment, and anticipated goals. There is a form to use for this for your convenience.
2. Medicaid recipients may change plans. Train your Medicaid client to bring their current eligibility letter to each session.

Family Tree Flow of File (p1 of 4)

A. FOR NEW FAMILY TREE CLIENT (ON THE PHONE):

1. Case Manager (or bilingual interpreter) responds to call from potential Family Tree clients (attempting to reach them 3 times, documenting on referral form)
2. Screen caller
 - a. Meeting criteria:
 1. No open CPS case
 2. Not on Formal Probation
 3. Under the age of 18
 4. Family Conflict, Runaway, Delinquency, Truancy
3. Complete Referral Form (Yellow Form)
 - * If the client never comes in, enter referral form into STAR's "Crisis Tab" and file referral form in "Never Seen" file.
4. Case Manager schedules client into Family Tree Staff online calendar
OR.
 4. Case Manager calls and gives referral to contract therapist and places the referral form in that person's box. If contract therapist can take the client, therapist calls client to schedule (at least three times), and then therapist calls case manager to let him/her know client has been scheduled. If unable to contact after three times, therapist places the yellow referral form in case manager's box.

B. FIRST MEETING WITH NEW FAMILY TREE CLIENT (THERAPIST)

1. Therapist has client complete:
 - a. Standard CCD forms:
 1. Client Registration
 2. Client Information and Consent (4 pages)
 3. Notice of Privacy Practices (4pages read, and kept by client) (HIPPA)
 4. Consent to use and Disclose Health Information (1 page in file)
 5. Authorization to Disclose Information
(ONLY necessary if planning to confer with any outside party regarding the client's therapy)
 - b. Family Tree forms:
 1. Intake Checklist sheet
 2. 1st Case Note
 3. Action Plan
 4. STAR Authorization Page
 5. Additional Contact Information (for follow-up) form
 6. ****
 7. Caregiver Protective Factor Surveys (Caregiver PFS)
 8. Social Security refusal form (if needed)
 9. 2075
 10. Topics for Group (give to client)
 11. Group Calendar (give to client)
 12. Explanation of Program (give to client)

Family Tree Flow of File (p2 of 4)

C. THERAPIST SCHEDULES NEXT MEETING WITH CLIENT

D. THERAPIST PLACES NEW FILE IN NEW FILE LOCATION IN FAMILY TREE OFFICE (Lewisville and Farmers Branch – Denton goes where all new Denton files go)

E. CASE MANAGER PROCESSES NEW FILE

1. Checks new file for completeness
2. Faxes Office Staff first two CCD registration pages (Lewisville and Farmers Branch locations) (940-898-8527)
3. Data entry (into STAR Database):
 - a. 2075
 - b. Caregiver PFS
 - * If this client is a reopen, and pre PFS has already been entered into STAR, do not enter this pre survey
 - c. Print STAR's 2075 and place in file
4. Office Staff will email new client ID numbers to Case Manager (Lewisville and Farmers Branch – Denton files will be placed in Case manager's box)
5. Case Manager creates file label with last name, first name, middle initial and CCD client number (Lewisville & Farmers Branch)
6. Case Manager files it in "Actives" in Family Tree Office

F. THERAPIST SEES CLIENT FOR FOLLOWING SESSIONS

1. Case notes fully completed
2. Log client in
3. Schedule following sessions
4. Place client file in Case Manager's "Client Seen" section in Family Tree office

G. CASE MANAGER TRACKING

1. Case Manager goes to "Client Seen" section
2. Checks to make sure case note completed
 - * If missing signatures/blanks not filled in/inappropriate goals etc., flag file and leave note to fix problem at next contact. Therapist leave flag for Case Manager to remove once approval is met.
3. Logs date seen and service code (01 or 03) on Therapist Tracking Form – circle date in pencil to indicate problem with case note
4. Place client file back in active file location

Family Tree Flow of File (p3 of 4)

H. WEEKLY PROOFS

1. Case Managers will receive weekly proofs from Office Staff.
2. Compare weekly Proof to Therapist Tracking Sheet
3. Types of errors you are proofing for:
 - a. Conflicting Dates (Make sure both Proof and Tracking sheet have same service date)
 - b. Conflicting Service Code (Make sure both have same service code: (intake= 04/99 or 04/00, individual 04/01, family 04/03))
 - c. Making sure you have both transaction (Proof) and a case note (Therapist Service Tracking sheet)
3. If discrepancies are found:
 - a. Discuss discrepancy with therapist/clarify what actually happened (i.e. the actual date the client was seen, the actual service provided)
 - b. If problem is case note (e.g. wrong date written down), draw one line through problem, correct it, and write your initials.
 - c. If problem is with Proof
 1. Date/service wrong on Proof – circle in RED and correct in RED.
 2. You have a service logged on your Therapist Tracking sheet and no service is shown on Proof – write in RED correct date and service on Proof sheet and circle
4. Send Corrected Proofs to Office Staff
 - a. Fax to office staff
 - b. Office Staff will make corrections in Access
 - c. Office Staff will mark as corrected
 - d. Office Staff will mail Proof back to you so you know it was corrected
5. Keep old Proof, check against the next week's Proof to make sure those were corrected.

H. THERAPIST'S LAST SESSION WITH CLIENT

1. Forms to be completed:
 - a. Caregiver PFS
 - b. Final Case Note
 - c. Closure Form
 - d. CCD Termination Form
2. Therapist places file in Case Manager's "Terminations" in Family Tree office

Family Tree Flow of File (p3 of 4)

I. CASE MANAGER CHECKS FILE

1. Logs last services (01 or 03)
2. Logs closure date (Closure date is LAST DAY SEEN)
3. Check to see all dates correct, everything signed, and reason for closure is correct (ALWAYS ANSWER BETTER, SAME, WORSE – FAMILY CONFLICT)
4. Enter data into STAR
 - a. Enter closure
 - b. Enter caregiver PFS
 - c. Print STAR's 2075 and place in file
5. Fax termination sheet to Office Staff (Lewisville and Farmers Branch)
6. Send court letter if court-ordered AND have a signed release to do so
6. File closed file in "Inactives" in respective offices

J. CASE MANAGER COMPLETES FOLLOW UP

1. 75 days after a client is closed a Follow Up is due
2. Case Manager will generate a weekly Follow Ups due list from STAR and Office Staff will provide one from CCD's Access
3. Complete Follow Up form – Make 6 attempts to contact family and/or other designated contacts (enter 3 dates attempted, and write N.C. and last contact attempt date for "no contacts")
 - * Refer to "Additional Contact Numbers" sheet for more contact numbers
 - * Final attempt should be snail-mailed letter with stamped return envelope
4. Enter Follow Up into STAR – must be entered in at 95 days, but Case Manager may continue to try to contact the family up until Day 105 (Must be entered by 105 days)
5. Print new 2075 from STAR and file into file

K. CASE MANAGER SENDS COMPLETED FILE TO DENTON AND FILES IN FAMILY TREE "INACTIVE FILES"

RULES

PLAYROOM RULES

1. IT IS THE RESPONSIBILITY OF EACH THERAPIST TO CLEAN AND STRAIGHTEN THE PLAYROOM AND RETURN TOYS TO THEIR PROPER PLACE FOLLOWING EACH SESSION.
2. BROKEN TOYS ARE TO BE REMOVED FROM THE PLAYROOM. CINDY SHOULD BE NOTIFIED SO THE TOY CAN BE REPLACED OR REPAIRED
3. NO WATER IN THE RICE.
4. THE RICE STAYS IN THE RICE BOX (IF A THERAPIST CHOOSES TO ALLOW A CLIENT TO TAKE RICE FROM THE BOX, IT IS THAT THERAPIST'S RESPONSIBILITY TO SEE THAT THE RICE IS RETURNED TO THE BOX AT THE END OF THE SESSION). USE THE SWEEPER TO COLLECT STRAY RICE.
5. NO TOYS ARE TO BE ADDED TO THE PLAYROOM WITHOUT THE APPROVAL/AGREEMENT OF ALL PLAY THERAPISTS.
6. NO FOOD OR DRINKS IN THE PLAYROOM.
7. THE PURPOSE OF THE PLAYROOM IS FOR THERAPY, IT IS NOT FOR THE PURPOSE OF ENTERTAINMENT OF CHILDREN AND IT IS NOT FOR BABY-SITTING.
8. A CHILD SHOULD NEVER ENTER THE PLAYROOM ALONE OR BE LEFT UNATTENDED.
9. IF YOU CHOOSE TO BRING PAINT INTO A PLAY SESSION, REMOVE IT AND EVIDENCE THEREOF WHEN YOU ARE FINISHED. PAINT CONTAINERS SHOULD BE REFILLED AND WIPED CLEAN FOLLOWING EACH SESSION.

SCHEDULING BOARD RULES

Reading the Board

1. The arrow points at today. The space immediately to the left of the arrow is six days from now.
2. Initials on a space/time means that therapist has clients scheduled.
3. An overturned initial magnet means that therapist will not be using that space/time, this week.

General Rules

1. You can only move your own magnets unless specifically granted permission to move another's magnets by that person.
2. It is not Administrative Staff's job to schedule rooms. Call them as a last resort and remember that you are asking for a favor.
3. If you don't have a room, don't schedule a client.

Claiming and Sharing Space

1. This is not a wish list. Your name should only be in spaces that you regularly fill.
2. Update your squares on a regular basis, so you won't be accused of hogging unused space.
3. If you know you will not be using a space temporarily (due to cancellation, vacation, etc), turn your name over. A black square means someone may use that space for that week.
4. If your caseload shrinks and you are no longer able to fill that space, remove your name. This is not a wish list. Your name on the board will not cause clients to appear. Marketing will.
5. If you need a room for one time, you can place your initials on top of a "black" space. Remove immediately following that session.

Family Tree Counseling Rooms

1. Each location has a counseling office that is reserved primarily for the use of Family Tree. One Time visits (e.g. Social Study interviews) may use those rooms with permission.
2. If you have a client that qualifies as "One Time," the schedule is maintained by Family Tree Case Manager for that location.

CONTENT MASTERY

Completing the CLIENT REGISTRATION FORM

Page 1.....

1. **NO BLANKS LEFT UNFILLED.** Staff makes sure the client completes all blanks on Page 1 and any that apply on Page 2 and signs the form.
2. **PROOFREAD.** Staff proofreads for blanks and/or illegible writing and requests any missing information.
3. If staff believes the **information does not apply**, they're probably wrong (e.g. Little Susie's occupation is student and her employer is Hodge elementary; if a client learned about CCD in the newspaper, the name is advertising and the agency is Denton Record Chronicle). If information is truly irrelevant, NA should go in the blank.
4. **Years of Education Completed:** Pre-school or kindergarten don't count. Use 1-12 for public school years. A high school graduate = 12. A college Junior = 14 (Remember, years completed). A college graduate = 16. A PhD is probably 20.
5. If sessions will include more than four clients, staff should have the clients complete the **"Additional Clients" form.**
6. **Referral Source:** This information has become increasingly important. Accurate information is essential.

Completing the CLIENT REGISTRATION FORM (cont)

Office Use Only....

The staff who conducted the intake is **the office**. This is the information that WILL appear every time the data entry person puts in this client's ID#. It saves administrative staff a lot of work if this section is completed accurately (with the most frequent service listed first.)

The **Fee Assessment** section of the Client Registration must be completed by any client receiving a reduced fee!!! Staff will copy that information onto the appropriate spaces under Office Use Only. This number does not have to agree with the actual fees in the next section if it is a contract client. (SEE EXAMPLE)

“Planned Services” Section

1. Service Column: should contain the four digit service code for the services you expect this client to receive. (See Appendix - Payor Codes & Appendix - Service Codes).
2. Therapist Column(s): should contain the three initials of the therapist providing those services.
3. Related Fees Columns: How fees will be assessed, either to the individual or a contracting agency.
4. If more than one service is planned, the first row should contain the most frequent service (as this is the one that will pop up on the computer)

Example: For a probation client who is married with 2 children and has a combined income with her husband of \$50,000. They are going to attend individual sessions with Cindy and attend the Eating support group with Heather and Jake. Probation has agreed to pay \$25 for individual (full contract fee of \$40) and \$15 for group (full contract fee of \$30). The client must pay the remainder.

OFFICE USE ONLY

FEE ASSESSMENT: #HOUSEHOLD 4 GROSS \$ 50,000 FEE \$ 75

Planned Services			Related Fees		
Service	Therapist	Therapist	Full	Individual	Contracting
<u>0601</u>	<u>CDJ</u>	<u> </u>	<u>\$ 40</u>	<u>\$ 15</u>	<u>\$ 25</u>
<u>0699</u>	<u>HRY</u>	<u>SEJ</u>	<u>\$ 30</u>	<u>\$ 15</u>	<u>\$ 15</u>

Completing a TRANSACTION LOG ENTRY

(Note: Service Logs are the same procedure, except therapist calculates their expected pay)

1. Entries in the transaction log need to be:

- a) legible (press hard on multiple forms),
- b) PRINTED, and
- b) need to be accurate with information in the proper places.

2. How to complete a good transaction:

a) Align ledger card and receipt (optional) with the next empty line on Transaction log.

b) Enter data completely and correctly as follows:

1. Date of session - do this immediately following the session as the entries need to be kept current.
2. Client ID # (if it is an intake, there will be no ID#, but data entry will know this because it will be coded 00)
3. Enter code of the transaction - Payor (first two digits) and Service (last two digits). A list of these codes is taped to the inside of the holder that the transaction sheet is in.
4. Enter the actual amount due for the session - if it is a payment only, then "0" goes in this section.
5. Enter the amount paid in the appropriate column (either by "check" or by "cash").
6. Enter current balance.
7. Enter prior balance.
8. Enter client's "last name, first name, middle initial
9. Enter therapist(s) initials in control number column.
10. If a contractor is paying a portion of the fee, enter the amount they pay under the appropriate column on right half of the page.

NOTE: "a" through "i" must be completed on all transactions and complete "j" if a contractor is paying a portion of the fee.