

SYCAMORE SERVICES



PARTICIPANT HANDBOOK

EFFECTIVE DATE: 1/1/2019

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Sycamore Services



From the beginning as Hendricks County Opportunity Cottage to the present as Sycamore Services, Inc., our programs and services have been directed to enhancing the lives of peoples with disabilities. Since 1961, services have been provided to Hendricks County residents with disabilities to provide alternatives to formal nursing care or institutionalization. From those early days as a Day Service and Sheltered Work Center, Sycamore has added a Children's Services including Occupational, Physical, Speech and Developmental Therapies, Interpreting Services for Deaf and Hard of Hearing, Behavior Management Services, Transportation Services, Residential and Community Services, Recreational Therapy, designed services for Social Security and Medicaid Waiver recipients, and opened our services to include persons with physical and psychological concerns. We also have one of the most well known Supported Employment programs in Indiana.

A not for profit organization, Sycamore is funded primarily through state and federal funds. Through planning, acquisition of trained, compassionate, personnel and development of excellent working relationships, Sycamore has built a statewide reputation for excellence. Sycamore Services is also known to accept all individuals, even those who provide the greatest challenges to overcoming barriers to community involvement. By enabling persons with disabilities to become working taxpayers, our funding dollars are returned to the communities in our service area. Sycamore recognizes everyone's potential and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, gender identity, sexual orientation, ancestry, marital status or any other characteristic protected by law.

Today, Sycamore Services provides a variety of programs to residents of Hendricks, Marion, Morgan, Hamilton, Hancock, Johnson, Monroe, Owen, Putnam, Madison, Delaware, Knox, Boone, Vigo and Vanderburgh Counties. We work in conjunction with Indiana Family and Social Services agencies, Offices of Vocational Rehabilitation, Community Mental Health Centers, local Departments of Families and Children, First Steps, and Medicaid Waiver Case Managers.

DAILY OPERATION/OFFICE HOURS

Sycamore Services, Inc. follows a regular office schedule of 8:00 a.m. to 4:30 p.m. Monday through Friday. Services outside of the offices are provided to meet the needs of persons receiving services. Residential Services can be provided up to 24/7.

Persons being assisted through Supported Employment will follow their employer's work schedule and holiday schedule. Sycamore Employment Consultants will be available to assist during their assigned schedules, as well as on evenings and weekends.

Holidays are approved each fiscal year and are posted at each office location. Direct care staff are asked to submit vacation, and other leave requests, in time to arrange coverage for participants. Sycamore's intent is to diminish the impact of personal leave by assuring other direct-care staff is available.

SYCAMORE SERVICES, INC. MISSION

Sycamore Services, Inc. makes a difference in the lives of individuals with disabilities and others experiencing daily challenges by providing individualized training and services to increase independence and enhance their quality of life.

PROGRAMS

Employment – Regardless of Disability

Supported Employment is an approach to help individuals get and keep jobs in their local communities. Sycamore Services provides an Employment Consultant to find jobs based upon each individual's unique interests and talents. Initial training, support, and guidance are provided under the supervision of an Employment Consultant. Once training is complete, on-going support and assistance is provided as needed for workers, their families, and their employers.

Work Center provides vocational training for people with disabilities to increase their earning potential. A variety of paid work is available through subcontract jobs and mobile work crews. In addition to vocational training, the Work Center offers individualized training to increase daily living skills and community involvement. Individual Service Plans outline goals based on each individual's interests and needs and are coordinated by a case manager. Opportunities for training may occur at the Work Center or in the community. While enrolled in pre-vocational training, participants may earn less than minimum wage.

Residential Services provides individuals with support and instruction that will build and improve their independent living skills.

One-on-One Programs Based on Need

Community Support is an approach toward assisting people with disabilities in developing social contacts through the enhancement of their community life. Community Consultants provide the support necessary for individuals to become actively involved in the community through participation in formalized groups and community activities. One-on-one direction may be provided to assist individuals in achieving independence and employment.

Respite provides families and primary care givers of a person with a disability short-term, time limited relief from the daily responsibility of care. Services are individually planned and based on the needs and convenience of both the person with a disability and the family. Providers of respite services are skilled in caring for and offering valued companionship, supervision and understanding to persons with disabilities. The family and participant often assist in recruiting and training providers to meet their needs.

Employment with Sycamore is open to anyone meeting the requirements of an open position. Job openings are posted at each location and in news publications. Human Resources personnel can provide more information as needed. Call (317) 317-664-7068.

Behavior Management is a less intensive version of behavior modifications. In behavior modification the focus is on changing behavior. In behavior management, the focus is on maintaining order. Behavior management skills are of particular importance to teachers in the educational system. Behavior management focuses on the actions and conscious inactions to enhance the probability that people, individually and in groups, will choose behaviors which are personally fulfilling, productive, and socially acceptable. Sycamore Services provides individually structured exercises to teach and improve positive behaviors while learning and teaching what causes behavioral events. Sycamore is certified to provide Level 2 – Ongoing Behavior Management Services.

Children’s Services focuses on supports for children and their families. This includes early intervention services through the Indiana First Steps system. We use individualized strategies to assist children at risk for, or determined to have, developmental delays or disabilities by providing Occupational, Speech, Physical and Developmental Therapies. Programs may include but are not limited to gymnastic classes, dance classes, HIPPO Therapy, nutritional services, parent education, adaptive swimming and pre-school programs. These services are provided in a variety of settings including individual family homes, out-patient clinic, preschool location and area community locations. Services are funded through First Steps, Medicaid Waiver, Insurance and/or private pay options as applicable. Our purpose is to help every child reach his or her full potential.

Recreational Therapy, or therapeutic recreation, strives to improve the functioning and independence of individuals who are ill or disabled. Recreation therapists provide services in clinical facilities and in the community. Sycamore Services Recreation Therapists incorporate a variety of interventions to treat individuals with physical, cognitive, and emotional conditions. Recreation therapists educate their patients to make them better-informed participants in their own health care. As a result, patients are taught to use activity to build confidence and reduce stress and anxiety. Sycamore therapists are certified by the National Council for Therapeutic Recreation. A recreation therapist’s responsibilities vary according to the setting and the patients served. Most recreation therapists are involved in the assessment of physical, mental, emotional, and social functioning. They will utilize information from standardized evaluations, observations, medical records, medical staff, family, and the patients themselves. The therapist will then develop and implement a plan for therapeutic interventions to meet the individual’s needs and interests.

Transportation- provides transportation services for all persons of any age within the general public, with services being available in Hendricks and Morgan County.

REFERRALS

Sycamore offices are located in Marion, Hendricks, Morgan and Vanderburgh Counties. Services are available in these and neighboring counties. For further information, contact our Corporate Office at 1001 Sycamore Lane, P.O. Box 369, Danville, IN 46122, 317-745-4715 or toll free at 866-573-0817.

CONFIDENTIALITY and RELEASE OF INFORMATION

It shall be the policy of Sycamore Services, Inc. that all contents of your program files or knowledge and information held by staff is privileged and confidential information. This information shall be subject to the rules of confidentiality as stated in the following procedures, as well as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Family Educational Rights and Privacy Act of 1974 (FERPA), and those applicable State Statutes pertaining to privileged information. This policy applies whether files are in electronic or hard copy format.

CONFIDENTIALITY PROCEDURE:

I Confidentiality of Records and Information

- A. All files concerning the services you receive through Sycamore Services, Inc., are the property of Sycamore Services, Inc., and shall be used only for your benefit.
- B. Your program files may not be removed from the premises of a Sycamore Services, Inc., agency site without prior approval.
- C. Your program files shall remain under the jurisdiction and care of Sycamore Services, Inc., at all times except as necessitated by court order, subpoena, or legal statute.
- D. Files shall be accessible to staff members and/or authorized individuals for professional use only.
- E. Files may be duplicated for appropriate staff use provided such duplication is necessary, items remain secure and confidential and dissemination remains within the Sycamore Services, Inc., agency site.
- F. Consideration and discretion must be afforded by the staff at all times in their discussion regarding you and others receiving services.
 1. It is the responsibility of all staff not to disclose your information to unauthorized persons, such as family members, roommates, coworkers and guardians of other individuals served.
 2. Caution must be exercised by staff during discussions with other staff on or off the agency site premises to assure that conversations cannot be overheard by other individuals served, or other persons not professionally involved with you or other participants who are the topic of discussion.

PROGRAM FILE FORMAT-MAINTENANCE OF RECORDS OF SERVICES

It shall be the policy of Sycamore Services, Inc. to maintain your file while receiving service from Sycamore Services, Inc. in a consistent and uniform manner. Information will be kept in accordance with Confidentiality and Release of Information Policy and in compliance with

the Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), and Federal and State privacy statutes.

Procedure:

- A. Current and pertinent records related to your program activities will be kept in electronic and/or hard copy format with permission to view/add/change/save assigned as appropriate to employee positions.
- B. Required documentation shall be maintained for at least seven (7) consecutive years.
- C. Sycamore Services, Inc. and/or provider specified in your Person Centered Individual Support Plan (PCISP), shall analyze and update the documentation required by:
 - a. Standards applicable to services the provider is providing you;
 - b. Professional standards applicable to the provider's profession;
 - c. As set out in your PCISP.
- D. Sycamore Services, Inc. and/or provider specified in your Person Centered Individual Support Plan (PCISP), shall analyze and update the documentation at least every ninety (90) days if:
 - a. Standards do not provide a regulation for analyzing and updating documentation;
 - b. Professional standards applicable to the provider's profession do not provide a regulation;
 - c. A standard is not set out in your PCISP.
- E. Department Directors and/or designees are responsible for the accuracy and filing of all records.
- F. Sycamore Services, Inc. and/or the provider specified in your PCISP as being responsible for maintaining your personal file shall maintain a personal file for you at your residence, primary location where you receive services and/or have access to the file at those locations.
 - a. Your record may include as applicable, but not be limited to:
 - i. Personal Information, including your name;
 - ii. Your legal representative, if applicable
 - iii. Telephone numbers for Emergency Services, such as 911/Contacts with consent for emergency treatment; Your legal guardian if applicable, local BDDS office, case manager, Adult Protective Services/Child Protective Services as applicable, Developmental Disabilities Waiver Ombudsman, other service providers as documented in the PCISP, any other telephone number identified for inclusion by you or your legal guardian
 - iv. Health Care Coordination Services as applicable, Health information summary including diagnosis, medications and treatment protocols, and known allergies/history of allergies as applicable; Listing of all adaptive equipment used by you that includes contact information for the person or entity responsible for replacement or repair of each piece of adaptive equipment;
 - v. Photograph of you as specified by the individual's PCISP;
 - vi. Current Individual Service Plan;
 - vii. Copy of your Risk Plans as applicable

- viii. Behavior Support Plan and/or information, as applicable;
 - ix. Your Likes and dislikes as identified in PCISP;
 - x. Miscellaneous/Other information relevant to working with you.
 - b. Documentation for the last sixty (60) days may include the following as applicable:
 - i. Medical, dental, and vision consults and summaries for visits or services;
 - ii. Risk Plan
 - iii. Changes in your physical condition or mental status;
 - iv. An unusual event, such as choking, vomiting, falling, disorientation or confusion, behavioral problems, or seizures;
 - v. Response of provider to the observed change or unusual event;
 - vi. Environmental assessments;
 - vii. Medication administration;
 - viii. Seizure management;
 - ix. Health-related incident management;
 - x. Nutritional counseling;
 - xi. Behavioral support services;
 - xii. PCISP Outcome directed services;
 - xiii. Environmental assessments conducted with the signature of the person conducting the assessment on the assessment
 - c. If your outcomes include bill paying and other financial matters and the provider is the residential provider or the representative payee, your bank statements and checkbook with documentation of balancing and reconciliation as outlined in PCISP.
- G. Sycamore Services, Inc. and/or the provider specified in your PCISP as being responsible for maintaining your personal file shall maintain and/or have access to personal file for individual at the provider's office.
- a. A duplicate copy of the site of service file with the exception of the prior or previous 60 days of documentation that is maintained at the site of service delivery.
 - b. The file may contain the following as applicable: change in physical condition or mental status; an unusual event such as vomiting, choking, falling, disorientation or confusion; health and medical services provided; individual's training outcomes, patterns of behavior and/or seizures.
 - c. As applicable, the documentation shall be kept in chronological order; include the date, time and duration of the change or event and/or services provided; description of the response of the provider or the provider's employees or agents to the change or event; and verified notation and/or signature of who provided services and/or who observed the event.
- H. Participant Information Form and an Emergency Medical Information Form will be maintained for each participant and updated in accordance with state and federal regulations.
- I. Staffs who work directly with you, their immediate supervisors, program directors and/or approved staff persons shall have access to electronic and/or hard copy files in order to maintain confidentiality. (See Confidentiality and Release of Information Policy).

- J. Designated and approved staff shall have access to records for review purposes. Any missing documentation will be reported on approved forms to Quality Assurance Personnel, Department Directors and/or designee. Follow up will be completed by individual completing review as well as Quality Assurance Personnel and/or approved designee to confirm action was taken. If not follow up reports will be disseminated.
- K. Working files, paper records and electronic files will be completed, entered and maintained in accordance with state and federal regulations.

*See also IST Roster and Checklist, Emergency Medical and Participant Information Form, Intake Assessment and Individualized Training Packet.

PROGRAM FILES - INDIVIDUAL ACCESS

It shall be the policy of Sycamore Services, Inc., that you and/or your guardian shall have access to review your program file by giving written notice to the Department Director and/or designee. The file will be made available on the next business day. Cost may be incurred by the requesting individual and shall be disclosed prior to release.

INDIVIDUAL RIGHTS AND RESPONSIBILITIES

It shall be the policy of Sycamore Services, Inc. to have a statement of individuals' rights to preserve the human rights, dignity, and safety of individuals receiving services through Sycamore Services, Inc. These rights will be made available to you and shall be explained to you in your mode of communication or, when appropriate, your parents/guardians/provider.

Procedure:

When receiving services through Sycamore Services, Inc., you shall have the following rights:

- A. To be informed, in writing, before or at admission and on an annual basis of your rights and responsibilities while receiving services through Sycamore Services. If you are unable to read the document, the document shall be interpreted to you and/or your parent/guardian/advocate in a manner that is understandable to you. A written acknowledgment must be witnessed by a third person. If you have a guardian, the guardian shall also be required to sign the form to indicate his/her receipt, review and understanding of the information. When changes or additions are made to the above rights and responsibilities, you shall be likewise informed.
- B. To active and ongoing participation in the selection of relevant services available through Sycamore Services that are habilitative and supportive toward your chosen lifestyle and projected level of independence as documented in your Individual Service You shall be given the opportunity to participate in planning your individual services, including program goals and objectives. You and/or your guardian have a right to a copy of that plan and any subsequent documentation of changes to that plan.

- C. To advance notification prior to the transfer to any other program within Sycamore Services.
- D. To refuse treatment and services and be informed of all risks of treatment and services.
- E. To be encouraged and assisted throughout receipt of any services to exercise your rights as a citizen including being free from discrimination in the provision of services. Right to have alleged violations of rights investigated, to voice grievance and recommend changes in policies, procedures, and services to facility staff and/or outside representatives of your choice free from restraint, interference, coercion, discrimination or reprisal. (See Grievance and Appeal policy and Investigation Policy).
- F. To regularly see a doctor, at your own expense, and to proper medical care including but not limited to reduction of dependence on medications and restraints as agreed by physician and/or (Individual Support Team (IST)).
- G. To be free from abuse, neglect and exploitation. (See Abuse & Neglect policy).
- H. To be free from any restrictive behavioral procedures including physical, medical and chemical restraints, removal of your personal property, or seclusion. (See HRC, Restrictive Interventions, and Behavioral Emergency – Imminent Danger Policies).
- I. To be free from exclusion of services except:
 - a. When authorized by the IST as described in an approved intervention strategy with your informed consent and/or your guardian or in accordance with Sycamore Services' suspension policy.
 - b. When necessary in an emergency to protect you from injury to yourself or to others. The agency shall not use any restraint as punishment or for the convenience of staff.
- J. Ensured confidential treatment of all information contained in your records. Your written consent shall be required for the release of information to persons not otherwise authorized to receive it.
- K. To be treated with consideration, respect, and full recognition of your dignity and individuality.
- L. To communicate, associate, and meet privately with persons of your choice unless to do so would infringe upon the rights of other individuals. (Including sending and receiving unopened mail, access to a telephone with privacy).
- M. To participate in activities of social, religious, and community groups at your discretion.
- N. To achieve full community inclusion within every aspect of daily living to include the activities associated with work, leisure, and home environment.
- O. To retain and use appropriate personal possessions and clothing.
- P. To terminate your involvement with services provided by Sycamore Services. If you have a legal guardian, the authorization to terminate services must be obtained from that guardian. To petition the committing court for consideration of any services you are being involuntarily committed to.
- Q. To advocate for you and/or to a qualified advocate and/or guardian when this is required to protect your personal well being and interest. Right to contact and consult privately with an attorney of your choice, at your own expense.
- R. To the respect of all who work, advocate, or associate with you.

- S. Not to participate in experimental research or treatment without your informed, voluntary written consent. You have the right to withdraw consent at any time.
- T. Not to complete work or chores benefiting others without pay unless:
 - a. Provider has obtained a certificate from the United States Department of Labor authorizing the employment of workers with a disability at special minimum wage rates and you work voluntarily for a provider with compensation at the prevailing wage and commensurate with your abilities.
 - b. Services are being performed by you in your own residence as a normal and customary part of housekeeping and maintenance duties.
 - c. You desire to perform volunteer work in the community.
- U. To regular developmental and behavioral assessments. To be informed on a regular basis as specified by your plan of your medical condition, developmental status and behavioral status. (See Individual Service Plan Policy, Person Centered Individual Support Plan and Individual Support Team meeting form).
- V. The opportunity for personal privacy.

Participant Responsibilities:

- A. To participate in planning of your services.
- B. To choose the provider of your services.
- C. To work toward achieving your goals and objectives.
- D. To keep your appointments.
- E. To inform your identified team members about changes that are pertinent to your plan of care and your participation in your program.
- F. To advocate for yourself or designate someone to advocate for you.
- G. See also “Code of Conduct”.

ADMISSIONS

It shall be the policy of Sycamore Services, Inc. to have standard procedures to govern the admission of individuals for services provided by Sycamore Services, Inc. The agency will comply with Title IV of the Civil Rights Act. You shall not be denied services based on grounds of gender, race, creed, color, age, disability, religion, sex, sexual orientation or national origin. Sycamore Services Inc. shall abide by Federal, State and local regulations when implementing this policy. This policy shall be carried out in compliance with applicable Sycamore Services, Inc. policies.

Procedure:

I. Referral

- a. You may be referred to Sycamore Services, Inc. for services through the Indiana Department of Family and Social Services Administration or an appropriate case manager, school counselor, physician or parent. If a referral for vocational services comes from a parent, a teacher/instructor, program administrator, other specialist, an outside agency or you, said referral will be assisted in finding appropriate funding.

b. A referral packet will be sent to the Intake Coordinator and/or appropriate Department Director and should include a cover letter or Sycamore Referral Form, background reports relating your disability and educational/vocational history, appropriate eligibility reports for Title XX or Medicaid funding, and notation from the referring agent as applicable as to the program options to be considered.

c. Upon receipt, your referral materials will be reviewed by the Intake Coordinator, Department Director and/or designee, as applicable. Intake Coordinator, Department Director and/or Designee will then contact you or your guardian as applicable to determine which supports offered by Sycamore Services, Inc., may be the most beneficial for you based on available options, considerations and alternatives. Additional evaluations or assessments may be requested. The referring agent will be notified of your acceptance for services by the Intake Coordinator, Department Director and/or designee.

II. Intake

a. Upon acceptance for services, an initial interview will be scheduled. Available agency services will be explained and specific program and setting information in regard to your options, considerations and alternatives will be shared at this meeting. Any additional intake forms will be completed at this time.

b. At the intake planning conference, you shall receive:

- i. A copy of Sycamore Services' Program Handbook which includes:
 1. A copy of Sycamore Services' Individual Rights,
 2. An overview of the agency mission, programs, and services,
 3. An explanation of the Individual Service Planning process,
 4. An explanation of the Grievance and Appeal Process,
 5. A Notice of Privacy Practices

c. The above will be documented on Intake forms by you and/or your parent/guardian, as applicable. The Intake Coordinator, Department Director and/or designee will place the signed receipt in the central file.

d. If, after the intake interview, the Executive Director and/or designee disagree with the appropriateness of your referral, or you decline services, the referring agent will be notified of the decision and the specific reasons for not initiating services. You shall be informed of other options available in the community to meet your needs.

III. Waiting List

a. When a referral is made for a service that cannot be initiated at the time of acceptance due to no available opening, a waiting list will be established and maintained by Sycamore Services, Inc. You are placed on a waiting list in order of referral and staff assignments are made at the earliest possible times.

See also the following policies, as applicable: Participant Orientation Policy, Individual Service Plan Policy, Suspension, Exclusion and Expulsion Policy and Transition, Transfer and Re-entry Policy

PARTICIPANT ORIENTATION

It shall be the policy of Sycamore Services, Inc. to orient each new program participant, guardian and family, if applicable, to the mission, programs and services of Sycamore Services, Inc.

Procedure:

- A. Orientation is the responsibility of the assigned Primary Staff.

- B. At the intake planning conference, you shall receive:
 - a. A copy of Sycamore Services' Program Handbook which includes:
 - i. A copy of Sycamore Services' Individual Rights and Responsibilities, an overview of the agency mission, programs, and services,
 - ii. An explanation of the Individual Service Planning process,
 - iii. An explanation of the Grievance and Appeal Process.

- C. Every effort will be made to communicate with you and your family/provider in an understandable manner/your mode of communication. All program specific information will be discussed at this time. This may include but not limited to:
 - a. Vacation and sick pay for workshop participants
 - b. Holiday pay for workshop participants
 - c. Health and Safety requirements
 - d. Wage information (as needed; following the DOL prevailing wage guidelines)
 - e. Work rules
 - f. Community opportunities
 - g. Re-entry policy
 - h. Code of Conduct

Illness Directive

Sycamore Services, Inc. and Cornerstone Pediatric Rehabilitation outline the following directives if you are experiencing symptoms while utilizing services rendered through Sycamore/Cornerstone. If you are experiencing these symptoms while attending any program, transportation from such program must be arranged as soon as possible. If you receive services in your home, you must contact Department Director and/or designee as soon as symptoms are present to discuss service options. For home-based therapy, you should

contact your therapist directly to discuss services options. A medical provider is the most qualified person to make a health diagnosis. He/She may recommend that you refrain from participating in services longer than our guidelines. Please follow your doctor's orders. You may be asked to submit a written excuse and/or return statement from the physician upon and/or prior to returning to services. You may also be asked to submit a proof of extermination report noting environment is free of infestations upon and/or prior to return to services. Service interruption or relocation may occur if a location requires extermination services.

If you or your environment exhibits the following symptoms and/or conditions, you must remain at home or be picked up from services, and/or service interruption or relocation of service delivery may occur:

Fever: If you have a fever of over 100 degrees, stay home until the temperature has returned to normal *without medication* for 24 hours. Please note that if the fever disappears after receiving Tylenol or Advil, this is generally still contagious and should not return/resume services until after the temperature is normal *without medication*.

Runny Noses: If you have allergies and your nose drainage is clear, you are okay to attend. If the mucus is yellow or green, or if there is fever or cough accompanying the runny nose, it may be a viral or bacterial infection and you should not attend/resume services until it is resolved and/or cleared by a physician.

Streptococcus Infection and Pink Eye: Wait a minimum of 24 hours after the first dose of medicine before returning/resuming services when fever has subsided and physician releases you to return. With Pink Eye, the pus drainage from the eye must resolve completely before returning/resuming services.

Rashes: Any generalized or spreading rash needs to be identified as not being contagious by your physician before coming/resuming services. If the rash is still occurring, the physician needs to write an excuse if the rash is not contagious before returning to services.

Vomiting or Diarrhea from an illness: You should stay home a minimum of 24 hours after last episode. You should be eating and drinking normally before returning/resuming services. Physician may recommend being home longer, depending upon extent of illness.

Lice, Scabies, Bedbugs, Pest, Parasite or Insect Infestations: You and any effected members of the household should be treated and all bedding, furniture, toys, stuffed animals, car seats and other areas where you may have been sitting or laying should be treated as recommended. Treatment and elimination of Lice/Scabies/Bedbugs/Pest or Insect Infestations must be completed prior to resuming services and proof may be required. Service interruption or relocation may occur if a location requires extermination services. Please see the CDC websites for more information, such as:
<http://www.cdc.gov/parasites/scabies/> <http://www.cdc.gov/parasites/bedbugs/>
<http://www.cdc.gov/parasites/lice/>

Common Illnesses/Communicable Diseases: If you are experiencing common contagious illnesses (ex: chicken pox, hand foot and mouth disease)/Communicable Diseases, we must

have a physician permission slip/return to work/school/duty form to resume services.

Please refer to CDC Websites for more information, such as:

<http://www.cdc.gov/DiseasesConditions/index.html>

INDIVIDUAL SERVICE PLAN

It shall be the policy of Sycamore Services, Inc. that you shall have a current Individual Service Plan. Sycamore Services, Inc. is committed to collaborating with your Individual Support Team (IST) members including but not limited to individual's legal guardian and other service providers to provide services to you consistent with your Person Centered Individual Support Plan (PCISP).

Procedure:

- A. A "primary" staff will be assigned to you. This person shall be responsible for assisting in the development and monitoring your Individual Service Plan.
- B. Upon admission to a Sycamore Services, Inc. program, you will participate in an intake planning conference at which time an Initial Goal for services will be developed. If there is enough information to hold the annual Individual Service Plan and/or Person Centered Individual Support Plan(PCISP) meeting, that will be done in place of the Initial Goal for Services.
- C. An initial intake will be completed with within sixty days of services beginning. This will include reviewing referral information, obtaining any supplemental materials needed to learn your strengths and needs. Engaging in personal conversations with you will help identify your interests, abilities and preferences while setting goals. Information will be provided to you regarding options, considerations and alternatives in regard to programs and settings.
- D. Within sixty days of the interim plan, using information collected during the assessment, an initial planning conference will be scheduled to develop the Individual Service Plan and/or PCISP. Thereafter, an annual planning conference/PCISP meeting will be held. Special planning conferences may be held as needed, i.e., change in services provided; however, you must have at least an annual planning conference/PCISP meeting.
- E. You will participate in the scheduling of the planning conference/PCISP meeting and agree to the date and time the conference will be held as well as individuals invited to the meeting. All other people to be invited to the planning conference will be notified by the service coordinator and/or designee.
- F. Services to be provided to you through Sycamore Services will be determined at the planning conference/PCISP meeting with input from you and your guardian, if applicable. Information will also be requested from the other team members, as applicable, such as but not limited: group home representative, Vocational Rehabilitation (VR) counselor, assigned service coordinator, case manager and any other person you would like to invite.

- G. During the conference/PCISP meeting, a comprehensive Individualized Service Plan/PCISP will be developed based on your strengths, service needs and personal preferences using a Person-Centered Planning process/Person Centered Description, as applicable. Existing cultural and/or religious issues will be investigated and included, as appropriate, in goal setting. Your goals and objectives will be developed from these recommendations. If a need is recognized that Sycamore Services, Inc. is unable to provide for, referrals may be made to other agencies or resources. The primary staff is responsible for follow up and documentation of referrals.
 - H. Your Service Plan/PCISP will be reviewed as needed by the primary staff, but not less than on a quarterly basis. Each specific objective will be reviewed. Ongoing communication will be maintained with you and applicable others, such as a guardian. Any changes in the service plan/PCISP will be discussed with the Individualized Support Team (IST) including but not limited to you and your guardian, if applicable. Ongoing communications will include but not limited to the following: medical condition, developmental status, behavioral status, risk of treatment, and right to refuse treatment.
 - I. Sycamore Services, Inc. shall collaborate with your other providers as identified in the PCISP to provide services to you consistent with your PCISP including the following, as applicable: allow your case manager access to our quality assurance and quality improvement procedures, implement a seizure management system designed by your provider responsible for seizure management, implement behavior support plan designed by your provider of behavioral support services, implement a medication administration system designed by the your provider responsible for medication administration and if an individual dies, Sycamore Services, Inc. shall cooperate with the provider responsible for conducting an investigation into the individual's death.
- ❖ See also IST Roster and Checklist, Intake Assessment, Individual Training Packet and Pre-Transition QA Checklist, as applicable.

PROGRAM PARTICIPATION ACKNOWLEDGEMENT

It shall be the policy of Sycamore Services, Inc. that you will give your informed consent to receive services through Sycamore Services, Inc. by signing your Individual Service Plan. A guardian's signature will be obtained when applicable.

Procedure:

During the planning process, you and your guardian, as applicable, will be asked to sign an Individual Participatory Acknowledgement form to acknowledge you have received an explanation of available program and setting options, considerations and alternatives. This form will document the overall agreement to participate in one or more of Sycamore's programs and services.

TRANSITION, TRANSFER AND RE-ENTRY

It shall be the policy of Sycamore Services, Inc. to support you in transition, transfer and re-entry activities in accordance with state and federal regulations. These activities are to be carried out in compliance with Sycamore Services, Inc.'s Confidentiality and Release of Information Policy, Individual Service Plan Policy, and state and federal regulations.

If Sycamore Services, Inc. is selected for services by you and/or guardian, as applicable, and Sycamore Services, Inc. agrees to provide services and/or if you choose to change providers, Sycamore will support you by participating in the following transition activities, as applicable:

- Transition planning
- Ensuring safe environment
- Scheduling and training staffing
- Other activities as determined to be needed to support the transition, such as but not limited to the following:
 - Discuss with you the new provider's need to obtain a copy of the previous provider's records and your files;
 - Provide you with a written form used to authorize the previous provider's release of a copy of the records and files concerning you to the new provider;
 - Request that you and/or your legal representative to sign the release form;
 - Upon receipt of a written release signed by you and/or your legal representative, a provider shall forward a copy of all of your records and files to the new provider no later than seven (7) days after receipt of the written release.

Sycamore Services, Inc. may temporarily hold a position in a program for you if you leave that program to accept community employment placement or to participate in another program. The slot may be held for an agreed upon period to be based on your progress and success in your new program.

If circumstances beyond your control result in the loss of community-based employment within sixty days of departure from another program, you may be re enrolled in the program after Individual Support Team and Sycamore Services, Inc. Executive Director, Director and/or designee review and every attempt will be made to find a new community employment placement for you.

Determination of services to be provided by Sycamore Services, Inc. if you wish to reenter a Sycamore program will be reviewed on an individual basis. If you transferred into another status, you shall be eligible for reentry after completing the admissions process, service plan and/or Individual Support Plan, as appropriate.

SUSPENSION, EXCLUSION, EXPULSION

Procedure:

I. Suspension:

To protect the safety and well-being of you and others, you may be suspended immediately for an incident which endangers the health, welfare and/or safety of an individual following review of the Executive Director and/or designee. After the incident, the following steps are taken:

- a. You will be advised of the suspension.
- b. You will be removed from the program and arrangements for transportation will be made; if necessary.
- c. Inform your parent/guardian, residential service provider and/or responsible party of the incident and the suspension in accordance with state and federal regulations.
- d. Inform BDDS Service Coordinator, Case Manager, VR Counselor and/or APS/CPS as warranted of the incident and suspension in accordance with state and federal regulations.
- e. Follow Incident Reporting Policy and Procedures. Provide dissemination of the Incident Report and subsequent actions.
- f. Take appropriate steps to prevent/defuse future incidents.
- g. Executive Director and/or designee review/approval.

II. Exclusion Prior to Services:

Exclusions before initiation of services may occur for the following reasons: severe medical conditions, current violent or dangerous behavior, incidents which endanger the health, safety and/or welfare of an individual, or unavoidable environmental conditions that aggravate a chronic medical condition. When one of these conditions is in evidence, the following steps will be taken:

- a. The agency will notify you, your parent/guardian, residential provider and/or responsible party of the exclusion and reason(s) for the exclusion in accordance with state and federal regulations.
- b. Inform BDDS Service Coordinator, Case Manager, VR Counselor and/or APS/CPS as warranted of the incident and suspension in accordance with state and federal regulations.
- c. The agency will make reasonable attempts to provide interventions allowing you to participate in other programming.
- d. The agency will participate in any subsequent planning conferences Individual Support Team meetings, or other meetings called to discuss appropriate programming and/or referrals, as appropriate.
- e. Follow Incident Reporting Policy and Procedures. Provide dissemination of the Incident Report and subsequent actions.
- f. Exclusion will be reviewed/approved by the Executive Director and/or designee.

III. Exclusion and Expulsion:

You may be excluded or expelled from the agency following the development of the following: severe medical conditions; violent, extremely maladaptive or dangerous behavior; incidents which endanger an individual's health, welfare or safety; or environmental aggravation of chronic medical conditions. If an exclusion/expulsion appears necessary, the following steps will be taken by the agency:

- a. Notify you, guardian/parent, residential provider and/or responsible party of the reason(s) you are in jeopardy and steps being taken to resolve the situation.
- b. Notify as applicable the appropriate BDDS Service Coordinator, Case Manager, VR Counselor and/or APS/CPS as warranted in regard to the individual in jeopardy.
- c. Attempt programming modifications.
- d. Attempt environmental modifications.
- e. Obtain the services of a professional consultant.
- f. If no intervention strategies effect an appropriate change, the Individual Support Team will meet and attempt to resolve the situation, either through further intervention or exclusion/expulsion.
- g. Follow Incident Reporting Policy and Procedures. Provide dissemination of the Incident Report and subsequent actions.
- h. Consult with the Executive Director and/or designee for review/approval.

❖ See also Provision of Services Agreement.

Exiting Services and Program Interruption

It shall be the policy of Sycamore Services, Inc. to have criteria and procedures in place for program interruption and/or exiting of services. All applicable state and federal laws and regulations must be adhered to in carrying out these policies and procedures.

Program Interruption:

- A. You and/or your guardian may request temporary interruption in services due to medical or other personal reasons by contacting their Department Director and/or designee. Department Director and/or designee is then responsible for notifying all appropriate persons, including but not limited to the Vocational Rehabilitation Counselor, Case Manager, legal representative, and other Individual Support Team (IST) members.
- B. If an employee is notified and/or discovers that you may require an interruption in services due to medical or personal reasons, the employee must notify their Department Director and/or designee and follow the Internal Incident Reporting Policy and procedures as applicable.

- C. By placing you in interrupted status, you and/or your guardian and Sycamore Services and remaining IST members agree and understand that Sycamore Services will be unable to provide identified services and will be unable to bill Vocational Rehabilitation or any other funding agent for services provided after the effective date.
- D. Notice of Program Interruption form must be completed, signed and submitted to identified parties.
- E. When you decide to become actively involved in a program again, the Vocational Rehabilitation Counselor, Case Manager or other funding agent will be notified so further services can be properly authorized.

Exit Criteria:

- A. You may exit or be discharged from services for the following reasons:
 - 1. Self request
 - 2. Request of guardian, if applicable
 - 3. Per agency Suspension, Exclusion, and Expulsion Policy
- B. Additional information about reasons that you may exit a service may be available in the Service Outline/Provision of Services Agreement.

Notice of Termination:

- A. Sycamore Services shall give you and/or your guardian, if applicable, at least 60 days written notice before terminating services if the services being provided to you are of an ongoing nature in accordance with state and federal regulations.
- B. The agency shall participate in development of a new and/or updated Person Centered Individual Support Plan prior to terminating services, as applicable.
- C. The agency shall continue providing services to you during the transitional period and until a new provider providing similar services is in place in accordance with state and federal regulations.

Exit Procedure:

- A. When you exit a service, the Department Director and/or designee will complete an exit/discharge summary within two (2) weeks of exit. This summary may include but is not limited to results of services rendered, recommendations on future services to continue the achievement of your life goals, and suggest referrals or transfers to other programs, services and/or agencies. The summary will be documented on the top portion of the Program Exit Summary Form and will be forwarded to the Quality Assurance Coordinator and/or designee. The Department Director and/or designee is also responsible for arranging the follow up contact by identifying a contact person and method of contact, as well as, notifying you that the follow up is to occur within sixty (60) days after exit/discharge.

- B. For all individuals exiting a service, the follow up will be completed by the Quality Assurance Coordinator and/or designee within sixty (60) days of exit/discharge. The follow up will consist of an update of your current status and participant satisfaction of services provided by Sycamore Services. This follow-up will be documented on the Program Exit Summary and filed in your program file. The individual responsible for follow up will also attempt to have you and/or family/advocate/guardian complete a Satisfaction Survey. The completed Satisfaction Survey form will be forwarded to the appropriate personnel.

Surveillance Equipment Use

When deemed necessary to further protect the health, welfare, and safety of you and other participants, staff, and visitors, and to protect agency and participant property beyond protection provided through other alternatives, administration supports the use of video/electronic surveillance systems in agency facilities. Surveillance Equipment use must adhere to all applicable state and federal laws as well as regulatory body guidelines.

General Procedures:

Sycamore Services, Inc. recognizes the need to strike a balance between your right to be free from invasion of privacy and the agency's duty to promote a safe environment for all. Video/electronic security surveillance systems are intended to complement other means being employed by the agency to promote and foster a safe and secure environment for you and others. The agency believes that the monitoring is a significant factor in protecting you, other participants, staff, visitors, and property. To that end, the agency recognizes the value of video/electronic surveillance systems as a supplement to traditional alternatives.

The purpose of video surveillance is to:

1. Promote a safe environment.
2. Assist in training and the daily operations of agency programs.
3. Assist with the investigation of any incident that may be depicted.
4. Deter theft and vandalism and assist in the identification of individuals who commit damage to agency property.

Signs will be posted in appropriate areas, either at the entrance to the area under surveillance (e.g. on the door entering a facility) or in close proximity to the camera informing the general public of the usage of video surveillance.

At no time will persons other than those designated by the CEO have access to the monitors or to the recordings made in the course of the surveillance. Personal information contained on the recordings shall not be used or disclosed for purposes other than those for which it was collected, except with your consent or as required by law.

The focus of cameras used in video surveillance in agency facilities will not cover areas where there is an expectation of privacy (i.e. restrooms).

Should surveillance equipment be requested in your home, procedures must be followed in accordance with all applicable policies and procedures. Use must be reviewed and approved by you and/or your guardian, Individual Support Team and the Human Rights Committee.

GRIEVANCE/APPEAL

It shall be the policy of Sycamore Services, Inc. to have a grievance procedure available to you and when applicable, parents/guardians/advocates of those employed through and served by Sycamore Services, Inc. and to resolve registered grievances within two (2) weeks.

This procedure can also be utilized for reporting violations of Sycamore's policies and procedures to Sycamore. Filing a grievance will not result in retaliation or barriers to services or employment.

The complete grievance and appeal procedure, including methods for informing you of the complaint procedure in writing and will be explained to you in your usual mode of communication. Policy and procedures are included in your participant and employee handbooks and are maintained in accessible hard copy and/or electronic format, such as CD, DVD, Sycamore's website(s), and/or Information Technology system utilized by Sycamore Services, Inc.

Procedure:

- A. You or your parents/guardian/advocate should contact your Team Lead, Coordinator or primary point of contact with your complaint. If the issue is unable to be resolved, the Department Director should be contacted.
- B. The Department Director or his/her designee will meet with you and/or parents/guardian/advocate within three (3) working days after the receipt of the complaint to discuss the grievance. If a resolution cannot be reached by this action, you and/or parent/guardian/advocate will submit a written complaint in the individual's usual mode of communication and all supporting documentation to the Human Resources and Quality Assurance Director and/or designee.
- C. The Human Resources and Quality Assurance Director, or designee, will have five (5) working days to seek a conciliatory agreement. If a resolution cannot be reached by this action, you and/or your parent/guardian/advocate will submit a written complaint in the individual's usual mode of communication and all supporting documentation to the Executive Director and/or designee.
- D. The Executive Director will have five (5) working days to seek a conciliatory agreement. The decision of the Executive Director will be sent to you in writing or in your usual mode of communication. A copy of the response resolution will be sent to you and/or your parent/guardian/advocate, Service Coordinator, Case Manager and/or Department Director as applicable.

- E. At any time during the process, you and/or parents/guardian/advocate may request external review, consult with advocacy services or seek legal assistance of their choice at their own expense.

Supplement to Grievance and Appeal

If you are not happy with your services, follow these steps:

1. Tell the program coordinator what problems you are having. If they cannot resolve the problem with you, you should notify the Department Director. A meeting will be scheduled to discuss the situation and see if things can be changed.
2. If the Department Director cannot solve your problem, you should notify the Human Resources and Quality Assurance Director to review the situation.
3. If the Human Resources and Quality Assurance Director cannot solve your problem, you should notify the Executive Director. The Executive Director may request to meet with you, should the need arise.
4. At any time during the process, you and/or your parents/guardian/advocate may request external review, consult with advocacy services or seek legal assistance of your choice at your expense.

You always have the right to advocate for yourself, which includes filing a complaint and/or having someone advocate for you!!!

Individuals Receiving Employment Services:

Sycamore Services, Inc. is an Employment Network (EN) through the Ticket to Work (TTW) program. Protection and Advocacy for Beneficiaries of Social Security (PABSS) is a Protection and Advocacy (P&A) service that is mandated under the Ticket to Work and Work Incentives Improvement Act of 1999. It established the TTW program and required that each state's P&A system provide advocacy to beneficiaries to address barriers to employment. PABSS is designated as part of the conflict resolution process as well. This program is specific to individuals with disabilities who receive Social Security Disability Insurance (SSDI) or Social Security Income (SSI).

1. If you are an individual with a disability and you receive Social Security benefits, you have the right to refer a dispute first to Sycamore's program manager for review, and then to Social Security Administration (SSA) for a decision.
2. PABSS is available to you if you meet the eligibility requirements.
3. Indiana Protection and Advocacy Services Contact Information:
 - a. Phone Number: 317-722-5555, ext. 234 or ext 236.
 - b. Toll free number: 1-800-622-4845.
4. Sycamore Services will inform you of the procedures for resolving disputes when:

- a. You complete and sign the Individual Work Plan (IWP)
- b. Services in the IWP are reduced, suspended or terminated.
- c. There is a dispute about services in the IWP or related to the \your participation in the program.

Sycamore Services, Inc. Our Privacy Commitment to You

Sycamore Services, Inc. recognizes the importance of the trust and confidence you have in us. We understand that medical information about you and your health is personal. To provide you with the high-quality programs and services, and to comply with certain legal requirements, we must create a record and maintain information about you. Because keeping your information secure and private has always been one of our top priorities, you are not required to take any action with us to further protect your privacy.

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Sycamore Services, Inc.'s Privacy Officer or designee at (317) 745-4715.

HOW WE ARE REQUIRED BY LAW TO DISCLOSE MEDICAL INFORMATION ABOUT YOU.

As Required by Law: We will disclose medical information about you when required to do so by Federal, state or local law.

To Avert a Serious Threat to Health or Safety. We will use and disclose medical information about you when we have a "Duty to Report" under state or federal law; because we believe that it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health Risks. We will disclose medical information about you for public health reporting required by federal or state law. The activities may include:

- To prevent or control disease or injury;
- To report births and deaths;
- To report reactions to medications or problems with products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if it is suspected abuse, neglect or domestic violence has occurred.

Health Oversight Activities. We will disclose medical information as required by law to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we will disclose medical information about you when properly ordered to do so by a court.

Law Enforcement. We will release medical information if asked to do so by a law enforcement official, and if permitted by law:

- In response to a court order;
- If required by state or federal law;
- To identify or locate a suspect, fugitive, material witness, or missing person;

- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of criminal conduct;
- About criminal conduct within Sycamore Services, Inc; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Protective Services for the President and Others. We will disclose medical information about you to the authorized federal officials, so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. For each category of users or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, psychologists, nurses, social workers, therapists, technicians, medical students, or other Sycamore Services, Inc. personnel who are involved in taking care of you.

Different departments of Sycamore Services, Inc. also may share medical information about you in order to coordinate the different things you need. We also may disclose medical information about you to people outside Sycamore Services, Inc. such as other health care providers involved in providing medical treatment/services for you and to people who may be involved in your medical care, such as family members, clergy, etc.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at Sycamore Services, Inc., or other health care providers from whom you receive treatment, may be billed to, and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan/governmental agency information about treatment you received at Sycamore Services, Inc. so your health plan will pay us or reimburse you for your treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose medical information about you for Sycamore Services, Inc. operations or to another health care provider or health plan if you have a relationship with that health care provider or health plan. These uses and disclosures are necessary to run Sycamore Services, Inc. and make sure that all of our participants receive quality care. For example, we may use medical information to review our services and to evaluate the performance of our staff. We may also combine information about many participants to decide what additional services Sycamore Services, Inc. should offer, what services are not needed, and whether certain new programs/services are effective. We may also combine the information we have with medical information from other Health Care Rehabilitation Facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information, so others may use it to study health care and health care delivery without learning who the specific participants are.

Schedule Reminders. We may use and disclose medical information to contact you as a reminder than an employee(s) of Sycamore Services, Inc. is scheduled to meet with and/or provide services to you.

Program Service Alternatives. We may use and disclose medical information to tell you about or recommend possible program/service options or alternatives that may be of interest to you.

Health Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities. We are a not-for-profit organization which depends upon support from the United Way, Foundations and our own fundraising efforts from individuals and corporations. If we provide information about

our services, we will not release information regarding a specific individual without prior written approval from you unless it is to our Business Associates. If it is to our Business Associates, only demographic information and dates of service may be released. If you do not wish us to contact regarding our fundraising efforts, you must notify us in writing.

Individuals Involved in Your Care or Payment for Your Care. We may release certain limited information about you to a friend or family member who is involved in your medical care/services. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research. We currently do not engage in research on a regular basis. However, if this situation does occur, information regarding your condition or services rendered would only be released with your written consent.

SPECIAL SITUATIONS

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about participants of Sycamore Services, Inc. to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer of Sycamore Services, Inc. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, under some circumstances you may request that the denial be reviewed. Another licensed health care professional chosen by Sycamore Services, Inc. will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Sycamore Services, Inc.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer of Sycamore Services, Inc. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that –

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Sycamore Services Inc.;
- Is not part of the information which you would be permitted to inspect and copy;
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an Accounting of Disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Sycamore Services, Inc. Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example on paper or electronically). The first list you request within a 12- month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a specific treatment session you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Sycamore Services, Inc. Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limit to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Sycamore Services, Inc. Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

- You may obtain a copy of this notice at our website, www.SycamoreServices.com.
- To obtain a paper copy of this notice, request one from any Sycamore Services, Inc. employee or contact our Privacy Officer.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each of our office locations. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with Sycamore Services, Inc. or with the Secretary of the Department of Health and Human Services, in Washington D.C. In any case, we urge you to contact our Privacy Officer if you have any questions, comments or complaints.

All complaints must be submitted in writing. The contact information is as follows:

Privacy Officer Sycamore Services, Inc.

P.O. Box 369, Danville, IN 46122 (317) 745-4715 or 1-866-573-0817

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care/services that we provided to you.

Workplace Violence Prevention

Sycamore Services, Inc. is committed to preventing workplace violence and to maintaining a safe work environment. Given the increasing violence in society in general, Sycamore Services, Inc. has adopted the following guidelines to deal with intimidation, harassment or other threats of (or actual) violence that may occur during business hours or on its premises.

When participating in employment with Sycamore it is expected that you should be treated with courtesy and respect at all times. You are expected to refrain from fighting, "horseplay," or other conduct that may be dangerous to others. Firearms, weapons, and other dangerous or hazardous devices or substances are prohibited on the premises of Sycamore Services, Inc. without proper authorization.

Conduct that threatens, intimidates, or coerces another employee, a customer or a member of the public at any time, including off duty periods, will not be tolerated. This prohibition includes all acts of harassment, including harassment that is based on an individual's sex, race, age, color, religion, national origin, disability, veteran status, gender identity, sexual orientation, ancestry, or any characteristic protected by federal, state, or local law.

All threats of (or actual) violence, both direct and indirect, should be reported as soon as possible to your immediate supervisor or any other member of management. This includes threats by employees, as well as threats by customers, vendors, solicitors or other members of the public. When reporting a threat of violence, you should be as specific and detailed as possible.

Sycamore Services, Inc. will promptly and thoroughly investigate all reports of threats of (or actual) violence and of suspicious individuals or activities. Your identity when making a report will be protected as much as is practical. In order to maintain workplace safety and the integrity of its investigation, Sycamore Services, Inc. may suspend employees, either with or without pay, pending investigation.

If you are determined to be responsible for threats of (or actual) violence or other conduct that is in violation of these guidelines you will be subject to prompt disciplinary action up to and including termination of employment.

Sycamore Services, Inc. encourages you and other employees to bring their disputes or differences with other employees to the attention of your supervisors or the Human Resources Department at Sycamore Services, Inc. before the situation escalates into potential violence. Sycamore Services, Inc. is eager to assist in the resolution of employee disputes and will not discipline you for raising such concerns.

Door Lock Procedures

Sycamore Services, Inc. is committed to protecting the health and safety of you, employees, and visitors through an organized internal health and safety program. Sycamore Services, Inc. has in effect and available written copies of the Emergency Action Plan, which can be shared in an individual's usual mode of communication. Sycamore outlines the below procedure to assist with maintaining a healthy and safe environment.

Procedure:

Door locks are in place for the safety of you, staff, and visitors. Sites will typically remain unlocked during office/service hours. Individuals shall be able to freely exit buildings.

Sites where an individual is not readily available to monitor entrance and/or entrance is configured in a manner where it is not visible to those in attendance, doors will remain locked from outside entrance, but will have a doorbell to ring to gain entry. Entrance doors shall only be locked when an attendant is unable to monitor the entrance. Management personnel and/or designees will have access to keys to re-enter the building(s) as needed. Doors will remain locked on an as needed basis as noted above for preventative safety measures.

Internal doors may be locked due to potential hazards, such as maintenance materials, to unauthorized parties and/or to keep confidential information safeguarded. Internal locks will be used on offices that contain confidential information and areas such as janitorial closets, heating, air, water heater and electrical unit rooms. Authorized personnel will have access keys.

Supervision Guidelines

You have the freedom to access settings (indoors and outside) based on supervision requirements outlined in your Person Centered Individual Support Plan (PCISP)/High Risk Plan (HRP) and in accordance with your ALGO level. If supervision is required, your PCISP and HRP shall outline the requirements. Plans shall also outline decision-making authorities' identified choice regarding supervision requirements. PCISP's and HRP's shall be signed by Individual Support Team (IST) members including you and/or your guardian giving approval to implement plans as your team created and agreed upon.

SYCAMORE SERVICES ARC

Would you like to play a part in programs provided by Sycamore? You can, by joining the Sycamore Services Arc.

The Sycamore Services ARC is a membership of parents, family members, participants, Sycamore employees and other rehabilitation professionals who are interested in what services are currently provided, what legislation might impact services or funding for services, and how to access other resources.

Three Arc meetings a year provide members with opportunities to talk with others who have similar issues, questions and concerns about sons or daughters, brothers or sisters, or friends. May meetings host the elections of board members. September meetings are open to new members and provide an opportunity to share ideas with other Arc members. November meetings present an opportunity to hear reports of each program. Sycamore Services Arc can provide a means to build friendships that will last a lifetime.

Please call our Corporate Office at 317-745-4715 to discuss further details of ARC Membership. Find out what it can mean to you, to your community and to individuals with disabilities that are served by Sycamore Services. Sycamore Services is a 501© 3 organization and a United Way Agency.

If you would like to become a Sycamore Services ARC Member, complete the form below and send it, with a check or money order for \$10.00, to Sycamore Services, Inc., Attn: ARC Membership, P.O. Box 369, Danville, IN 46122.

_____	Parent	Family Member	Advocate
Name	(Circle one)		

Address			

City	St	Zip	

Thank You!

Thank you for choosing Sycamore Services as your provider. Services are provided at little or no cost to our participants as Sycamore programs are supported by State and Federal dollars. Private donations are welcome and greatly appreciated.

Donations can be made at any time through any of our offices. Your contribution may be designated to a specific location or program or left undesignated to be assigned to those programs requiring supplemental resources. Sycamore Services is a 501©3 organization and contributions are tax deductible.

Sycamore Services wishes to thank all those who contribute as they join us in our quest to change lives, meet and overcome challenges and break down barriers that prohibit people from becoming all they can be.

OTHER RESOURCES

OFFICES OF VOCATIONAL REHABILITATION

SOCIAL SECURITY ADMINISTRATION

COUNTY DEPARTMENTS OF FAMILY & CHILDREN

COUNTY EMPLOYMENT & TRAINING SERVICES

COUNTY PUBLIC HEALTH DEPARTMENT

COMMUNITY MENTAL HEALTH CENTERS

Participant Reference Numbers

This handbook was written for individuals being served by Sycamore Services, Inc. It contains information that is important to all individuals participating in services provided by Sycamore Services.

If you have any questions regarding the information contained in this handbook, or any aspect of a program or service, please contact your Sycamore Department Director or designee.

Department Director: _____ Phone No: _____

Designee: _____ Phone No: _____

Waiver Case Manager: _____ Phone No: _____

VR Counselor: _____ Phone No: _____

Service Coordinator: _____ Phone No: _____

Other: _____ Phone No: _____

**SYCAMORE SERVICES, INC.
LOCATIONS**

Corporate Office: 1001 Sycamore Lane
P.O. Box 369
Danville, IN 46122
PH: (317) 745-4715
TOLL FREE: 866-573-0817
FAX: 317-745-8271

Hendricks County: 8313 East County Rd. 300 S.
P.O. Box 1083
Plainfield, IN 46168
PH: (317) 838-7705

**Marion County:
North Side** 7301 Georgetown Road, Suite 100
Indianapolis, IN 46268
PH: (317) 415-0334

**Marion County:
South Side** 10 W. Hanna Avenue
Indianapolis, IN 46217
PH: (317) 664-7076

Morgan County: 465 S. Main Street, Suite 108
Martinsville, IN 46151
PH: (765) 342-2476

Vanderburgh County: 1510 N. Weinbach Avenue
Evansville, IN 47711
PH: (812) 421-0847

Children's Services: 3380 E. Main St.
Danville, IN 46122
PH: (317) 745-7503

**Sycamore Printing and
Business Solutions:** 77 Park Place Blvd.
Avon, IN 46123
PH: (317) 745-5456

**Cornerstone Pediatric
Rehabilitation Services:** 3380 E. Main St.
Danville, IN 46122
PH: (317)718-0089

MCC Services: 1369 N. Blue Bluff Rd.
PO Box 1373
Martinsville, IN 46151
PH: (765)342-3007

Sycamore Services, Inc. Signature Page

By signing below, I confirm my understanding of the contents of the below listed items. I agree that the items were presented and reviewed in a manner to which I am able to understand. I have been given the opportunity to ask questions. I have been given names and proper telephone numbers for contact if I have questions at a later time.

- **Individual Rights and Responsibilities**
- **Grievance/Appeal**
- **Suspension, Exclusion and Expulsion**
- **Program Participation**
- **Handbook**
- **Notice of Privacy Practices titled, Our Privacy Commitment to You**
- **Access to Files**
- **Illness Directive**
- **Provision of Services**
- **Surveillance System**

Please Sign Acknowledgement Below:

Participant Name	Signature	Date
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Advocate/Guardian Name	Signature	Date
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Witness Name	Signature	Date
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Sycamore Services, Inc. Rep Name	Signature	Date
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