

Cornerstone Behavioral Healthcare

Section 12. Program Administration

A. Line of Authority: Cornerstone Behavioral Healthcare (CBH) will develop, maintain, and review a written, up-to-date organizational chart and policies governing the line of authority, communication, staff responsibility and staff assignment.

1. Policy governing Line of Authority, Communication, Staff Responsibility, and Staff Assignment

- a. The hierarchical structure within CBH delineates the chain of command from executive management to non-management employees. This line of authority establishes who reports to whom, defines roles and responsibilities, and ensures that decisions and directives flow smoothly throughout CBH. It is crucial for maintaining order, clarity, and accountability within the organization.
 - i Primary authority flows from CEO, to Directors, to Program Managers, to Supervisors.
 - b. Communication within CBH is vital for its success. Communication is the process of exchanging information, ideas, thoughts, and feelings between individuals or groups to convey meaning and understanding. Effective communication fosters collaboration, boosts morale, enhances productivity, and ensures that everyone is aligned with the organization's goals and objectives.
 - i Communication is the responsibility of all CBH employees.
 - ii Management is responsible for communicating policy, continuous quality improvement, and other managerial requirements.
 - iii All employees are responsible to provide feedback, concerns, operational issues, client issues, and other ideas that impact the organization.
 - c. Staff responsibility at CBH refers to the obligations and duties that employees have within the organization. These responsibilities relate to their job roles, tasks, and contributions to the overall success of CBH. Staff responsibilities can vary widely depending on the nature of their role within the organization. Their job description will state specific functions they will perform at CBH.
 - d. Staff assignment at CBH involves the allocation of employees to specific tasks, projects, roles, or responsibilities within an organization. This process ensures that the right people with the necessary skills and expertise are assigned to the appropriate roles to achieve organizational objectives effectively.
 - i It is the responsibility of management, with the assistance of HR, to review and hire employees that are qualified to perform staff assignments.
 - ii For existing employees, it is the responsibility of management and HR to review staff assignments regularly and ensure that staff is appropriately trained, licensed or certified, and knowledgeable to accomplish the assigned tasks.
2. CBH remains responsible for the health and safety of its clients, and for ensuring that the requirements of applicable statutes and rules are met.

B. Administrator: CBH will have administrators that are assigned and capable of managing the affairs of the organization. CBH will staff administrators that will manage or maintain the following organizational responsibilities:

1. Ensure immediate notification of any Level 1 Critical Incident to the Department by telephoning DHHS's current approved data management system within four hours at 866-521-0027, option 6, and any Level 1 or Level 2 Critical Incident by written notification in DHHS's approved electronic data reporting and utilization management system (EDRUMS)
2. Ensure written notification to DHHS within 24 hours after learning of an arrest or indictment of organizational personnel related to criminal activity that is alleged to have occurred on the grounds of the organization or any location where services are provided.
3. Financial Viability
4. Quality Clinical Care and Documentation
5. Continuous Quality Improvement
6. Administrative Oversight

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7. Risk-Based Assessments
8. Policy Development and Implementation
9. Communication

C. Evidence-Based Practice: CBH's written policies will include its clinical intervention practices for specific populations that are evidence-based practices for that specific client group.

D. Food Services: N/A

E. Teleservices and Distant Site Practitioners: Select services or components of services may be provided through an interactive telecommunication system between the originating site (client), and the distant site (practitioner), in compliance with the following standards:

1. CBH's teleservices will be provided in compliance with Maine law, see for 32 M.R.S. § 13868 and 24-A M.R.S. § 4316. The client will provide verbal, electronic, or written consent for telehealth and telemonitoring services. Teleservices include outpatient services, psychiatric diagnostic interview examinations, individual psychotherapy, counseling, pharmacological management. For clients who are stable, it may also include group and individual outpatient. Examinations or evaluations of the client will be under the control of the practitioner at the distant site.
2. CBH will ensure that any distant site practitioner is qualified to provide teleservice by education, training, licensure, or the equivalent, consistent with the credentials required for the specific service to be provided.
 - a. The delivery of specific services provided by teleservice will be within the scope of practice of the practitioner's license or credential.
 - b. CBH will confirm that the distant site practitioner is currently allowed by license to practice in Maine, consistent with the appropriate rule of the Department of Professional and Financial Regulation.
 - c. CBH only uses practitioners licensed to provide service in the State of Maine.
 - d. CBH does allow independent contractors to perform telehealth.
 - e. CBH will conduct reviews of the distant site practitioner's performance at least annually.
3. **Telehealth Policy:** The definition of Telehealth Services, as defined by MaineCare Benefit Manual (Chapter 1, Section 4.01-4.07) and Maine law, is the use of information technology by a health care provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment.
 - a. Interactive Telehealth- Real-time combination audio and video. The provider will reach out to the client with a secure link inviting the client to the session. The client and the provider will see each other, with both cameras on, for the duration of the session. At the end of the session, the provider will be responsible for closing the telehealth appointment.
 - b. Telephonic Services-The use of audio-only telephone communication by a health care provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment.
 - c. **Eligibility for Telehealth:**
 - i Must have payment source that covers Telehealth, and respective requirements must be followed.
 - Have full benefit MaineCare coverage, be eligible for mental health services, and be located in Maine at the time of service, or
 - Have commercial insurance that covers behavioral health, and therefore covers behavioral health via Telehealth per Maine parity law, or
 - Have no insurance and be paying privately for services.
 - ii Mental health service delivered must be of comparable quality to what it would be if delivered in person.
 - iii Delivery of the mental health service via Telehealth must be medically/clinically appropriate (client stability) as determined by CBH Provider.

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d. **Client Rights:**

- i Participation in Telehealth is voluntary. Client has the right to refuse or discontinue at any time without risking future access to services.
- ii Client has the right to access records from Telehealth sessions as provided by Federal and State law and regulations, just like any other health record.
- iii Client has the right to know who is present at provider's site, and the member's site, during the session, and has the right to exclude anyone from either site.
- iv For MaineCare members, MaineCare will pay for transportation to MaineCare Covered Services pursuant to Section 113 of the MaineCare Benefits Manual ("Non-Emergency Transportation Services").

e. **Clinical Requirements:**

- i Documentation is required, similar to in-person services, and utilizes the authorization(s) maintained for underlying service delivered. Justification for services will be documented on the Co-Occurring Assessment, Service/Treatment Plan, Annual Summary, and Progress Notes. Any issues complying with the policy will be documented in the notes at the time of the session.
- ii The clinical session will not be recorded or taped, except when the client consents for the purpose of staff educational/supervision requirements.
- iii Child Protective Service (CPS)/Adult Protective Services (APS) Mandated Reporting
 - Face-to-face service requirements apply to Telehealth.
 - You are a mandated reporter only in the state where you hold a valid license.
 - If a report is made to your State regarding a client in another State, it is their responsibility to coordinate with that State.
 - Reporting to another state is a violation of client's confidentiality, unless you obtain a written release of information from the client/legal representative.
- iv CBH verifies all provider qualifications for providing Telehealth Services.
- v CBH recommends that client is located in a safe and confidential setting. If the provider deems the setting not clinically appropriate, the service(s) may be discontinued for that session. Provider will document in the Progress Note the reason for discontinuing Telehealth session/service(s).

F. Reporting Adverse Events Policy: CBH will document and report adverse and potentially adverse events. Adverse events are defined as incidents that pose risk or occurrences that are outside the norm. All events will be evaluated for the need for follow-up actions and opportunities for improvements in agency management and/or service delivery. Each incident will also be evaluated for Mandatory Reporting (electronically filed, both adult & child, see DHHS for rules, for immediate assistance call Adult or Child Protective Services), Critical Incident reporting (see DHHS rules for reporting) and Violation of Client's Rights reporting (see DHHS Licensing rules Sect 6E for reporting requirements).

1. Some examples of adverse or potentially adverse occurrences include, but are not necessarily limited to:
 - a. Complaints
 - b. Deaths
 - c. Injuries
 - d. Violations of agency policies; and
 - e. Violations of client rights
 - f. Fire, structural damage, or other catastrophe which renders the facility unsafe, unusable, or uninhabitable within a time which is reasonable to permit a determination of whether any change in licensing status is necessary

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- g. Employee has a reasonable belief that the client is likely to engage in physical violence posing a serious risk of harm to the client or to others.

2. **Reporting Adverse Occurrences Policy:**

a. **Client Complaints: a grievance (adverse occurrence):**

- i If a client has a grievance (adverse occurrence) regarding employees, services, etc., it will be put in writing to the Clinical Director or designee. The client can also address a complaint verbally, and a CBH employee will assist the client in completing the “Grievance Form”. The review of the grievance will be conducted by a party other than the staff member (s) involved in the dispute. The Clinical Director, CEO, or designee will attempt to resolve the concern(s) with the complainant, and document their efforts to do so. Minimally, responses should occur within ten business days at each step of the process, unless time extensions are agreed upon by all parties. The timeframe will apply to both client and provider and must be included in the written explanation of rights.
- ii Any and all client grievances will be managed per the procedures outlined in the “Rights of Recipients of Mental Health Services” and “Rights of Recipients of Mental Health Services Who are Children”.

b. **Employee to employee complaints:**

- i All staff is directed to follow the PM 20 Grievances (see procedure in the Personnel Manual).

c. **Complaints regarding employees:**

- i If the complaint is regarding an employee, the CEO or designee will discuss this with the employee and document the event. If necessary, disciplinary action will follow (see PM 18 in Personnel Manual).

d. **Complaints regarding clients:**

- i If an employee has a complaint regarding a client, i.e., inappropriate behavior, the Clinical Director or designee will investigate and document the event, and try to solve the problem before giving the employee an option to terminate services with the client. In such cases, another mental health care provider may or may not be assigned to the client depending on the nature of the complaint.

e. **Injury to client:**

- i The CEO and Clinical Director must be notified immediately if a client is injured during the time that services were provided. It is important to complete the appropriate reporting process as soon as possible. When serious injury to a client occurs, the following actions must be completed promptly:
 - The staff person first aware of the incident shall immediately notify emergency rescue personnel or assist the client by providing medical assistance.
 - Following the initial call for medical assistance, the CEO and Clinical Director will be notified.
 - The CEO, Clinical Director, or designee will report the incident to necessary local authorities, if appropriate, and to DHHS.
 - The Clinical Director will initiate an internal investigation that will include the Clinical Director, Program Managers, and other appropriate personnel.
 - The investigation report will be filed, electronically if required, with a copy of the report sent to DHHS, Division of Licensing, and placed in chart.

f. **Suicide: ALWAYS FILE A CRITICAL INCIDENT REPORT. When it is made known to staff that a client has completed suicide:**

- i The Clinical Director will be notified.
- ii The Clinical Director will notify the CEO.
- iii Within 4 hours, the Clinical Director will report the incident, following the critical incident reporting procedure in the DHHS electronic reporting system.
- iv Designated staff will notify other necessary providers (with release on file).
- v The Clinical Director will initiate an internal investigation that will include the Clinical Director, Program Managers, and other appropriate personnel.

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- vi Designated staff will respond to DHHS request for additional information.
- vii CBH will cooperate with any investigation subsequent to the event of a client's death.
- g. **Suicide Attempt or Self-Harm that Requires Medical Intervention:**
 - i The Clinical Director will be notified.
 - ii With 72 hours, the Clinical Director will report the incident, following the critical incident reporting procedure in the DHHS electronic reporting system.
 - iii Designated staff will notify other necessary providers (with release on file).
 - iv The Clinical Director will initiate an internal investigation that will include the Clinical Director, Program Managers, and other appropriate personnel.
 - v Designated staff will respond to DHHS request for additional information.
 - vi Designated staff will provide crisis stabilization support for the client.
- h. **Other Non-Suspicious, Attended Client Deaths:**
 - i Staff, upon becoming aware of a client death in the community, shall immediately notify the client's clinician and the Clinical Director, both of whom will meet to discuss the most reasonable course of action, considering all clinical issues involved.
 - ii Should a client death occur on the agency premises, staff will follow the procedures outlined in the critical incident reporting procedure in the DHHS electronic reporting system. CBH will cooperate with any investigation subsequent to the event of a client's death.
- i. **Injury to Employee:**
 - i The CEO, Clinical Director, Supervisor, and HR will be notified immediately if an employee is injured during provision of service.
 - ii The Supervisor will document the incident as soon as possible
 - iii Worker's Comp will be notified within 24 hours.
- j. **Facility Structural Damage:**
 - i Any event that causes structural damage to the facilities will be reported to the CEO, Clinical Director, or designee. The Facility Coordinator and CEO will evaluate the significance of the damage to prepare a plan of action.
 - ii The plan will include, but may not be limited to:
 - Type and extent of damage.
 - The impact on the facility's operations and agency's operations
 - The estimated time needed to correct or repair the damage.
 - Who is responsible for the repairs.
 - The cost to repair while maintaining services.
 - Identify alternate locations if the facility is not accessible or usable.
 - Identify who needs to be notified.
 - iii The CEO or designee will report, electronically if required, to DHHS, Division of Licensing, if the facility has become unsafe, unusable, or uninhabitable, within a time which is reasonable to permit a determination of whether any change in licensing status is necessary.
- k. **ADVERSE OCCURENCES WILL BE DOCUMENTED on the appropriate form**
 - i Reports of adverse and potentially adverse occurrences will be evaluated for the need for follow-up actions and opportunities for improvements in agency management and/or service delivery.
 - ii Other non-serious, out of the routine occurrences related to client services may be documented in the EHR.

G. Continuity of Operation Plan: See Section 2E Disaster, Hazard, and Evacuation Plan

H. Annual Evaluation Policy: CBH will perform an annual evaluation of the organization's operation.

1. The annual evaluation will address the following:

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- a. General program effectiveness in relation to stated goals and community needs;
 - b. General staff effectiveness and staffing patterns;
 - c. Staff turnover rate;
 - d. Review of grievances and complaints;
 - e. Summary of incident reports and adverse events;
 - f. Rationale for the grouping of individuals;
 - g. Emergency and safety procedures;
 - h. Frequency of unplanned discharges of individuals in care;
 - i. Assessment and evaluation of treatment services; and
 - j. Trauma-informed agency assessment, as applicable.
2. The written annual program evaluation will be available to the Department upon request.

I. Coordination of Care: CBH will assist both staff and clients to access emergency and non-emergency medical care, and crisis services as situations necessitate.

1. Policy Regarding Staff
 - a. CBH will assist staff who require emergency care while on duty. This includes:
 - i Applying emergency care as trained and certified (e.g. CPR, Overdose Response)
 - ii Calling 911
 - iii Reporting to Supervisor
 - iv Reporting to HR
 - v Notifying employee emergency contact if the employee consents or is unconscious
 - vi Filing Incident Report
 - b. CBH will assist staff who require non-emergency medical care. This includes:
 - i Assessing the situation to determine type of non-emergency medical care needed
 - ii Using stocked supplies to treat with consent of employee (i.e. Band-Aid)
 - iii Reporting to Supervisor for further instruction
 - c. CBH will assist staff who require access to crisis services. This includes:
 - i Reporting concerns to Supervisor
 - ii Clinical Leadership will meet with the employee in a private space to assess
 - iii Clinical Leadership will work with the staff to determine what is needed, and contact HR if needed
 - iv Clinical Leadership will help staff access crisis services with staff consent
 - v If imminent risk is assessed and staff is unwilling to access crisis stabilization support, 911 will be called
2. Policy Regarding Clients
 - a. CBH will assist clients who require emergency care, which may occur at the office or in the community. This includes:
 - i Applying universal precautions and various emergency care, as trained and certified (i.e. CPR, Overdose Response)
 - ii Calling 911
 - iii Reporting to Clinical Director and/or CEO
 - iv Notifying client emergency contact if the client consents or is unconscious
 - v Filing appropriate level Incident Report
 - b. CBH will assist clients who require non-emergency medical care. This includes:
 - i Assessing the situation to determine type of non-emergency medical care needed
 - ii Applying universal precautions, stocked supplies may be used to treat with consent of employee (i.e. Band-Aid)
 - iii Notifying client emergency contact if the client requests
 - iv Report to Clinical Leadership or designee for further instruction
 - v File appropriate level Incident Report
 - c. CBH will assist clients who are experiencing a mental health crisis

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- i CBH will assess clients at onset of services for risks and needs in crisis management.
- ii CBH will gather client's emergency contact information and appropriate releases
- iii A crisis/relapse/safety plan will be encouraged and developed, which includes action, resources and supports that can be accessed in a crisis to support stabilization.
- iv CBH staff will coordinate with emergency contact and/or other members of client's care team (i.e. med manager, PCP, counselor, or case manager).
- v CBH will assess clients for higher level of care needs and make appropriate referral such as crisis stabilization and emergency department
- vi CBH will follow up with client to ensure crisis stabilization
- vii CBH will participate in discharge planning and transitional care as needed
- viii CBH will review and update the crisis/relapse/safety plan at service plan review and annually
- ix CBH will provide emergency contact information to DHHS, local crisis providers, and local emergency departments.

Frank Willard  05/11/2024

CEO Date

Sharon Jordan  05/11/2024

Clinical Director Date