

# Family Handbook



## Pediatric and Adolescent Residential Services

## **Mission**

The Mission of Bancroft NeuroHealth is to provide a spectrum of individualized services for children and adults with neurological and related disabilities to help them achieve greater independence and fulfillment in their lives, while improving their function, activity and participation in society.

## **Core Values**

### Compassion

Bancroft NeuroHealth — made up of the people we serve, their loved ones, and all of the staff — is a family in which the abilities, talents and skills of all of its members are shared to enhance the quality and dignity of life for all. Bancroft treats people with dignity and respect and is committed to creating a world in which all people with disabilities are accepted as full, contributing members of the human family.

### Independence

In service to people with neurological disabilities, Bancroft NeuroHealth promotes the research, development and dissemination of best practices based on validated scientific evidence. Bancroft provides services in home, school, work and community environments to foster the achievement of independence and self-fulfillment.

### Teamwork

At Bancroft NeuroHealth, the people we serve, their family members, staff and financial supporters are integral members of the service delivery team. Bancroft staff are its most precious resource and all members of the staff should receive just compensation, effective support and continuous training leading to career advancement.

## Specific Unconditional Requirements

Bancroft recognizes that families are an important part of the lives of those we serve and, therefore, positive family involvement is encouraged. As a licensed residential service provider, however, Bancroft must institute certain rules that are necessary in order to manage the program in the best interests of all those served. Therefore, the following rules are considered unconditional in order for each individual to be served by the program:

- Attend or provide input in the development or updating of your son or daughter's Service Plan if at all possible. However, whether or not you wish to participate in the development of the Service Plan, you will be expected to support and follow the Interdisciplinary Team's recommendations for treatment.
- Routinely share information that would be helpful in meeting the needs of your son or daughter with your primary contact at Bancroft.
- Make sure the program has up-to-date contact information for you at all times. Notify Bancroft when you will be unreachable for a certain period of time (based on individual situation), and provide guidance in the event of an emergency.
- Communicate with primary contact at least 48 hours in advance to schedule visits to the family home (unless emergency).
- Advise the program of when you expect to bring your son or daughter back to program (time and day) and follow-through as specified (or call if a change needs to be made).
- Unless special arrangements are made in advance, return your child back to the program no later than 8:30 p.m.
- When medications are taken for home visits, unused medications shall be returned to the appropriate staff (Nursing Office on campus and Senior Associate in Community Programs) upon return to program.
- Have respect for the privacy and rights of others living in the home/apartment at all times taking guidance from the staff on what is best for the home.
- Understand that in a residential program — unlike a typical family home — the needs of the group sometimes must take precedence over the preference or interest of an individual.
- When your son or daughter is on a prescribed diet while at Bancroft, follow the same diet when he/she is with the family.
- Treat staff members with respect, as you would expect them to treat you. If you have a disagreement with a particular staff person, bring the matter to the attention of his/her supervisor as soon as possible.
- Advocate for your family member through the proper channels of communication at Bancroft; take an issue to the supervisor closest to the situation, and if necessary, up to and including the executive leadership or Family Advocate.
- Support requirements related to disability programs (e.g., SSI, Medicaid), funding or insurance requirements and other processes required on behalf of your son/daughter.
- Ensure prompt payment of moneys owed to Bancroft for provision of services.
- If you expect to manage your son or daughter's healthcare while he/she is in a Bancroft community-based program, the following will also be required:
  - Initiate and follow-through on healthcare appointments within required timeframes.
  - Provide copies of healthcare examination reports to Program Manager as they occur. Ensure physician recommendations are clearly outlined on reports.
  - Follow all licensing requirements for medication management (e.g., prescriptions to match labels, all required information on label, etc.), and provide updated prescriptions and over-the-counter medication records to the program when changes occur.
  - Provide medication at least seven days prior to depletion of supply at program(s).
  - Notify Program Manager of scheduled appointments two weeks in advance.

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## Introduction

When we reflect on what's important in our lives, we tend to think of the things that bring us meaning and fulfillment — the love of family and friends, the feelings of accomplishment we get at work, the joy of knowing that who we are makes a difference. One's "quality of life" depends on having an abiding sense of self-satisfaction and fulfillment.

An active and satisfying quality of life for the people we serve has always been at the heart of Bancroft's programs and services. Margaret Bancroft taught us well that the uniqueness of each person and the special circumstances that impact the totality of his/her life must be appreciated. Families are an important part of the lives of those we serve and, therefore, positive family involvement is supported and encouraged.

Bancroft's programs and services are based on a person-centered philosophy of care. Person-centered care is respectful of the life dreams of the individuals we serve. It emphasizes the strengths of the individual and looks at all the supports that are available to help those we serve meet their life goals. Traditional models of care emphasize deficits and assume that organizations can provide all the services needed to reduce these deficits. Person-centered planning looks to community and the individual's circle of support to meet life goals. Person-centered planning emphasizes relationships.

## Individual Program Planning

Each person served by Bancroft has a Service Plan which specifies the programs and/or services needed to maximize his/her developmental potential. Services provided are in accordance with generally accepted professional standards, and are provided in a setting and a manner that is least restrictive of personal liberty. The services requested by the individual and/or his/her guardian shall be identified and addressed by the Interdisciplinary Team (IDT)<sup>1</sup> as appropriate, through the individualized planning process, and provided within available resources.

An IDT is established for each person served by the organization to develop a comprehensive plan for the delivery of services. The composition of each team is determined by the needs of the individual being served, and includes the person receiving services and his/her legal guardian. The team will assess, develop, monitor, and address the person's program on a regular basis, based on his/her needs and desires.

## Program/Treatment

Bancroft will provide services in accordance with the individual's Admissions Agreement and Service Plan (e.g., IHP, IEP, IRP, IFSP).

*Families may expect that Bancroft will...*

- Work with the IDT, including the individual and guardian, to develop and implement a Service Plan.
- Discuss proposed goals and objectives in the Service Plan, with the understanding that changes will be made only when agreed upon by the Team.
- Send Progress Reports to guardian regularly.

<sup>1</sup> Please note: The word "team" used throughout this Handbook refers to the individual's Interdisciplinary Team.

- Upon request of the guardian, provide a copy of the draft Service Plan prior to the meeting where approval will be requested.
- Plan effectively in advance of significant program changes (transfers, moves, significant job changes, housemate changes, etc.). Exceptions to this may occur when changes must be made due to safety issues within the program. In those cases, Bancroft will notify the family/guardian within 24 hours.
- Assist the individual in maintaining good personal hygiene (including bathing or showering, toileting, washing hair, brushing teeth, shaving, nails clipped, haircuts, etc.), as well as assistance as required to care for clothing, linens, and other personal possessions.
- Work with individual (and others as necessary) to keep home/apartment clean and in good repair.
- Provide staff training to prepare staff and persons served for emergencies and to maintain safe conditions.

*The guardian is expected to...*

- As a member of the Team, participate in initial and annual program planning meetings in person or by teleconference and support the Team's decisions.
- Attend or provide input at or prior to the Pre-IHP (Individual Habilitation Plan) IDT meeting.
- Once the Service Plan is approved, support and follow the Team's recommendations for treatment. When there is disagreement after the Service Plan has been finalized, the Team shall meet to discuss the proposed modification; however, changes will be made only when approved by the Team. (Please note: Due to licensing requirements, refusal to sign the Service Plan will not preclude the implementation of the Plan; disagreements may be appealed, but cannot delay the implementation of the Plan.)

## **Rights and Responsibilities**

The children and adults served by Bancroft NeuroHealth are treated with dignity and respect. Bancroft staff members will facilitate an ongoing process (regularly and upon request) of informing, affirming and protecting the rights of each person served, encouraging the positive involvement of parents/guardians/advocates throughout the process. If, at the discretion of the Program Director, it is felt that certain rights would be clinically contraindicated, proposed restrictions would require review and approval by the Interdisciplinary Team and the Bancroft Human Rights Committee. (Refer to New Jersey State Rights Statement for people in licensed residential programs in the Appendix.)

## **Confidentiality/Privacy Regulations**

It is the policy of Bancroft NeuroHealth that staff members and all other persons who are authorized to have access to files, records, and electronic data respect the confidentiality of this information, particularly individually identifiable financial and medical information concerning the people served and their families. Verbal discussion about an individual's clinical/behavioral/personal information in a public setting (on or off Bancroft properties) is strictly prohibited, as well, and only those staff directly involved in care or treatment of an individual should discuss or share information about him/her. Please refer to the Appendix for a full copy of our HIPAA Privacy Regulations.

## Recreation, Socialization and Leisure Activities

Bancroft will request the individual's preferences in terms of recreation/socialization activities upon admission and at least twice a year thereafter (with assistance of family member/guardian, as requested), and will support active participation and attendance in preferred activities as appropriate.

### *Families may expect that Bancroft will...*

- Encourage/support the individual to participate in his/her preferred recreational/social activities, in accordance with the individual's preference survey and Service Plan.
- Notify guardian in advance of plans for overnight trips, or other extraordinary activities and communicate with guardian ahead of time, whenever possible, if plans change. When feasible, the guardian shall be informed in advance of any extraordinary costs expected in association with an opportunity (activity).

### *The guardian is expected to...*

- Notify program staff in advance of any activities in which the individual must not participate due to medical or religious reasons. A physician's note for the restriction shall be provided by the guardian at the time of making the request to excuse an individual from activities for medical reasons. The IDT shall also be advised of the request, and the Team's agreement shall be documented in the Service Plan.
- If not in agreement with the types and/or frequency of recreational/socialization activities, review preference survey completed by the individual and discuss specific disagreements with the Program Advocate or Manager.

## Behavior Intervention

Every individual has the right to the most humane and effective education and treatment intervention available. Our approach is individualized, least restrictive and positive. For those individuals whose behaviors are injurious and detrimental to themselves and/or others, our approach is to use positive procedures prior to using any restrictive procedures to reduce inappropriate behaviors. It is acknowledged that for some individuals served by Bancroft, appropriately selected and implemented Behavior Intervention Plans are critical to their progress. These plans maximize the effects of skill building programs by decreasing the frequency and/or duration of problem behaviors. All individually prescribed behavior programs are designed in accordance with professional ethical standards and currently accepted practice. Plan authors supervise and monitor the effectiveness of all intervention procedures through the collection and review of quantitative data. (Refer to the Appendix for an overview of behavioral interventions.)

### *Families may expect that Bancroft will...*

- Notify the guardian within 24 hours of any unusual disruptive behavioral incident.
- Require and ensure staff are trained on behavior intervention procedures to prevent injury and assure appropriate interventions.

### *The guardian is expected to...*

- Support direct care staff when they are implementing a plan.
- Participate in parent training of Behavior Intervention Plan.

- Follow the plan when visiting the program and during home visits.

## Health/Medical/Nursing Services

Bancroft will initiate, follow-through and communicate with the guardian about appointments for physician, dentist and other healthcare professionals (or as otherwise agreed to in advance) for routine and other physical care. Basic preventative healthcare includes: one physical examination per year, and two dental examinations per year.

### *Families may expect that Bancroft will...*

- Assign a Nurse Case Manager to oversee medical care for each child served residentially.
- Schedule and follow-through with annual examinations and follow-up visits in a timely manner.
- Schedule and follow-through with non-routine appointments in a timely manner.
- Communicate with guardian on non-routine health issues and medication changes in a timely manner.
- Forward copies of reports on non-routine matters (e.g., special tests, evaluations, etc.) to the guardian upon request and completion of proper consents.

### *The guardian is expected to...*

- Provide appropriate health insurance for son/daughter and make sure nursing and program staff have up-to-date information at all times.
- Avoid cancelling medical appointments, and make sure co-pays are paid on a timely basis.
- Consent to and support physician's recommendations for medical treatment.
- In special situations where the guardian chooses to handle healthcare management (in community-based programs only), the following will clarify the responsibilities, which must be followed due to licensing requirements:

#### **In these special situations, Bancroft will:**

- Communicate promptly with guardian when healthcare issues need to be addressed. If medical problem is not an emergency, but requires immediate attention and the guardian cannot be reached in a timely manner, Bancroft will seek medical treatment as appropriate.

#### **In these special situations, the guardian will:**

- Initiate and follow-through on healthcare appointments within required timeframes.
- Provide copies of healthcare examination reports, etc. to Program Manager as they occur. Ensure physician recommendations are clearly outlined on reports.
- Provide medication at least seven days prior to depletion of supply at program(s), and make sure all compliance requirements are met as per instructions from nursing or program management (e.g, prescriptions to match labels, labels include specific required information, etc.).
- Provide updated prescriptions and over the counter medication records to the program annually or when changes occur.
- Notify Program Manager or other primary contact person of upcoming appointments at

least two weeks in advance, so plans can be made for a staff member to accompany family, when appropriate.

## Nutrition Guidelines

Bancroft NeuroHealth recognizes the importance of proper nutrition in maintaining good health and quality of life for the individuals it serves and, therefore, establishes processes designed to support the provision of a proper diet in all program areas.

Unless otherwise specified by the individual's medical needs, his/her diet shall be prepared in accordance with the latest edition of the recommended dietary allowances of the Food and Nutrition Board of the National Research Council and National Academy of Sciences. Diets shall be adjusted for age, sex, disability, and activity, when necessary.

### *Families may expect that Bancroft will...*

- Ensure individuals served are provided with a healthful variety of foods in order to promote growth, development and wellness. The organization shall promote proper nutrition as an integral component of programming.
- Ensure special diets that fall outside of the recommended dietary allowance guidelines, are approved by the physician or advanced practice nurse, and that the IDT is aware.
- Ensure that the appropriate professional provides information to program staff related to special dietary needs. Feeding tube responsibilities shall be delegated to nursing personnel.

### *The guardian is expected to...*

- When requesting a special diet, provide a prescription from a physician or advanced practice nurse.
- Understand that Bancroft cannot prevent certain food from being in the residence, due to individual preferences and requests;
- Provide any special preferred foods (at guardian's own expense). Preparation of these foods shall also be the responsibility of the family, unless other arrangements have been approved by program management or the IDT, as appropriate.

## Social/Sexual Guidelines

Bancroft NeuroHealth recognizes that human sexuality is a natural, integral part of the development, growth and identity of all people, and something that it cannot limit among the adults it serves (over the age of 18). Therefore, we shall strive to promote appropriate social/sexual development for each person served through implementation of guidelines, which are based on current professional literature in the field. Any concerns or areas of disagreement shall be directed to the IDT.

### *Families may expect that Bancroft will...*

- Provide appropriate opportunities and supports to help develop fulfilling interpersonal relationships. Social interactions with members of both sexes will be encouraged in order to facilitate maturation and integration of sexuality into total human development.

- Offer an environment for sexual expression that is objective, positive and supportive. Respect each individual's interest to engage in safer sexual activity at an appropriate time, within a private environment, and without infringement on another person's rights. Provide opportunities for privacy. Environmental accommodations will be explored when appropriate (e.g., schedule private use of shared bedrooms).
- Provide appropriate assessments by qualified professionals on an individualized basis when needed for those served, with plans implemented in accordance with these assessments.
- Provide social/sexual education to persons served that is commensurate with individual needs, capabilities, interests, general functioning level, and moral beliefs.
- Plans would take into account not only the current level of function (with particular consideration of the capacity to consent), but also capacity for growth and education.
- Plans would be formulated and implemented through the IDT process with appropriate knowledge and involvement of guardian.
- Provide information to those served to enable them to make informed decisions, including decisions about intimate sexual acts. They shall be provided with as much information as they are capable of understanding.

## Religion

Bancroft will support the religious or spiritual preferences of each individual served as much as possible, given other program requirements and available resources.

If there is disagreement between the individual and his/her guardian about expectations related to participation in religious services, a discussion by the Team shall be held at a meeting at which both the individual and guardian are present, as appropriate. The Team will attempt to resolve disagreement or come to agreement on a compromise solution. The Team's recommendations will then be followed.

## Financial

Bancroft NeuroHealth is committed to protecting the financial interests of the individuals it serves, and shall assist each individual, as appropriate as defined by the IDT, in managing and accessing his/her funds. Procedures are established to safeguard each person's funds and guide proper management of funds when they are entrusted to the organization.

Individuals served by the organization have the right to access their personal funds, consistent with their abilities. Such funds may be spent freely based on the individual's choice.

The guardian or another individual may be appointed representative payee of the individual's funds. The representative payee is expected to use the individual's funds in the person's best interest, and is liable for misuse of funds. The payee is also responsible for resolving any issues regarding the individual's funds and benefits. If the representative payee is not acting in the individual's best interest after several requests and reminders, Bancroft may be required to contact the State to request another payee be assigned to represent the individual.

If the guardian entrusts the individual's funds to Bancroft, Bancroft will take responsibility for monitoring how the funds are being used and will provide copies of documentation to the guardian, upon request. The IDT shall establish the amount of money an individual is capable of holding independently, and this shall be documented and managed in accordance with the IDT's decision.

## **Communications**

Bancroft staff will contact the guardian to share information routinely. In addition, we will communicate with the guardian for routine contacts as frequently as agreed upon.

Due to the nature of programming within the Pediatric Residential Program, we have established contact hours (incoming telephone calls and visitation) to accommodate the needs of both persons served and families.

### **Program Contact Hours**

(including telephone calls, visitations, as well as hours to pick-up or drop off individuals at residential program locations)

Weekdays: 3–8 p.m.

Weekends/Non-school days: 9 a.m. – 8 p.m.

## **Visits to the Program**

For planning purposes, Bancroft requires at least 24 hours notice for program visits, unless special circumstances prevent this. If a special situation occurs, please contact the Program Manager directly to arrange a visit.

To ensure the safety of your children and others, any siblings or other children brought to the program must be supervised by you at all times.

Pets are not permitted on program grounds and surrounding area.

Since there are other persons living in the home, it is important to respect their privacy at all times (particularly during activities of daily living routines such as showering, toileting, etc.) and maintain their confidentiality, as this will be done for your child. Visitation is limited to common areas and, when appropriate, your child's bedroom.

Families are asked to be on time and not to attempt to change scheduled outings. The program cannot wait for a child to be picked up by his family if that means the other children must wait or be denied an outing.

## **Home Visits**

Bancroft requires a minimum of 48 hours notice for all visits to the family home. This shall ensure availability of take-home medications when needed.

Parents are expected to advise the program staff of the expected day and time of return from a home visit, and shall return the child as planned (no later than 8:30 p.m.).

Bancroft cannot provide staff support for home visits. However, support can be arranged between a family and an individual staff member privately, when cleared by the Program Director and a Bancroft release form is signed by both parties in advance.

## Phone Contact

Parents will receive regular phone calls from the Program Manager and/or the child's primary advocate. The frequency of these calls will be based on the individual preferences of the family.

Unscheduled phone contact with direct care staff should only occur if absolutely necessary since spending time on the phone takes them away from other important responsibilities. If contact is necessary, the call should last no more than five minutes and should occur during program contact hours. Please understand that direct care staff may ask to return your call at a more convenient time when other pressing program duties must be addressed.

Phone contact with staff should only occur by way of the program's telephone. For urgent situations, families may call the urgent family pager at (856) 253-0928. Note: This pager should not be used for medical or behavioral emergencies — call 911. Families and guardians should not contact staff on their personal cell phones.

### *Families may expect that Bancroft will...*

- Provide families with contact information for key staff.
- Identify the staff member who should be the primary contact person for the guardian, and advise of any changes in a timely manner.
- Notify the guardian immediately of any emergency health matter, and as soon as possible after any unusual disruptive behavioral incident (but no more than 24 hours).
- Communicate with the guardian when something significant happens that could have an effect on the individual (e.g., unusual incident, disagreement with someone, loss of friend, loss of job, problems with roommate, etc.).
- Communicate with guardian before and after home visits.
- Communicate with guardian when there are pertinent staff or roommate changes.
- Return guardian's non-urgent telephone calls as soon as possible, but no more than 24 hours or first workday following receipt of message. The primary contact will advise the guardian of his/her regular schedule and who to contact on his/her scheduled days off or vacation in case an emergency arises.

### *The guardian is expected to...*

- Communicate routinely with Bancroft primary contact to ensure accurate and timely information is shared.
- Communicate with staff in a polite and professional manner.

- Communicate with Bancroft primary contact when needed to update contact information, when family circumstances change or something happens that could have an effect on the individual, or when concerns arise.
- Communicate with primary contact at least 48 hours in advance to schedule visits with family (unless emergency).
- Advise program of specific plans to bring individual back to program (time and day). To ensure consistency of, and attention to routines within the home, unless special arrangements are made in advance, individuals must be picked up after 9 a.m. and should return to program no later than 8:30 p.m.
- Notify Bancroft when he/she will be unreachable for a certain period of time (based on individual situation) and provide guidance in the event of an emergency.

## Tips for Resolving Conflicts With Staff

### *Be specific and accurate when raising concerns.*

In order to understand and address a family's concerns, program management will need specific information upon which to act. If a family has general concerns, it would be helpful to provide specific examples when reporting the concerns so the supervisor can better understand the problem and take effective action.

### *It is helpful to address issues in a respectful but straightforward manner with the staff member directly, before going to a higher level.*

It is a good idea to talk with the staff person directly about the concern, since it may be a simple misunderstanding, or he/she may be following a procedure or regulation about which the family may be unaware.

### *Be sensitive to the situation, and target concerns appropriately.*

The staff member involved in a difficulty could very easily be an innocent party who has found him/herself in a predicament. Avoid criticism while he/she is attempting to address the problem. In this situation, the concern should be brought to the attention of the manager or director.

### *Allow the supervisor time to gather the facts.*

Keep in mind that everyone has his/her own perspective on things, and some people attempt to manipulate a situation to achieve his/her own personal goal. Keep an open mind until there is an opportunity to learn the facts.

### *Avoid micromanaging.*

Remember that no staff member could or should ever replace the parent. Supervisory structures are in place to monitor staff performance and provide training and counseling, and discipline when necessary. When parents take on the role of supervisor, it creates confusion and added pressure on the direct care staff and could impede effective resolution.

*Treat staff members with courtesy and respect, as you would like them to treat you.*

Even when there is a disagreement, it is important to discuss the issue in a calm and respectful manner. Rest assured that if you cannot resolve a conflict with a particular person, there are other avenues for resolution available to you at Bancroft. A successful advocate utilizes the system to resolve his/her issues.

*Allow professionals to do their jobs; stay vigilant, but allow the supervisor to supervise.*

Bancroft program staff are deemed competent to do their jobs as assigned, but ongoing monitoring and support by supervisors are required. Families can assist supervisors by drawing their attention to perceived problems, but should allow the supervisor to address any problems, and refrain from getting involved.

## **Grievance Process**

It is believed that most concerns/complaints can be resolved by the responsible staff member closest to the situation (e.g., supervisor, program manager). When this is not possible, families are encouraged to speak to the next level staff, and next level, through the program's "chain of command" up to and including the Program's Senior Director. A grievance process is available when guardians or persons served wish to appeal a decision made by a representative of Bancroft, or when they wish to raise a concern that has not been addressed to their satisfaction through other channels. Following is a summary of the grievance process:

When the family/guardian or person served has unresolved issues, he/she should be encouraged to contact the Office of the Family Advocate, who will either attempt to resolve the matter or assist the family in filing a grievance. For questions or assistance on the process, please contact Bancroft's Family Advocate at (856) 429-5637, ext. 372 or by e-mail [dkeating@bnh.org](mailto:dkeating@bnh.org).

The grievance form shall be completed and submitted to the Family Advocate, at the following address: Bancroft NeuroHealth, 425 Kings Highway East, P.O. Box 20, Haddonfield, NJ 08033-0018, or by fax at (856) 429-1613 (marked confidential). For a copy of the grievance form, please refer to the Bancroft web site at [www.bancroftneurohealth.org](http://www.bancroftneurohealth.org).

Grievances requiring urgent attention due to timing issues must be identified as such by the person filing the grievance (including specific required timeframe). The Family Advocate will confirm the level of urgency, taking into consideration the rationale provided by the guardian and other circumstances. When a grievance is considered urgent, the process is expedited and includes the possibility of a temporary resolution. Please note: safety concerns or other concerns related to health or well-being of persons served shall be addressed by program leadership, and should not be addressed through the grievance process.

An Executive Review Committee is established to review grievances that cannot be resolved by program leadership or others at Bancroft with authority over a given situation. The Executive Review Committee shall meet to consider a grievance at the request of the Family Advocate. The Executive Review Committee consists of the Vice President of Clinical

Services/Chief Medical Officer, the Vice President of Clinical Operations, Vice President of Quality Management, and the Family Advocate, or their designees when necessary. Other senior/executive staff may also be asked to participate, based on the specific circumstances. The person filing the grievance will be invited to meet with the Executive Review Committee at the earliest opportunity.

After the meeting, a written notification of the Executive Review Committee's decision will be sent to the person filing the grievance.

Bancroft representatives shall make all reasonable attempts to resolve the grievance to the satisfaction of the person who filed the grievance. However, it is recognized that not all grievances can be resolved to the satisfaction of the party initiating the grievance. Factors that may impact upon the decision include requirements related to federal and state regulations (including licensing requirements), confidentiality/privacy concerns, Interdisciplinary Team approvals, medical and other professional recommendations and ordered treatments, etc.

The guardian may pursue external avenues for possible resolution; for example, appeal processes or other remedies offered by the Department of Education or other state agencies. It is understood that when the guardian has resorted to external processes, he/she shall confirm whether continued pursuit of the grievance is desired or practical.

## Investigations

Bancroft's highest priority is to ensure the health, safety and welfare of those we serve. The unusual incident reporting (UIR) and investigative processes are ways in which this priority is upheld at Bancroft.

Bancroft's policies and procedures related to the UIR and investigative processes are based on NJ Department of Human Services (DHS) regulations, and are coordinated at Bancroft through our Quality Management (QM) Department. DHS sets definitions of what is reportable as an unusual incident, and establishes the types of investigation conclusions that can be reached. It should be noted that the definitions of abuse and neglect are so broad that many events that may be considered typical in many American homes are reportable as unusual incidents. For example, giving directions in a raised authoritative tone to a person served who is refusing to complete a daily hygiene may be considered verbally abusive. Preventing a person from running in front of an on-coming car by grabbing his arm or jacket is a reportable unusual incident.

Investigations are required for all allegations of abuse, neglect and exploitation. Other types of events may also be investigated at the discretion of the Vice President of Quality Management. All allegations are taken seriously, but considered to be unproven unless the matter is substantiated by a preponderance of credible evidence following a proper investigation. To substantiate an allegation, there must be sufficient evidence to believe the allegation is more probable than not. There does not need to be evidence beyond a reasonable doubt.

### *How the process works...*

- If a family member, staff member or anyone else suspects some form of abuse, neglect or exploitation, he/she shall report this to a Bancroft representative immediately.
- Once reported, it is the responsibility of Bancroft staff to report the allegation or suspicion to his/her supervisor and file a UIR.
- The UIR is reported to state officials as well as Bancroft program leadership, with types and numbers of incidents tracked for performance improvement purposes.
- When an unusual incident occurs, immediate action is taken to ensure the safety and welfare of those served, such actions may include adjusting the person's level of supervision, taking the individual involved for a medical examination, reassigning or suspending the alleged person(s) responsible, and other protective measures.
- The guardian is notified of the incident by program staff at the time of the incident — usually by telephone.
- QM conducts interviews (sometimes in concert with the appropriate state entity) and reviews evidence related to the unusual incident, determines an outcome, and sends an investigation report to the appropriate state entity.
- Once the investigations are completed, QM sends the guardian a letter explaining the type of allegation and the investigation outcome. In some situations, this may occur several months after the incident occurred, due to the time required for a proper investigative process.
- The Human Resources Department is notified of the investigation and conclusions when an incident relates to staff member(s), so that corrective action can be taken, if warranted.
- QM and program leadership may also make programmatic recommendations in this process to improve the quality of care for persons served, regardless of the outcome of the investigation.

### *Families may expect that Bancroft will...*

- Notify the guardian as soon as possible when an unusual incident has occurred.
- Take immediate and effective action to prevent re-occurrence.
- Submit the UIR to report what happened to Bancroft leadership and state officials.
- Conduct a proper investigation to determine what happened, and take action based on findings.
- Notify the guardian in writing with investigation outcome as soon as the investigation is complete.

### *The guardian is expected to...*

- Alert the program manager or other supervisory staff immediately if he/she ever has a suspicion of abuse, neglect or exploitation (related to his/her own child or others).
- Allow the investigative process to happen, and avoid questioning staff and others to determine what happened.
- Offer helpful information if guardian has firsthand knowledge, but avoid sharing hearsay or suspicions.
- Understand that Bancroft is not able to share confidential information related to an incident, due to employee protection laws and other privacy regulations (e.g., HIPAA).

## Discharge Policy

A decision to transfer or discharge an individual from the program may need to be made for one of the following reasons:

1. The goals and objectives set forth in the person's Service Plan have been met, and the individual is no longer in need of Bancroft NeuroHealth's services.
2. The individual served, the guardian or advocate and/or an authorized agency requests the discharge.
3. The safety and welfare of the individual served is at risk as a result of medical, behavioral or psychiatric needs that exceed the capacity of Bancroft NeuroHealth's services.
4. The condition or behavior of an individual served poses a significant risk to the safety and welfare of others served by Bancroft NeuroHealth.
5. All possible program modifications and alternatives have been exhausted, and the individual is demonstrating a need for services that are not available at Bancroft.
6. Bancroft NeuroHealth and the placing agency determine that the residence/program is no longer suitable or no longer meets the needs of an individual served, provided that substantive evidence is given to the individual served and his/her guardian, as appropriate.
7. An individual served, his/her guardian, advocate or representative interferes with the administration of appropriate and effective medical, behavioral or psychological intervention that allows reasonable risk to health, safety and welfare of the individual served or others.
8. Bancroft NeuroHealth is ordered by state, federal, or local government authorities to discharge an individual served.
9. Bancroft NeuroHealth ceases to operate a program, closes a program or discontinues a program in which the individual served resides or from which the individual served receives services.
10. The individual served has not resided in Bancroft NeuroHealth for thirty (30) days.
11. The facility or residential unit is destroyed by natural disaster or other casualty, such as fire and the person served is refusing temporary or permanent relocation services or such services are unavailable.
12. Lack of payment for services rendered after reasonable attempts to facilitate payment.

## Family Support/Involvement

Bancroft's Family Advocate offers an additional line of communication within the organization for the families and guardians of those served who need assistance. In addition to serving as a resource to individual families in need of assistance, the Family Advocate supports other initiatives that encourage partnerships between staff and families on behalf of those served. To contact the Family Advocate, call (856) 429-5637, ext. 372 or by e-mail at [dkeating@bnh.org](mailto:dkeating@bnh.org).

## Family Involvement

From the outset, the family is encouraged to participate in the development, follow-through, and support of their son/daughter's Service Plan (e.g. IHP, IEP). The family/guardian and, when appropriate the person served, is considered part of the treatment team responsible for seeing that his/her needs are met.

Family members and guardians of those served are also encouraged to get involved in the organization through membership on various program advisory committees, task forces, or other special project teams. A range of opportunities exists for people with different levels of interest and time availability. Contact the Program Director or the Family Advocate for information on opportunities that meet your interest and schedule.

### **Family E-mail Communication List**

A Bancroft Family E-mail Communication List is used to communicate with families routinely. This list has become a very helpful tool for Bancroft to use to communicate with family members in a faster, more efficient and cost-effective manner. Having your name included on the e-mail list will enable you to receive newsletters and e-mails from Bancroft on urgent or time-sensitive issues, upcoming events, or other routine matters. To sign up, please contact the Communications office at (856) 429-5637, ext. 279 or by e-mail at [scrouse@bnh.org](mailto:scrouse@bnh.org).

The Education Programs also utilize the Honeywell Instant Alert communication system for schools for urgent matters. The Honeywell system enables us to contact all our families simultaneously using whatever means requested — phone, cell phone, e-mail, pager, among others — in the event of an emergency, but also in the event of an unexpected school closing or early dismissal, for example.

In order to participate in this service, please go to the Honeywell Instant Alert for Schools web site at: <https://instantalert.honeywell.com>, and register. It is easy to do and the last page of the enclosure provides step by step instructions. Click New User Parent; Select State NJ; and District Bancroft. If you need assistance or you do not have a computer, please contact the Business Manager, at (856) 429-5637, ext. 615 for assistance.

### **Advisory Committees**

Each program has an advisory committee that may consist of Bancroft staff members, persons served, guardians, families and others interested in supporting the program. Program Advisory Committees work closely with management staff and support the program's Performance Improvement Council to help make the program the best it can be for all those served in the program.

The Bancroft Family Council also works with programs and serves as a resource to the leadership of the organization on general family matters. The Family Council works closely with Bancroft's Family Advocate and includes parents or guardians (or other close family members) of children and adults served by Bancroft. Members represent each major program.

### **Family Newsletters**

Bancroft's *Family Buzz* electronic newsletter keeps families informed of things happening at Bancroft, as well as other matters pertinent to the disability community. This newsletter is sent to each family on Bancroft's e-mail distribution list bi-weekly or can be mailed upon request by calling (856) 429-5637, ext. 279.

## **Family Seminar Series**

Seminars and workshops are offered routinely covering a wide range of topics. These free seminars are designed to provide information related to care, disability laws or services, Bancroft policies and procedures, and other topics of interest to families. Upcoming seminars are announced in newsletters and the schedule is available on the Bancroft web site ([www.bancroftneurohealth.org](http://www.bancroftneurohealth.org)).

## **Family Directory**

The Bancroft Family Directory is published every other year to help encourage positive relationships and support among families of those served. The Directory includes family contact information alphabetically by name, as well as in order geographically. Participation in the Family Directory is completely voluntary, but only those families who sign up to be included in the Directory will receive a copy. Therefore, families are encouraged to sign up so that they will have the information they want when they want it. For further information, please contact the Corporate Communications office at 856-429-5637, ext. 279.

## **Family Satisfaction Surveys**

Requesting the opinions of the people we serve and their families is one of the best ways we can evaluate the quality of our services. Therefore, regular surveys are conducted to determine the level at which those we serve and their families are satisfied. Please keep in mind that your participation in this process is critical. The data is used in organizational planning to help determine performance improvement priorities, resource allocation, and staff training needs, among others.

In addition, the Family Advocate maintains data on contacts to that office and presents a report for performance improvement purposes twice a year. This report includes information ranging from grievances, to the number of calls received from families associated with each program, as well as topics of concern being raised.

## **Advocacy/Government Relations Support**

From time to time, Bancroft will notify families of important legislative matters or other state or federal initiatives that could impact the individual with a disability and his/her family in some manner. It is hoped that families can work in partnership with Bancroft to advocate for legislation, resource allocation or other types of issues in the best interest of those served.

## **Reference Information**

Included in the Appendix is a glossary of frequently used terms and a listing of related web sites for your reference purposes.

## **Volunteerism**

We encourage volunteer participation among our families. The volunteers supplement and complement the work of paid staff and also provide opportunities for increased community interaction. Aside from assisting the program staff on occasion, any regular or scheduled volunteer work should be coordinated through the Volunteer Office to ensure licensing requirements are met.

All volunteers are under the direction and supervision of the Manager of Volunteer Services and the staff member to whom they are assigned. Volunteers are interviewed by the Manager of Volunteer Services and if appropriate, by the staff supervisor to whom they will report. At least two references are checked prior to placement. In keeping with Bancroft policy, volunteers must take the Mantoux Tubercular Screening Test — either at Bancroft or by a physician of their choice — prior to beginning their assignment. Volunteers will be placed in assignments that match their qualifications and interests and will attend an orientation program and receive training for specific assignments, if necessary. All volunteers must sign an agreement to abide by Bancroft NeuroHealth policies regarding confidentiality.

Anyone interested in volunteering should contact the Manager of Volunteer Services at (856) 429-5637, ext. 273.

## **Fund-Raising**

Like most human service organizations today, Bancroft faces operating and financial challenges. Too often, the level of reimbursement for services rendered does not adequately cover expenses.

As a private, not-for-profit service provider, donations are always accepted. Bancroft NeuroHealth is a 501(c)(3) non-profit organization and all donations are tax-deductible to the extent of the law. There are a number of ways that you, your family and relatives, or employers can help Bancroft continue in its commitment to those we serve. For specific information about giving opportunities, please contact:

Development Office  
Bancroft NeuroHealth  
425 Kings Highway East, P.O. Box 20  
Haddonfield, NJ 08033  
(856) 348-1145  
kcaputo@bnh.org

For information on on-line giving and other Development programs, please refer to our web site at [www.bancroftneurohealth.org](http://www.bancroftneurohealth.org).

## **Contact Us**

We hope this Family Handbook offers enough information and guidance to help make your experience with Bancroft positive and successful for your family member. If you have any questions related to the Residential Program, please do not hesitate to contact the person responsible for your child's program, the Program Manager, Nurse Case Manager, or the Program Director. If you are unaware of the best person to contact related to a specific issue or situation, contact the Program Manager or Director or other program representative for assistance, or the Bancroft Family Advocate.

Bancroft's web site is also a resource for families for information on upcoming events, organizational announcements, newsletters, directions, and other information related to programs and services. Please visit [www.bancroftneurohealth.org](http://www.bancroftneurohealth.org).

# Appendix

# New Jersey Department of Human Services Division of Developmental Disabilities

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## ***Personal Rights***

In New Jersey, your rights cannot be taken away from you when you live in a developmental center or a community residence operated or paid for by the Division of Developmental Disabilities (DDD). The people who manage and work in DDD's residential programs must make sure that your rights are protected and that you are given the help that you need.

These rights shall be explained to every developmentally disabled person over ten years of age and above the severe level of development, in language he or she will understand, and shall, be shared with the parents or guardians of all individuals at or below the severe level of retardation. A copy of this document shall be given to all developmentally disabled individuals and/or to their parents or guardians within five days of admission to services administered by the Division of Developmental Disabilities. This document shall also be visibly displayed in residential and other appropriate areas of DDD and private facilities.

These are not all of the rights to which a person is legally entitled, but DDD is responsible for ensuring that...

### ***You have the right to:***

- 1. privacy and respect;**
- 2. keep and use your own clothes, money and personal possessions, and to have a place to put them so that no one else may use them;**
- 3. associate with members of the opposite sex;**
- 4. practice the religion of your choice, or choose not to practice any religion;**
- 5. send and receive mail without it being opened or read by other people and to receive assistance, should you want it, reading or writing the letters;**
- 6. make or receive private phone calls during set times;**
- 7. have a healthy diet;**
- 8. have visitors of your choice during established times;**
- 9. request release from a program or transfer to another program;**
- 10. register and vote in all elections;**
- 11. share in developing your "Individual Habilitation Plan" (IHP) [Plan of Care] to determine what supports are needed for you to live your life based on what is important to you;**

Updated 7/07

- 12. have your IHP and all records about you, kept private, unless you or your legal guardian give permission for someone else to see them;**
- 13. receive regular educational instruction if you are between the ages of 3 and 21 years old, and to participate in learning and recreational activities at any age;**
- 14. receive guardianship services, if you are an adult who needs them;**
- 15. be informed of the condition of your health and to be able to contact your doctor;**
- 16. be free from unnecessary medical tests or treatment;**
- 17. be free from unnecessary restraints or from being isolated, unless in an emergency;**
- 18. be free from physical punishment.**

If you think that your rights have been violated or that someone is keeping you from being able to do the things listed above, tell or write to the person in charge of the facility in which you are living. If you are not satisfied with the answer you receive, then please write to the address listed below.

The rights listed here are from the Developmentally Disabled Rights Act and NJ State statute. New Jersey law states that persons who receive residential services from DDD may not be denied their rights when they are served in a public or private facility. (Updated through P.L. 42 U.S.C. §§ 15001 et seq. - DDRA) and (NJSA 1:1-1, 30:4-165.5, 30:6D-4, 5, 33-41). If any limits are placed upon a person's rights, the reasons for these limits must be documented yearly.

**Jon S. Corzine**  
Governor

**Jennifer Velez**  
Commissioner  
Department of Human Services

**Kenneth W. Ritchey**  
Assistant Commissioner  
Division of Developmental Disabilities



Division of Developmental Disabilities  
P.O. Box 726  
Trenton, New Jersey 08625-0726

Updated 7/07

## Notice of Privacy Practice

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.

Effective Date: April 14<sup>th</sup> 2003

### *Understanding Your Health Record/Information*

While you are at Bancroft NeuroHealth, we are required by law to keep a written record of the services you are provided, no matter what program or programs you are in. This record contains what is known as your Protected Health Information, or “PHI” for short, which we are legally required to protect. We are providing you with this Notice in order to assist you in understanding what is in your record and how your health information is used. This helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

### *Bancroft’s record of your PHI may generally be used in the following ways:*

- as a basis for planning your care and treatment
- as a means of communication among the program/programs you are in so that all members of the team can assist in your care. This includes education, medical records from your doctors, residential records, vocational and others
- as a legal document describing the care you received
- as a means by which you or a third-party payer can verify that services billed were actually provided
- as a tool in educating health professionals
- as a source of data for medical research
- as a source of information for public health officials charged with improving the health of the residents of this state or the United States
- as a source of data for facility planning and marketing
- as a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

### *Your Rights:*

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information as provided by 45 CFR 164.522. We are not required to agree with your request.
- Obtain a copy of our Notice of Privacy Practices upon request. Inspect and request a copy of your medical and treatment records. We may charge you a reasonable cost-based fee to cover copying and postage costs. Under certain circumstances, we may deny your request. If denied, you may

have the denial reviewed by another official designated by us. We will honor the results of that review.

- Request an amendment to your health information in the six years prior to your request as provided in 45 CFR 164.528. We are not required to change your health information and will provide you with information about our decision.
- Obtain an accounting of disclosures of your health information made by us as provided in 45 CFR 164.528. The accounting will not include the allowed common uses and disclosures, or the uses and disclosures that you authorized.
- Receive confidential communications of your health information by an alternative means or location. An example of an alternative means of communication is e-mail.
- Revoke your authorization to use or disclose health information in writing except to the extent that action has already been taken.

To exercise any of your rights listed above, you may contact the Bancroft Privacy Officer at (856) 429-5637, ext. 250 or e-mail at [privacy@bnh.org](mailto:privacy@bnh.org).

### *Our Responsibilities:*

With regard to your health information, we are required by law to have the following responsibilities:

- To maintain the privacy of your health information.
- To provide notice of our legal duties and privacy practices.
- To abide by the terms of the Notice of Privacy Practices currently in effect.
- To notify you if we are unable to agree to a requested restriction.
- To accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

### *Changes To Our Privacy Practices:*

We reserve the right to change our privacy practices at any time in the future and to make the revised practice effective for all protected health information we maintain (health information we already have as well as health information that we create or receive in the future). Each time there is a material change to uses or disclosures, your rights, our legal duties, or other privacy practices outlined in our Notice of Privacy Practices, we will provide you with a copy of the revised notice, if you are still being served at Bancroft. If you are no longer being served, you will be able to view the amended Notice on our web site at [www.bancroftneurohealth.org](http://www.bancroftneurohealth.org). It will also be posted in public areas of our facility. We will also provide you with a copy of our Notice of Privacy Practices, at anytime, upon request.

### **Uses and Disclosures Of Your Health Information Without Specific Authorization:**

Certain uses or disclosures of your PHI are permitted by law without specific authorization, in the manner we list below. We have not listed every use or disclosure in each category, but have provided some examples for the purpose of increasing your understanding.

**Treatment.** We may use and disclose your health information to our staff and others who are involved in your case in order to provide your treatment and services at Bancroft NeuroHealth. We may also provide your physician and other health care providers with copies of your health information that may assist in

your care after you are discharged from Bancroft NeuroHealth. For example: Information obtained by a member of your team will be recorded in your record and used to determine the course of treatment that should work best for you. This information is shared with other members of your health care team so that your care is coordinated among the providers. In that way, the team will know how you are responding to treatment.

**Payment.** We may use and disclose your health information so that the treatment and services you receive at Bancroft NeuroHealth may be billed to an insurance company or a third party payer on your behalf. We may also provide your health insurer with information to obtain prior approval for coverage of diagnostic and treatment services. We may also disclose your information to family members, guardians, or other individuals who pay for your care. For example: A bill may be sent to your health insurance company or another third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and the medications and supplies used in your care.

**Health Care Operations.** We may use and disclose your health information for routine health operations necessary to run Bancroft NeuroHealth, which ensure that our persons served receive high quality care. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

**Business Associates.** There are some clinical, business or quality management services that Bancroft NeuroHealth provides through contracts with business associates. Examples include radiology and laboratory services, physical and speech therapy providers, quality management experts, our billing services, and our consultants and attorneys. When these services are contracted, we may disclose your health information to the extent necessary to our business associates so they can perform the job we've asked them to do. To protect your health information, however, we require our business associates to sign a contract stating that your health information will be appropriately safeguarded.

**Directory.** If you consent and have signed an authorization, we will list your name, home address, phone number, e-mail address, full name of the individual served and their program in the directory. This directory gets sent to all families/guardians who participate in this directory service.

**Individuals Involved In Your Care.** Unless you tell us in advance not to do so, we may disclose your health information, using our best judgment, to a family member or friend who is involved in your care. Upon inquiry, we may disclose to others that you are being served in one of Bancroft NeuroHealth's facilities, and we may provide a summary of your condition or status if requested.

**Research.** We may use or disclose your health information for medical research purposes. However, for most uses or disclosures for research, your written authorization will be required.

**Appointment Reminders.** We may use and disclose health information to contact you to provide an appointment reminder for services at Bancroft NeuroHealth.

**Treatment Alternatives.** We may use and disclose your health information to inform you about possible treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fund Raising and Marketing.** We may contact you or your family as part of a Bancroft fund-raising effort, but we shall only utilize general demographic information such as your name and address in any such communications.

**Worker's Compensation.** We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Public Health.** As required by law, we may use and disclose your health information for public health activities including: disease, injury, or disability prevention or control; disease or infection exposure reporting; birth and death reporting; child abuse or neglect reporting; domestic violence reporting; medication reactions; problems with products or adverse events.

**As Required By Law.** We may use and disclose your health information in other ways when required by federal, state or local laws. Also, when state law concerning protecting health information provides you with more protection than the federal laws, we will follow those laws.

**Governmental and Accreditation Body Oversight.** Your health information may be released or disclosed to an authorized federal, state, or local licensing, public safety, investigative agency, or to an external accrediting body. Such agencies may review PHI during the course of their investigations, surveys, licensure inspections, and other related activities to ensure the health and safety of our premises and services.

**Averting Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious health or safety threat to you or others. We will only disclose the information to someone able to help prevent the threat.

**Funeral Directors, Coroners, And Medical Examiners.** We may disclose your health information to funeral directors, coroners, and medical examiners to identify a deceased person or determine the cause of death. We may also disclose your health information to funeral directors as necessary to comply with applicable law and to carry out their duties.

**Military.** If you are a member of the armed forces, we may disclose your health information as required by military command authorities.

**Law Enforcement.** We may disclose your health information for law enforcement officials or federal security agencies for purposes such as: responding to a valid court order, subpoena, warrant or similar process; identifying or locating a suspect, fugitive, material witness, or missing person; reporting a death that we believe may be the result of criminal conduct; and other law enforcement purposes, including national security activities.

*Uses And Disclosures Of Your Health Information With Your Authorization:*

We will make other uses or disclosures of your health information only with your written permission (called “authorization”). When you provide authorization for use or disclosure of your health information, you may revoke that authorization in writing at any time.

*For More Information Or To Report A Problem*

If you have questions and would like additional information, you may contact the Privacy Officer by writing to: Bancroft NeuroHealth, 425 Kings Highway East, P.O. Box 20, Haddonfield, N.J. 08033, or e-mail at [privacy@bnh.org](mailto:privacy@bnh.org).

If you believe your privacy rights have been violated, you can register a complaint with us or the Department of Health and Human Services (DHHS). You can register a complaint with us by calling our Compliance Line 24 hours a day, 7 days a week at 1-800-385-4652. Your anonymity will be protected and your confidentiality will not be compromised. There will be no retaliation for filing a complaint. You may contact DHHS at: 1-866-627-7748

This Notice of Health Information Practices is also available on our web site at [www.bancroftneurohealth.org](http://www.bancroftneurohealth.org).

## Overview of Behavioral Interventions

According to regulations set forth in the New Jersey Department of Human Services, Division of Developmental Disabilities, Division Circular #34, behavior intervention strategies are grouped into three levels based on a combination of many factors, including risk of physical injury, risk of improper implementation, restrictiveness, and social acceptability. Each level coincides with the necessary approval mechanisms for safeguarding the individual served. Following is a summary of interventions and approval requirements according to each level:

### Level I

Includes interventions such as:

- Extinction: withholding a consequence that has been maintaining or increasing a target behavior;
- Noncontingent Reinforcement (NCR): providing attention, or access to a preferred object/activity, on a predetermined schedule (e.g., every 60 sec.). The staff provides the attention independent of the individual's behavior at the specified time;
- Differential Reinforcement of Other Behavior (DRO): a reinforcement procedure in which an individual receives a reinforcer for completely refraining from a specific behavior for a specified period of time regardless of other behaviors demonstrated;
- Response Prevention: blocking or using other tactics to make it less likely for an individual to exhibit a response; among others.

The Interdisciplinary Team must approve all Level I techniques, with a review by the Team required every 90 days and annually.

### Level II

Includes interventions such as:

- Response Cost: removing predetermined reinforcers contingent upon the occurrence of target behaviors;
- Time Out from Positive Reinforcement: removing an individual from the presumed source of reinforcement for the target behavior, using only gestured/verbal prompts for a period not to exceed five minutes;
- Assisted Compliance (for essential demands): requiring an individual to complete a task/demand using hand over hand prompts and using more than equal and opposite pressure.

The Interdisciplinary Team must approve all Level II techniques, with a review by the Team required every 90 days and annually.

### Level III

Includes interventions such as:

- Positive Practice Overcorrection: requiring the individual to overcorrect the environment or social effects or other consequence of the target behavior;
- Response Cost: removing predetermined reinforcers contingent upon the occurrence of target behaviors;

- Physical Restraint: restricting the individual's freedom of movement either partially or totally by means of personal control techniques.

All Level III interventions must be approved by the IDT, as well as the Bancroft Behavior Management Committee, Human Rights Committee, Chief Executive Officer (or designee), and informed consent by the guardian. Physician approval may also be required, as appropriate. In addition, the Team and the Behavior Management Committee shall review the situation every 30 days for the first 90 days, and every 90 days thereafter. The Human Rights Committee shall review at least annually.

For further information on these and other behavior intervention techniques used in Bancroft programs, please consult your Program Director, behavior specialist, or other clinical member of your son or daughter's Team.

## Glossary of Terms

### A

Activities of daily living (ADL) - The instructional area that addresses the daily tasks required to get along in life. They encompass a broad range of activities including personal hygiene, preparing meals, managing household chores, etc.

Advocate - A person who stands up for the interests or rights of another person. A person who stands up for his or her own rights or interests is a “self-advocate.”

Alternate living arrangements (ALA) - Residences in the community are provided when available for individuals who can no longer live with their families. Residences are screened, funded, and licensed by the Division of Developmental Disabilities (DDD). Residences may be available in many forms including apartments, duplexes, condominiums and single family homes. The following types of residential arrangements may be included:

- Skill Development Homes, which enable a person needing ongoing supervision to live with a care provider who provides a specific training program to meet personal care, social behavior and health needs;
- Group Homes, which are small congregate living arrangements shared by individuals who receive guidance and personalized training from full-time staff;
- Supervised Apartments, which are monitored by staff who visit daily and often live in the same residential complex;
- Supportive Living, in which people live in apartments without supervision on site but are offered needed services and on-call assistance;
- Independent Apartments, which provide monthly monitoring services and 24-hour emergency assistance.

Appeal - A request by an authorized person within the established time frames for a review of a disputed decision of the DDD that involves eligibility, placement, or the provision of services.

### C

Case Manager - The case manager is a member of the child study team who coordinates meetings with you and appropriate school staff members. The case manager also serves as your contact when you have questions regarding your child’s program and services.

Case Management - A DDD service for people with developmental disabilities who are eligible for services of the Division. Case managers assure that an individual has a plan of services tailored to meet his or her individual needs and abilities; finds, arranges and evaluates the needed services; and adjusts the services as the individual’s needs change.

Child Study Team - The child study team consists of a psychologist, a learning disabilities teacher-consultant, a social worker and others from the school district working in support of the student. For

preschool pupils, a speech-language specialist is also included. The team evaluates your child and meets with you and professional staff from the school to develop the (IEP) and to review and revise the (IEP) at least annually.

Community Integration - Living, working, socializing with people in community environments not designated solely for people with disabilities.

Community Services of DDD - DDD is composed of four regions. Each region is managed by an assistant regional director who is responsible for both the community programs and the developmental centers located in their regions. Oversight of all community programs within the region is done by the Regional Administrator.

## *D*

Developmental Disability - Any serious disability that occurs before age 22 and means that a person is going to have serious difficulties in at least three of the following areas: self-care, language, learning, mobility, self-direction and independent living. The disability has to be serious enough to require special services for life or for a long time.

Division of Developmental Disabilities (DDD) - A New Jersey State agency within the Department of Human Services (DHS). It is the lead provider of services to assist people with developmental disabilities. The Division offers family support, community services, case management, residential and day programs, and guardianship.

## *E*

Evaluation Plan - The evaluation plan is a written plan that will be used to decide if your child is eligible for special education. This plan must include the name of the case manager, the specific information to be collected, the assessments to be performed, the evaluation procedures to be used and the language (or method of communication) to be used in the evaluation. The requirement for an evaluation plan applies only to the districts participating in the Plan to Revise Special Education. Your consent is required before the first assessment by the child study team can begin.

## *G*

Goal - A major end toward which the activities of an Individualized Habilitation Plan (IHP) are directed, as opposed to an "objective," which refers to the various specific landmarks that have to be passed to meet a goal. A goal might be to use the telephone to call home. An objective related to this goal might be to recognize the numbers 1-9.

Group Home - A small congregate living arrangement shared by individuals who receive guidance and personalized training from full-time staff.

Guardian - A person or agency appointed by a court to make personal decisions for a person who is incapable of making the decisions independently. Relatives, parents, friends, or certain agencies (i.e. PLAN/NJ) can be appointed guardians by the courts.

Guardianship - A legal relationship; a method by which the law deals with the issues of mental incompetence and consent. A court determines if the person in question has complete or partial mental competence. If the court finds the person has partial competence or complete incompetence (the finding is called an adjudication), a competent person (a guardian) is empowered to give or withhold consent on behalf of the adjudicated person (the ward).

Guardianship of the Estate - A legal arrangement in which a person (the guardian) has authority to give or withhold consent on behalf of another (the ward) in decisions relating to the ward's financial matters.

Guardianship of the Person - A legal arrangement in which a person (the guardian) has authority to give or withhold consent on behalf of another (the ward) in decisions relating to the ward's choices of where to live and where to work, among other personal choices.

- Limited Guardianship - A situation in which a court recognizes that a person (the ward) has partial mental competence in one or more areas of decision-making and can thereby consent to some kinds of decisions. The court gives the guardian authority to give consent on the ward's behalf only in those areas in which the ward is determined mentally incompetent. The court specifies the scope and extent of the guardian's authority. Sometimes referred to as partial guardianship.
- Natural Guardian - The parent(s) of a child who is under 18 years of age are "natural guardians."
- Permanent Guardianship - A situation in which the court subjects a ward to guardianship for an indefinite period. The guardianship remains in effect until someone successfully petitions a court to remove it. There can be a temporary or interim guardianship — one for only a limited period of time.
- Plenary Guardianship - A situation in which a court gives the guardian full, complete and unlimited authority to act on the ward's behalf (for all matters, personal and financial). The guardian is a "substitute decision maker."

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Inclusion - The idea that persons with developmental disabilities should be included in community places and activities, not segregated in special places like institutions.

Individualized Education Plan, Individualized Habilitation Plan, Individualized Service Plan, Individualized Rehabilitation Plan (IEP, IHP, ISP, IRP, etc.) – A formal written program plan, reviewed and revised annually to ensure the individual receives the services required based on his/her assessed needs.

Interdisciplinary - Characterized by a variety of disciplines that participate in the assessment, planning, and/or implementation of a person's program. There must be close interaction and integration among the disciplines to ensure that all members of the team interact to achieve team goals.

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Objective - A specific landmark that has to be passed to achieve a goal. A goal might be to use the telephone to call home. An objective related to this goal might be to recognize the numbers 1-9.

Occupational Therapy (OT) - A special therapy that uses work, play and ordinary daily activities to help people become more independent and develop skills to help them live more satisfying lives.

Outcome - Result or end point of care or status achieved by a defined point following delivery of services.

## *P*

Physical Therapy (PT) - A special therapy that uses movement, massage, exercise and other methods to prevent or minimize physical disability.

## *R*

Reasonable Accommodations - Modifications or adjustments that assist the person served or staff members to access benefits and privileges that are equal to those that are enjoyed by others. Examples taken from the Americans with Disabilities Act include making existing facilities readily accessible to and usable by people with disabilities; restructuring jobs; modifying work schedules; reassigning people to vacant positions; acquiring or modifying equipment or assistive devices; adjusting or modifying examinations, training materials; policies, and procedures; and providing qualified readers or interpreters.

Related Services - Related services are services that children with educational disabilities require to benefit from their education programs. These may include the following: counseling of the child, counseling or training of the parents about the educational needs of their child, speech-language therapy, occupational therapy, physical therapy, transportation or recreation, as well as other appropriate services which the child needs to benefit from education as required by his/her IEP.

## *S*

Supervised Apartment - An alternative living arrangement in which people with disabilities are monitored by staff who visit daily and often live in the same residential complex.

Supports - Individuals significant to a person served and/or activities, materials, equipment, or other services designed and implemented to assist the person served. Examples include instruction, training, assistive technology, and/or removal of architectural barriers.

Supported Employment - Vocational option in which people with developmental disabilities work in community settings with different degrees of assistance provided by adult service agencies/organizations. Supportive employment may make use of job coaches, work groups and enclave work settings.

Supportive Living - An alternative living arrangement in which people live in apartments without supervision on site but are offered needed services and on-call assistance.

## *T*

Team - At a minimum, the person served and the primary personnel directly involved in the participatory process of defining, refining, and meeting the person's goals. The team may also include other significant persons such as employers, family members, and/or peers, at the option of the person served and the organization.

Transitional IHP - An IHP written at least 30 days prior to transferring a person to a new living situation; a description should be included of how the move will be handled.

Transition - The process of moving from education services to adult services, including living and working in the community. Or, the period of time and the steps involved in transferring a person to a new living situation.

V

Vocational Rehabilitation (VR) - Programs operating in each state that receive federal funds authorized under the Rehabilitation Act. The goals of the Act are to train and support people with disabilities in finding and keeping jobs, preferably in competitive employment. Services provided by the VR include vocational counseling and evaluation, vocational training, job placement services, and other vocationally beneficial services. To qualify for a VR program, the person's disability must be a significant functional impairment to employment and there must be reasonable expectations that the service will enhance the individual's employability. Determination of eligibility for VR is done case by case.

## Related Sites

### *Applied Behavior Analysis*

Association for Behavior Analysis

<http://www.abainternational.org>

New Jersey Association for Behavior Analysis

<http://www.njaba.org>

Behavior Analyst Certification Board

<http://www.bacb.com>

Journal of Applied Behavior Analysis

<http://seab.envmed.rochester.edu/jaba>

### *Autism*

Autism Society of America

<http://www.autism-society.org/site/PageServer>

New Jersey Center for Outreach and Services for the Autism Community

<http://www.njcosac.org>

### *Brain Injury*

Brain Injury Association of USA

<http://www.biausa.org>

Brain Injury Association of New Jersey

<http://www.bianj.org>

### *Developmental Disabilities*

American Association on Mental Retardation

<http://www.aamr.org>

American Association of People with Disabilities

<http://www.aapd.com/index/html>

ARC of New Jersey

<http://www.arcnj.org>

The Council for Exceptional Children

<http://www.cec.sped.org>

Division of Developmental Disabilities Regulations

<http://www.state.nj.us/humanservices/ool/regulations.htm>

Division of Developmental Disabilities Circulars

<http://www.state.nj.us/humanservices/ddd/DCs.html>

Exceptional Parent Magazine

<http://www.eparent.com/>

The National Information Center for Children and Youth with Disabilities

<http://www.nichcy.org/index.html>

American Association on Mental Retardation

<http://www.aamr.org>

The Arc of the United States

<http://www.thearc.org>

Disability Rights Education and Defense Fund

<http://www.dredf.org>

National Autism Services  
<http://www.autismservicescenter.org>  
National Downs Syndrome Society  
<http://www.ndss.org>  
Office of Disability Employment and Policy (ODEP)  
<http://www.dol.gov/odep>  
Society for Disability Studies  
<http://www.uic.edu/orgs/sds/>  
Delaware Homepage  
<http://www.delaware.gov/>  
New Jersey Homepage  
<http://www.state.nj.us/>  
ADA Homepage  
<http://www.usdoj.gov/crt/ada/adahom1.htm>  
ADA Regulations and Technical Assistance  
<http://www.usdoj.gov/crt/ada/publicat.htm#anchor523407>  
Find Law  
<http://www.findlaw.com/01topics/36civil/disabilities.html>  
Social Security  
<http://www.ssa.gov>

### *Miscellaneous Sites*

Medline Plus  
<http://medlineplus.gov>  
Community Behavioral Health  
<http://www.phila-bhs.org>  
DOE Administrative Code Site  
<http://www.state.nj.us/njded/code/current/title6a/chap14.pdf>  
Ability OnLine Support Network  
<http://www.ablelink.org/public/new/index.html>  
Epilepsy Foundation of America  
<http://www.epilepsyfoundation.org>  
Learning Disabilities Association  
<http://www.ldanatl.org>  
National Association of the Deaf  
<http://www.nad.org/site/pp.asp?c=foINKQMBF&b=91587>  
National Association for Parents of Children with Visual Impairments  
<http://www.spedex.com/napvi/>  
National Mental Health Association  
<http://www.nmha.org/>  
CARF: The Rehabilitation Accreditation Commission  
<http://www.carf.org/>  
JCAHO: The Joint Commission on Accreditation of Healthcare Organizations  
<http://www.jointcommission.org/>