Ellen Cooper, MA,CCC/SLP
Director

COOPER KIDS THERAPY ASSOCIATES

To All Independent Contractors

From: Cooper Kids Therapy Associates

Enclosed is the Cooper Kids Therapy Associates Policy and Procedures. Please complete the top page and **return ONLY the top page** to our office. The balance of this packet should be kept by you for future reference. Thank you in advance for your cooperation and timely response.

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POLICIES AND PROCEDURES
CONTRACTOR SAFETY ISSUES
INFECTION CONTROL
CONFIDENTIALITY POLICY
ABUSE/NEGLECT RECOGNITION AND REPORTING
UNIVERSAL PRECAUTIONS
REFERRALS

I, _____, acknowledge receipt of the aforementioned orientation materials. I have received and reviewed all relevant policy and procedure updates. I understand the continuance of my contractual relationship is contingent on my adherence to these procedures.

Signature:_____

Tax ID #_____

Date:_____

2 Roosevelt Ave., Suite 300, Syosset, NY 11791 • Main Office: (516) 496-4460 • Fax: (516) 921-4432
www.cooperkidstherapy.com

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CONFIDENTIALITY POLICY

Only children's ID# will be used in electronic transmissions and not their names. Providers of services for eligible children and their families shall maintain the confidentiality of all personally identifiable data, information, or records pertaining to an eligible child. The provider shall ensure that no information regarding the conditions, services, needs, or other individual information regarding a child and/or family is communicated to any parties other than the service coordinator and other service providers currently servicing the child and family, without the written consent of the parent. Individuals authorized to routinely access EIP records and/or those that have written consent must be informed about, and are required to adhere to the confidentiality policies and procedures of the EIP and must adhere to all legal requirements that protect EIP records containing sensitive information (such as sexual or physical abuse, HIV status, treatment for mental illness, the child's parentage, etc.).

When information about a child/family is contained in records that include information about multiple children, only information pertaining to that child/family can be released. Personally identifiable information about others must be protected.

Only individuals who collect or use information for the express purposes of facilitating the child/family's participation in the EI Program should be authorized to routinely access a child's record. Our office staff is authorized routinely to access a child's record. Written consent will be obtained before personally identifiable information is disclosed to anyone other than authorized individuals. The written consent for release of or obtaining information must include the name of the entity, which record will be obtained or released the specific record(s) to be used and the purpose of such use; the date the parent signed the consent, and the parent's signature and relationship to the child. When a general release is used the parent shall be informed of the right to refuse to sign a general release and offered the opportunity to sign a more selective release. Parents will be informed of the names of individuals that request access and the purpose of the access and provide written consent for such access. Only information appropriate to a request should be released. Other information will be protected.

A record must be kept of any individual, other than authorized individuals, who access a child's record along with the date and purpose for which the record was accessed. Only information appropriate to a request should be released. Extraneous or sensitive information about the child and family should be protected.

Records are located in a locked file cabinet. The file cabinets are located in a locked office with a security alarm system. The office is only used for administrative purposes and therefore only employees and prospective employees have reason to visit the office.

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Retention of Records Policy

All children's records will be maintained until the child turns 21 years of age. Providers who are licensed, registered, or certified under state education law must retain records in accordance with the laws and regulations that apply to their profession.

Because the Medicaid status of children is unknown to providers, all Medicaid requirements must be adhered to, including preparing and maintaining contemporaneous records.

Electronic documentation must be maintained in a manner that demonstrates the provider's right to receive payment under the Medicaid program.

Access to Amending Records

Parents are notified that they can request and inspect and review all records pertaining to their child. Access to records includes a review of the records by the parent or a representative on behalf of the parent (unless such access is prohibited under State or federal law); an explanation and interpretation of material included in any EI record upon request; and a copy of any record within 10 working days of the request (if the request is made as part of a mediation or impartial hearing, a copy must be provided within 5 days). Each provider, evaluator, or service coordinator shall keep a record of parties obtaining access to records gathered, maintained, or used for purposes of the Early Intervention Program (except access by parents and authorized employees of the municipality or approved evaluator, provider, or service coordinator) including the name of the party, the date access was given, and the purpose for which the party is authorized to use the records. Written consent must be obtained before personally identifiable information is disclosed to anyone other than authorized individuals. If the purpose is for any other reason (e.g. record review for quality assurance by individuals not directly involved in the child/family's participation in the EI Program), the parent must be informed of the names of the individuals that request access and the purpose for the access, and provide written consent for such access. If consent is given, those individuals must also be informed about, and are required to adhere to the confidentiality policies and procedures of the EIP and must adhere to all legal requirements that protect EIP records containing sensitive information (such as sexual or physical abuse, HIV status, treatment for mental illness, the child's parentage, etc.).

The parent has the right to request an amendment to their child's record when the parent believes the information contained in the record is inaccurate, misleading, or violates the privacy or any other rights of their child. If the provider decides not to amend the record as requested, inform the parent of this decision and that the parent has the right to a hearing.

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A fee not to exceed 10 cents per page for the first copy and 25 cents per page for additional copies may be charged the parent to copy EI records, unless the fee prevents the parent from inspecting and reviewing the record. No fee is charged for records related to evaluations and assessments for the search and retrieval of records.

Service Provision

All therapists and teachers have a current licensure, certification, or registration as qualified personnel with experience to deliver services and provide appropriate documentation as well as clinical standards appropriate to their profession. They will adhere to applicable federal and state laws and regulations. They are all approved by the NYS DOH. They must also be cleared through the State Central Register of Child Abuse and Maltreatment. They may not begin services until the agency receives a clearance letter.

Service providers are required to work as a team. All members of the child's service team should communicate on a consistent basis, and as needed for coordination of methods and sharing of ideas. The providers all receive a copy of the child's IFSP and the evaluation.
The provider must develop and implement activities that will provide support, education, and guidance to parents and other caretakers (including other family member, family day care, and day care centers) with a methodology and frequency that meets the individual needs of the child and family. Communication may be done via phone call, during the child's service, planned meetings, and face to face conversation or notebook left in the child's home. Each provider is responsible for communication with the other providers. This should occur at least once a month. If this is done during service delivery it should be reflected in session notes. Service providers should work toward desired outcomes stated in the IFSP. Equipment, materials, and methods that will help facilitate the IFSP outcomes and child's development are used.

Physical and occupational therapists cannot begin therapy until we have a prescription from the doctor. No therapist can begin services until we confirm that we have authorization from the county.

Providers make an agreement with the family regarding regular days and times of visits. They only provide sessions authorized on the IFSP. Sessions may be conducted 12 months a year: days, weekends, and evenings. Additional sessions are not billable.
Therapy should begin within a week of the start date. If this is not possible, the reason should be documented in the log notes and the agency should be notified. Providers should call the family when services are not able to occur at the agreed upon time and every effort should be made to make up missed services. If a therapist is going to be late for a session, a call should

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be made to the family. Any lapses of therapy should be reported to the service coordinator and documented in the log notes.

Providers should practice appropriate health and safety precautions (e.g. handwashing, toy cleaning, universal precautions, etc.). Please see attached documents describing this.

Providers of early intervention shall be responsible for consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services. They will provide support, education, and guidance to parents and other caretakers regarding the provision of those services with a methodology and frequency that meets the individual needs of the child and family. These activities may occur by various acceptable means, including, but not limited to communication during the child's services, planned meetings and face to face conversations, written communications, telephone communications, etc. The provider must maintain documentation in the child's record. When consultation is accomplished during service delivery, it should be reflected in the session notes. They will also participate in the multidisciplinary team's assessment of a child and the child's family and in the development of integrated goals and outcomes for the IFSP. The provider will support the transition of a child to CPSE services, if applicable. Peer mentoring and support is available for all therapists. Bilingual professionals are utilized to provide bilingual services.

MAXIMUM VISITS PER DAY

A billable visit is one where there is "face-to-face" contact between provider of early intervention services and the individual receiving such services. Children cannot receive more than 3 services in one day. One visit can be made per discipline per day. Check with the parents to be sure there are not more than 3 services when a visit is scheduled.

MAKE UP SESSIONS

Queens children can have make up sessions within 2 weeks of the missed day. Nassau children can have make-ups within 2 weeks of the missed day and only one session can be made up a week. Suffolk children can have make-ups within 10 days of the missed session. Make-ups can never be done ahead of time and never on the same day as regularly scheduled session. The agency should be notified when 3 consecutive sessions are missed.

LOG NOTES

Log notes are checked by the office before they are billed and are not billed unless they include the necessary documentation. Log notes are to include the child's name, type of service, date, and session length. There should be a log note for each date that the child is seen and the note

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should be signed by a parent or guardian. Each note should also be signed by the provider and include the credentials of the provider. The notes should include the outcome achieved during the session, description of the activity, family recommendation, and parent/caregiver participation. All log notes must be legible.

Confidentiality should be protected at all times and in all communications. Family friendly language should be used in all communications with the family including the writing of reports and log notes. Queens, Suffolk, and Nassau each have specific log note forms that are required to be used. Suffolk county requires the "Soaring" log format. No white out may be used on log notes.
All children's charts have an access sign in sheet.

PROGRESS REPORTS

Progress reports are required every 3 months. These should be submitted to Cooper Kids Therapy Associates well ahead of time to enable us to review and submit them to the service coordinator. The progress report should reflect status of IFSP outcomes worked on and met, strategies and treatment you have used to work toward these outcomes, parent/caregiver involvement and carry-over, communication with other team members, formal and informal assessments, and the child's current level of functioning. The recommendations should include rationale for continued intervention if appropriate and recommendations. Therapists should give a copy of the progress report to the family. The progress reports are read by Ellen Cooper before they are sent to the county.

COMPLIANCE REQUIREMENTS

It is very important that providers maintain and updated file in our office that includes current resume, license, certification, annual physical with immunizations and PPD. 10 hours of Inservice's or trainings a year are also required that relate to the early intervention population. References for us to call and/or letters of recommendation are required.

Reporting Child Abuse or Maltreatment

All providers are mandated reporters of child abuse and maltreatment and should read through and become familiar with the material the agency gives them regarding this. Call the agency to request the appropriate forms to complete if it becomes necessary. The EIOD will also be notified if a report is made to the mandated reporters hotline.

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UNIVERSAL PRECAUTIONS

The provider should deliver services in a way that protects the health and safety of children and other persons involved in the delivery of services, including employing a policy for adequate emergency procedures. Emergency contact numbers of family should be available. Parent should be notified immediately if there is an emergency. Cooper Kids Therapy Assoc. as well as the EIOD should also be notified. All emergency efforts should be documented in the therapy log notes. If a child has self-injurious behavior, the parent or guardian should be notified.

Individuals delivering services do not deliver services or have contact with the children while under the influence of alcohol or controlled substance.

The Center for Disease Control has stressed that HIV is transmitted only through direct contact with infected blood, semen, or vaginal secretion, and not through casual contact with an infected individual. It is their recommendation that children with HIV infection be allowed to attend school in most circumstances. Furthermore, the Report on Acquired Immune Deficiency Syndrome and subsequent research has concluded that none of the identified cases of HIV infection in the United States are known or are suspected to have been transmitted from one child to another in household, school day, or foster care setting.

Article 27-F of the New York State Public Health Law strictly protects the confidentiality of information about people who have HIV infection, or who have considered or undergone HIV testing. In accordance with this law, Early Intervention providers are obligated to maintain the confidentiality of this information if learned during the course or providing services so as to ensure that the person is not discriminated against as a result of his/her HIV-positive status. As such, the identity of any child with HIV infection cannot be disclosed to anyone without specific consent to the release of such protected information by the parent or legal guardian. This information may not be disclosed verbally or contained in any written records (e.g., evaluations, progress reports, etc.).

The consent for the disclosure of this confidential information can only be made by completion of the Authorization for Release of Confidential HIV Related Information form which can be requested.

The following guidelines for universal infection control and hygienic practices should be followed by all Early Intervention providers to prevent the possible transmission of any infectious disease.

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Staff should utilize utensils (preferably disposable ones) when assisting children who are unable to feed themselves. Staff should not use their fingers or hands to assist children in feeding.

Staff should use disposable gloves when assisting children in toileting (e.g., when changing diapers).
Staff should use disposable gloves and should employ good handwashing practices after coming into contact with any blood or bodily wastes (e.g., a bloody nose). Staff should handle all material or equipment that may have been exposed to blood or bodily wastes in a precautionary manner. This material or equipment should be disinfected and wiped clean as soon as possible with soap and water and the general area should also be disinfected using bleach or another disinfectant.

Staff should dispose of items soiled with blood (e.g., gauze pads) in a leak proof plastic bag. Such refuse may then be disposed of in the usual manner with no additional or special precautions.
Equipment/materials/toys should be age appropriate, in good condition, cleaned between uses, and sanitized weekly or after use by children who are ill or if in contact with bodily fluids.

Putting on Disposable Gloves:
A different pair of gloves must be used for each incident; neve re-use a pair of gloves. The gloves do not need to be sterile; they can be put on like any other type of glove.
Some disposable gloves have powder inside for ease in putting on and to absorb moisture and reduce friction. Powdered gloves, however, do not provide any additional protection.

Precautions While Wearing Gloves:
After the process of controlling the blood flow or cleaning soiled surfaces is completed, the wearer of gloves must not touch other people or surrounding surfaces (e.g., use paper towels, tissues). Any material used to clean blood must be discarded before removing gloves.

Removing Disposable Gloves:
Pinch with two fingers the outside of one glove with the other gloved hand.
Turn the glove inside out as you pull it off. The soiled side of the glove is now on the inside.
Discard the glove in an approved waste receptacle.
Reach inside the second glove with two fingers of your bare hand and pinch it. Turn the glove as you pull it off. Discard it.
Wash hands carefully with soap and water after gloves have been removed. This is essential for good hygiene.
Discard all contaminated material and used gloves in designates plastic-lined receptacles.
Disinfect contaminated surfaces with 1 ounce of bleach in 9 ounces of water.

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HANDWASHING

Hand washing is the foundation of any infection control procedure. Thorough handwashing must be practiced by children and staff in each of the following instances and other appropriate times:

Before eating or handling food
After toileting or assisting toileting
After contact with any body secretions (e.g., nasal or mouth secretions, stool, blood, urine, vomit, or skin lesion)

Step 1: Remove wrist watch and rings

Step 2: Turn on water

Step 3: Wet hands with warm, running water. Running water is necessary to carry away dirt and debris.

Step 4: Apply soap, lather well

Step 5: Wash hands using a circular motion and light friction for 15-30 seconds. Include front and back surfaces of hands, between fingers and knuckles, around and under fingernails, and the entire wrist area.

Step 6: Rinse hands well under warm running water. Point fingers down under the water so that the water drains from the wrist area to the fingertips.

Step 7: Dry hands well with paper towels and turn off the water using the paper towels instead of bare hands.

Step 8: Discard paper towels in receptacle.

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Referrals

Primary referral sources shall, within two working days of identifying an infant or toddler who is less than three years of age and suspected of having a disability or at risk of having a disability, refer such an infant or toddler to the official designated by the municipality, unless the child has already been referred or unless the parent objects.

All evaluators, service coordinators, and providers of early intervention services are primary referral sources. A primary referral source who has identified an infant or toddler suspected of having a disability shall:

Provide a general explanation of the services that are available under the Early Intervention Program and the benefits to the child's development and to the family of accessing those services.
Provide a general explanation of the developmental screening, home visiting, and tracking services that are available to the family, including the Infant-Child Health Assessment Program, and the benefits to the child's development and to the family of accessing those services.
Inform the parent that, unless the parent objects, their child will be referred to the early intervention official within 2 days for purposes of a free multidisciplinary evaluation to determine eligibility for services.
Ensure the confidentiality of all information transmitted at the time of referral.

When a parent objects to the referral, the primary referral source shall:

Maintain written documentation of the parent's objection to the referral and follow-up actions taken by the primary referral source;
Provide the parent with the name and telephone number of the early intervention official if the child is suspected of having a disability or Infant-Child Health Assessment Program if the child is at risk, and;
Within two months, make reasonable efforts to follow up with the parent and if appropriate, refer the child unless parent objects.

Information transmitted in a referral from a primary referral source, for an infant or toddler suspected of having a disability or at risk of developing a disability, shall consist of only the following information, unless written consent is obtained from a parent to the transmittal of further information to the early intervention official:

The child's name, sex, and birth date
The name, address, and telephone number of the parent and/or if applicable, the person in parental relation to the child

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When necessary and applicable, the name and telephone number of another person through whom the parent may be contacted;
If the child is being referred because he or she is at risk of developing a disability, the referral shall include an indication that the child is not suspected of having a disability, but is at risk of developing a disability in the future; and
Name and telephone number of the primary referral source.

Referrals may be made at any time by parents via telephone, in writing, or in person.

Referrals of children suspected of having a disability, which includes a developmental delay and/or diagnosed physical or mental condition that has a high probability of resulting in developmental delay, shall be based on:

The results of a developmental screening or diagnostic procedure, direct experience, observation, and perception of the child's developmental progress;
Information provided by a parent which is indicative of the presence of a developmental delay or disability;
A request by a parent that such referral be made.

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