





| Medical |
|---------|
|         |
| Other   |
|         |

**The following has been discussed and reviewed with the Participant & Team**

- Developmental status:**    No Changes/Stable/Consistent    Moderate Changes    Significant Changes
- Behavioral status:**    No Changes/Stable/Consistent    Moderate Changes    Significant Changes
- Medical status:**    No Changes/Stable/Consistent    Moderate Changes    Significant Changes
- Rights:**   Reviewed with Participant. They acknowledge/understand these and are aware that they should report if they are not being enacted.

All of the above was explained to the Participant. They were informed of their developmental status, behavioral status, and medical status. They have consented to all of the above.



## Case Conference Summary Report

A. **Summary of Evaluation /Progress Data Reviewed:**

Reviewed quarterly reports, develop, and approve new ISP goals. Distributed a copy of the Participant handbook that includes the Notice of Parent/Participant’s Rights and Appeals and Notice of Privacy Practice. Distribute Satisfaction Surveys and Staff Performance Survey.

B. **Recommended Service Plan Goals:**

C. **Specific Program Placement Recommended:**

D. **Program/Services Recommended:**

ADL [Specify Need(s)] \_\_\_\_\_

Assistive [Computer] Technology Lab

Community Connections

Creative Concepts

Transportation

Occupational Skills Training  Custodial  Other \_\_\_\_\_

Other [Specify] \_\_\_\_\_

E. **Other Service Recommendations** (External of Paladin)

F. **Residential Service Needs** (Check One):

None at this time

May consider in the future

Interested in pursuing alternative housing opportunities



G. **Medications Review:**

If Paladin is the residential provider, a comprehensive medication review of all medications that are currently prescribed will be performed by the physician annually and documented on the Physician Order Sheet. For all others, the family/caregiver/guardian shall ensure that the review is completed for the participant's well-being.

H. **Entitlements Discussed:**

I. **Participant is satisfied with Service Plan.**  Yes or  No? If "No", plan to meet outcome expectations.

J. **Barriers to Service Participation/Plans to Overcome Barriers:**  None

Attitudinal \_\_\_\_\_  Physical \_\_\_\_\_

Environmental \_\_\_\_\_  Other \_\_\_\_\_



## Case Conference Summary Report (Consents)

I give my permission for my Team Members to receive a copy of this case conference report and copies of my quarterly Progress Reports.

|  |                                       |             |
|--|---------------------------------------|-------------|
|  |                                       |             |
| <b>Participant/Guardian Printed Name</b> | <b>Participant/Guardian Signature</b> | <b>Date</b> |

I consent to the (check one)  Placement  Change in Placement  or, ISP Revision  
Which has been discussed and agreed upon in this case conference

|  |                                       |             |
|--|---------------------------------------|-------------|
|  |                                       |             |
| <b>Participant/Guardian Printed Name</b> | <b>Participant/Guardian Signature</b> | <b>Date</b> |

### **PHOTOGRAPHIC PORTRAITS AND/OR PICTURE RELEASE**

\_\_\_\_\_ hereby consents to authorize the use and reproduction by Paladin or anyone authorized by Paladin use of Photographic Portraits, still pictures, and video footage of me in which I am included, in whole or part, for advertising, trade, or any other lawful purpose.

\_\_\_\_\_ hereby consents to authorize the use of my name to Paladin or anyone authorized by Paladin for advertising trade, or any other lawful purpose.

\_\_\_\_\_ hereby consents to use of my artwork by Paladin for advertising trade, or any other lawful purpose.

I hereby waive any rights that I may have to inspect or approve the finished product or products or printed matter that may be used in connection with this picture or the use to which it may be applied.

**This release is only good for one full year!**

|  |                                       |             |
|--|---------------------------------------|-------------|
|  |                                       |             |
| <b>Participant/Guardian Printed Name</b> | <b>Participant/Guardian Signature</b> | <b>Date</b> |

**I DECLINE PHOTOGRAPHIC PORTRAITS AND/OR PICTURE RELEASE**

|  |                                       |             |
|--|---------------------------------------|-------------|
|  |                                       |             |
| <b>Participant/Guardian Printed Name</b> | <b>Participant/Guardian Signature</b> | <b>Date</b> |

Access to Protected Health Information (PHI) whether written, electronic or verbal in nature, will be provided in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other state and federal laws. Such access shall be limited to the minimum necessary amount of information to accomplish job or task. In addition, communications that involve PHI shall also be considered confidential and should not take place in public areas.



I, \_\_\_\_\_, give permission / consent for Paladin

- to administer a yearly flu and/or pneumonia shot.
- to exchange medical information with La Porte Hospital and/or St. Anthony's Hospital for the purpose of case management.
- to provide medical care or emergency care that may be deemed necessary.
- and the Department of Family Services (DFS) and/or Social Security to exchange finance information, social history information, etc. for the purpose of case management.
- to assist me in handling my finances. I understand my finance skills will be assessed to determine what level of assistance is needed.
- to maintain possession of my prescribed medications to dispense and/or assist me with medication as prescribed by my attending and/or consulting physician.
- to exchange the following type of information about me for the purpose of case management:
  - Audiological / Hearing
  - Dental
  - Medical
  - Optical
  - Psychiatric
  - Vocational
  - Specialist
- to maintain possession of documentation of a financial or highly personal nature in the office to assist me with the maintenance of my personal file.

Check all that applies:

- Participant has a history of destroying documents / similar items
- Participant shares residence with someone who has a history of destroying documents or similar items
- Participant viewing and being reminded of past behaviors would likely result in agitation and future behaviors
- Participant shares residence with someone who has a history of violating privacy by either reading or taking documents
- Other person, who is not the participant's guardian and is unaffiliated with Paladin, has access to the participant's residence
- None of the above apply

I, \_\_\_\_\_, agree to

*Revised 10/2024 MEC*



- participate in trips and outings as part of my program with Paladin without any additional authorization.
  
- participate in a counseling program.

\_\_\_\_\_

Participant Receiving Services

\_\_\_\_\_

Date

\_\_\_\_\_

Guardian/Advocate (If Applicable)

\_\_\_\_\_

Date

This consent is valid from the date of signature to \_\_\_\_\_



## GUARDIAN NOTIFICATION

I/We, \_\_\_\_\_, being the legal guardians of \_\_\_\_\_, do hereby request to receive proper notification by Paladin of the items marked below. I/We acknowledge a desire to be notified by initialing and dating each of the items requested. Any additions or deletions to this list must be requested in writing, signed, and dated by the legal guardian.

- |   |   |
|---|---|
| <input type="checkbox"/> All Med Refusals   | <input type="checkbox"/> Falls                    |
| <input type="checkbox"/> Bumps, Cuts & Bruises  | <input type="checkbox"/> Physical Assists         |
| <input type="checkbox"/> Routine Medical Appointments   | <input type="checkbox"/> Physical Restraint       |
| <input type="checkbox"/> Non-Routine Medical Appointments   | <input type="checkbox"/> Seizures                 |
| <input type="checkbox"/> ER Visits/Hospital Admissions  | <input type="checkbox"/> Illnesses (temp, vomit)  |
| <input type="checkbox"/> Lab Work & Results   | <input type="checkbox"/> Medication Changes       |
| <input type="checkbox"/> Aggression <u>from</u> other individuals<br>(resulting in bruise, punch, kicks)  | <input type="checkbox"/> Dietary Changes/Refusals |
| <input type="checkbox"/> Aggression <u>toward</u> other individuals<br>(hit, punch, kick, scratch, bruise,<br>threats, throw objects; purposely or<br>accidently) | <input type="checkbox"/> Psychiatric Visits       |
|   | <input type="checkbox"/> ADL Refusals             |
|   | <input type="checkbox"/> Other Visitors           |
|   | <input type="checkbox"/> Other                    |

\_\_\_\_\_  
Guardian (s)

\_\_\_\_\_  
Date

\*Indicate with an asterisk which items you would like to be contacted by phone.





## BILL OF RIGHTS

It is policy of this agency that each person has a right to a dignified existence, self-determination, and access to persons and services in the community. Persons with any disability are entitled to the same rights and privileges as any other person or citizen. Paladin will protect and promote the rights of each participant, including each of the following rights:

### A. Exercise of Rights

1. Each participant has the right to exercise his/her rights as a participant of this agency and as a citizen or participant of the United States.
2. Each participant has the right to be free of interference, coercion, discrimination, or reprisal from this agency in exercising his/her rights.
3. In the case of a participant adjudged incompetent under the laws of a state by a court of competent jurisdiction, the rights of the participant are exercised by the person appointed under state law to act on the participant's behalf.

### B. Notice of Rights and Services

1. Paladin must inform each participant both in writing and orally in a language that the participant understands of his/her rights and all rules and regulations governing participant conduct and responsibilities during his/her stay in the facility. Such notification must be made prior to or upon admission and during the person's continued stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.
2. Each participant and/or his/her guardian have the right to inspect and obtain photocopies of all records pertaining to the participant, upon written request and 48 hours' notice to Paladin.
3. Each participant has the right to be fully informed in language that he/she can understand of his/her total health status and programming needs.
4. Paladin must.
  - a. Inform each participant who is entitled to Medicaid benefits, in writing, at the time of admission to a Paladin home or apartment or when the participant becomes eligible for Medicaid (*if applicable*):
    - i. The items and services that are included in Paladin services under the state plan and for which the participant may not be charged;
    - ii. Those other items and services that Paladin offers and for which the participant may be charged, and the amount of charges for those services; and
    - iii. Inform each participant when changes are made to the items and services specified in above items 4, a, i, and ii of this section.
5. Paladin must inform each participant before, or at the time of admission, and periodically during the participant's stay, of services available in the facility and of charges for those services, including any changes for services not covered under Medicaid or Paladin's per diem rate.
6. Paladin must furnish a written description of legal rights which includes:
  - a. A description of the manner of protecting participants' personal funds (See Policies 300.5 and 300.5A.)
  - b. If a participant believes he/she has a legitimate complaint, Paladin's Participant's Grievance procedure should be followed.
7. Paladin must prominently display in its facilities written information, and provide to participants and potential participants oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.

### C. Free Choice

The participant and/or his/her guardian have the right to:



1. Choose a personal attending physician;
2. Be fully informed in advance and at least annually about care and treatment and of any changes in that care or treatment that may affect their well-being (i.e. behavioral, developmental, medical, program, etc.); and
3. Be involved and participate in making choices regarding their active treatment, program, and training needs.
4. Choose where they want to live and who they want to live with. Paladin shall offer guidance on the feasibility and sustainability of participant's choices as they relate to the participant's ability to pay and receive services.

#### D. Medical Condition and Treatment

Each person and/or guardian must:

1. Be fully informed on a regular basis by a physician of participant's health and medical condition unless the physician decides that informing the participant is medically contraindicated (physician and IDT documents this in participant's file).
2. Be given the opportunity to participate in planning participant's total care and medical treatment.
3. Be given the opportunity to refuse treatment.
4. Give informed, written consent before participating in investigative study.

#### E. Exercising Rights

Each participant and/or guardian must be:

1. Encouraged and assisted to exercise their rights as a participant of Paladin and as a citizen.
2. Allowed to submit recommendations or complaints concerning the policies and services of Paladin to staff or to outside representatives of the participant's choice or both, free from restraint, interference, coercion, discrimination or reprisal.
3. Allowed the right to refuse medical treatment, behavioral treatment, therapeutic or vocational evaluations, or other IHP recommendations; however, refusal of these treatments may jeopardize placement in the RHS program.
4. Allowed the right to refuse experimental research.
5. Allowed the right to formulate an advanced health care directive through use of appointment of health care representative, a living will, or the power of attorney.
6. Paladin will not discriminate against any participant on the basis of whether or not he/she has executed an advance directive.
7. See Policy #300.8 Advance Health Care Directives.

#### F. Religious Services

1. All participants shall have access to religious education and services within the local community, and participation in these programs is entirely voluntary. However, every effort will be made by the RHS staff to create an opportunity for and to encourage participation in religious services of choice.
2. When a participant is not able to benefit from a religious service or the service or education might be deemed somewhat detrimental to the participant program plan, the Executive Director would have primary responsibility in structuring the religious participation. This would be done with the approval of parent or guardian.
3. Each participant shall have full access at his/her cost to cultural, employment, social, recreational, and spiritual activities of choice. When needed, PALADIN shall help each participant with transportation arrangements to access these activities.

#### G. Financial Affairs

Each participant and/or guardian must be allowed to manage his/her personal financial affairs and will be informed on a regular basis of his/her financial status. If a participant requests assistance from the facility:

1. The request must be in writing
2. The facility must comply with the record keeping requirements of 483.20(a) (4) (HCFA regs)
3. Paladin will provide accurate records to the participant, or his/her guardian, detailing monies received and disbursed in his/her behalf.



#### H. Privacy and Confidentiality

Each participant must:

1. Be treated with consideration, respect, and full recognition of his dignity and individuality.
2. Be given privacy during treatment and care of personal needs. Personal privacy includes bathroom and bedroom accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and participant groups.
3. Give written consent before information from his/her records may be released to someone not otherwise authorized by law to receive it.
4. If married, be given privacy during visits by spouse.
5. Be permitted to share a room with spouse, if both are participants.
6. Be permitted and provided the opportunity to have privacy when in his/her bedroom.
7. Have written consent before any of his/her personal health information, protected by HIPAA laws, is shared with anyone.

#### I. Work

Each participant has the right to:

1. Refuse to perform services for the facility.
2. Perform services for the facility, if he or she chooses, unless it has been determined and documented by the Inter-Disciplinary Team (IDT) that such service could be detrimental to the participant's health, safety or well-being.
  - a. Any participant who works voluntarily for PALADIN. or any provider will be compensated at the prevailing wage, and commensurate with the individual's abilities.

#### J. Mail

The participant has the right to privacy in written communications, including the right to:

1. Send and receive mail promptly that is unopened;
2. Have access to stationery, postage and writing implements at the participant's own expense.

#### K. Personal Property

Each participant has the right to retain and use personal possessions, including furnishings and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety or other participants.

#### L. Telephone

Each participant has the right to have regular access to the private use of a telephone.

#### M. Activity and Social Service

1. It is Paladin's policy that all participants have the right to participate in social, religious, and community activities that do not interfere with the rights of other participants in the facility.
2. Each participant has the right and will be provided the opportunity to have friends over at his/her place of residency.

#### N. Experimental Research

It is Paladin's policy that any participant being considered for participation in experimental research be fully informed of such experiment and that the participant's written consent is received prior to such participation. Paladin will advocate for the participant to ensure that research guidelines are ethical and within the guidelines of applicable federal and state laws and regulations.

#### O. Participant Behavior and Paladin Practices

1. Each participant has the right to be free from verbal, sexual, physical or mental abuse, corporal punishment, and involuntary seclusion.



2. All participants are protected from forced physical activity; being hit or pinched; the application of noxious or painful stimuli; use of electric shock; infliction of physical pain; seclusion from an area from which exit is prohibited; a practice which denies physical movement for long periods of time or use of bathroom facilities; and a practice which denies pay or pay below minimum wage for work or chores benefitting others.
3. Paladin will not employ individuals who have been convicted of abusing, neglecting or mistreating individuals. Parents and Friends, Inc. prohibits any employee from violating a participant's rights.
  - a. It is Paladin's policy that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, are reported immediately to the Executive Director or designee. (It is the responsibility of the Executive Director or designee to report such incidences in accordance with Indiana state law.) Any violation of participant rights shall result in disciplinary action leading to termination of employment.

P. Grievances

Each participant has the right to:

1. Voice grievances with respect to treatment or care that is without discrimination or reprisal for voicing the grievances. This could be done verbally or in written form.
2. Prompt efforts by Paladin to resolve grievances the participant may have, including those with respect to the behavior of other participants.
3. Follow Grievance Procedure for participants/individuals we serve of Paladin programs.
4. Seek redress for any instance of abuse, neglect, or violation of rights. To this end, at least once per year each participant will be informed in a readily understandable manner of the right to grieve and of the following grievance procedure.

Q. Each participant has the right at any time to express his/her dissatisfaction and concerns about his/her roommate, staff, plan of care, or services.

R. Legal Representation

Each participant has a right to legal representation at his/her cost. PALADIN shall inform the participant or his/her guardian of the availability of legal services and the associated cost but are not responsible for the legal costs for any participant.



This agreement will be in effect until \_\_\_\_\_.

\_\_\_\_\_  
PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADVOCATE (If applicable)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARDIAN (If applicable)

\_\_\_\_\_  
DATE



## WAIVER PARTICIPANT SERVICES AGREEMENT

This Participant Services Agreement ("Agreement") is between Paladin ("Provider") and \_\_\_\_\_ ("Purchaser") for the delivery of services to \_\_\_\_\_ ("Participant").

- I. **Purpose.** This Agreement describes the understandings and arrangements as agreed upon between the Provider, Participant, Guardian and other team members. Individuals have a right to choose their services and to be informed of changes to their waiver budget.
  
2. **Services.** The Provider provides various services and activities designed to develop and maintain participant's functional skills and ensure meaningful opportunities are available either within the Provider's facility, Respite House, Participant's home or through community resources. The Provider agrees to provide the services as outlined in the attached services and budget worksheet. Notwithstanding the services selected on the attached budget worksheet, services provided by the Provider may at any time include other services generally applicable to the population the Provider serves; such services include, but are not limited to, instruction or services related to those listed.

**Add** the following services:

(Be specific, i.e. Art, Computer, Classroom)

- DHGM \_\_\_\_\_
- DHI \_\_\_\_\_
- DHGL \_\_\_\_\_
- DHGS \_\_\_\_\_
- Respite
- PAC

**Remove** the following services:

(Be specific, i.e. Art, Computer, Classroom)

- DHGM \_\_\_\_\_
- DHI \_\_\_\_\_
- DHGL \_\_\_\_\_
- DHGS \_\_\_\_\_
- Respite
- PAC

### Planned days of attendance at a day service facility:

- Monday            Time in: \_\_\_\_\_    Time out: \_\_\_\_\_
- Tuesday            Time in: \_\_\_\_\_    Time out: \_\_\_\_\_
- Wednesday        Time in: \_\_\_\_\_    Time out: \_\_\_\_\_
- Thursday           Time in: \_\_\_\_\_    Time out: \_\_\_\_\_
- Friday                Time in: \_\_\_\_\_    Time out: \_\_\_\_\_

Check this box if there is no change to services.

**NOTE** reason for the change(s): \_\_\_\_\_

**NOTE** how the proposed change(s) will impact the individual: \_\_\_\_\_

Anticipated date that changes will take effect: \_\_\_\_\_



Signed and agreed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

The signature of the Participant and/or authorized representative indicates he/she has read or has had read to them this Agreement and that the Agreement has been explained in full to him/her, and that the signature below is signed voluntarily.

Signatures also attest that the individual's rights have been discussed and that sufficient objective information has been provided to allow for informed decision making.

**PARTICIPANT:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**GUARDIAN:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

If GUARDIAN consent has been obtained remotely, please choose method of communication:

Verbal by Telephone  Electronic Mail  Other: \_\_\_\_\_

**PALADIN REPRESENTATIVE**

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Signature

**OTHER TEAM MEMBERS**

\_\_\_\_\_  
  
\_\_\_\_\_

**Program Manager Protocol:**

Complete this form for any changes to services and also at the Annual Case Conference.

1. Attach sign in and notes from ISP Team Meeting.
2. Obtain all necessary signatures on this agreement.
3. Attach signed agreement to the completed budget worksheet.