

**DuPage & Fox Valley** brighter futures begin here

# EASTER SEALS DuPAGE & FOX VALLEY

# CLIENT FAMILY HANDBOOK

#### Dear Parents:

Welcome to Easter Seals DuPage & Fox Valley! We know that special needs present special challenges and that parents sometimes get bogged down trying to pull everything together. We have created this Client Family Handbook to assist you with some of the questions you may have.

We are proud to be the premiere provider of pediatric outpatient rehabilitation services in the region. Our client families indicated 100% satisfaction with our therapy services during the past year. 99% indicated that they would recommend our services to others. Our average enrollment of 840 children and young adults continues to grow.

We offer physical, occupational, speech and nutrition therapies, audiology services, and assistive technology. Additionally, Easter Seals DuPage and the Fox Valley Region offers family support services, community outreach programs, specialty clinics and an inclusive child development program (Villa Park Center only).

Since 1952, Easter Seals DuPage has assisted children with special needs and their families through our Villa Park location. On September 6, 2001, a satellite location was opened at 698 South Route 59 in Naperville where speech, occupational, physical and nutrition therapy services and periodic social work services are offered. On April 1, 2005, Easter Seals DuPage joined forces with the Easter Seals Jayne Shover Center in Elgin where pediatric rehabilitation services have been provided since 1952.

The organization's name has been changed to reflect the areas in Illinois where we provide services, Easter Seals DuPage & Fox Valley.

Easter Seals DuPage & Fox Valley prides itself on the experience and dedication of our staff. We look forward to your involvement in every aspect of your child's programming. You will play an active role in the development of your child's goals as well as in the application of therapy services.

I look forward to meeting you. Again, we are pleased that you have chosen Easter Seals DuPage & Fox Valley. Together we will pursue our mission: to enable infants, children and adults with disabilities to achieve maximum independence, and to provide support for the families who love and care for them.

Sincerely,

Theresa Forthofer President/CEO

# **EASTER SEALS DuPAGE & FOX VALLEY**

# **PROGRAM SERVICE LOCATIONS**

# **ROSALIE DOLD CENTER**

830 S. Addison Ave. Villa Park, Illinois 60181 630.620.4433 – Phone 630.620.1148 – Fax 630.620.4436 – TTY

# LEE DANIELS CENTER

1323 Bond Street Suite 119 Naperville, Illinois 60540 630.357.9699 – Phone 630.357.9908 – Fax

# **JAYNE SHOVER CENTER**

799 S. McLean Boulevard Elgin, Illinois 60123 847.742.3264 – Phone 847.742.9436 – Fax

# EASTER SEALS DuPAGE & FOX VALLEY STATEMENT OF PURPOSE

#### OUR VISION

Our vision is that all children receive the developmental services they need to live their best life.

#### **Mission Statement**

To enable infants, children and adults with disabilities to achieve maximum independence, and to provide support for the families who love and care for them.

#### Values

Fundamental to achieving our mission are these basic values:

- People All of our consumers, staff and volunteers working together are the source of our strength.
- Service Our services are the results of our efforts. Their quality and reliability establishes our worth to our consumers.
- Community We recognize our stewardship to the community. We will be responsive to its needs and endeavor to make our services available to all.

#### **Guiding Principles**

- Our consumers, all those who receive our service, are the focus of everything we do. All of our work and efforts will be consumer-driven and done for their satisfaction.
- Continuous improvement is essential to our success. We strive for excellence in everything we do. Quality, performance and an environment that encourages staff participation are essential to the improvement process.
- Through the training and education of our people, we will advance our mission and the continuous improvement of our services. Growth of our organization will only occur through the growth of our people.
- We will conduct and manage our organization according to the highest ethical standards both as individuals and as a corporation.
- We will involve the broadcast range of individuals, foundations and businesses in the life of the Center.

Our Mission, Values and Guiding Principles require a long-term focus. Leader-ship throughout the organization ensures that actions and decisions are consistent with these principles.

# HOW TO USE THE CLIENT FAMILY HANDBOOK

This handbook is intended for you to use as a quick reference to answer questions that you have about your child's program at Easter Seals DuPage & Fox Valley (ESDFV). Frequently asked questions have been included in addition to concerns that families have expressed over the years.

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Upon request, this information will be made available in alternative formats, such as Spanish, large print, or compact-disc. Please contact our Admission Coordinator at 630.282.2022 for details.

#### SECTION ONE: THERAPY SESSIONS - WHAT TO EXPECT

- When you arrive at the Center for your first session:
  - 1. Please sign-in at Reception and be seated in the Lobby. On your first therapy visit, your therapist will come to the Lobby and accompany you to the therapy room.
  - 2. Your therapist will tell you where you should wait for services on other dates.
  - 3. You will need to <u>sign in each time you come for services</u> as this helps us to know who is in the Center should there be an emergency or other need to contact you.
- Individual therapy sessions are usually 40 55 minutes, but may be scheduled for less time depending on your child's therapeutic needs & ability to manage this length of intervention. If you arrive late, your session will typically be shortened by that amount of time.
- Your therapist will work with you and your child, discuss goals and outcomes of therapy services, answer your questions, provide home carryover ideas, and complete documentation for the session during the scheduled appointment time.
- Please bring anything that you feel will make your child more comfortable, a favorite toy, blanket, snack, etc., during the first days of therapy as your child and therapist are getting to know each other.
- Most parents remain in the room with their child during therapy. However, with some therapies, it works better for parents to observe and listen from outside the therapy room. Your therapist may recommend this option if he/she feels it is better for your child.
- Parents/Adult sitters MAY NOT leave the Center during a therapy session. Many parents choose to use this time to participate in a parent support group, if available or to relax, read or explore resources in the Mary Alice D'Arcy Family Center in Villa Park or Family Waiting Rooms at our other centers.
- If you are unable to accompany your child to therapy regularly, you will be asked to sign a Release of Information form so that the therapist may share information about the session with the adult accompanying your child. You may contact the therapist by phone or email to discuss your child's services, as well.
- Siblings are welcome to accompany you to your child's therapy session as long as they do
  not interfere with your child's therapy or any other therapy being provided. A Family/Play
  room is available at all three Centers. Siblings under the age of 18 years of age must have
  adult supervision in the Center at all times. It is required that you clean up after your child.
  Siblings are not allowed to play in empty therapy rooms.
  - At the Villa Park Center, childcare may be available in our Child Development Center for siblings on a drop-in basis when space allows. For more information, see their listing under Services Available.

- Additionally, our playgrounds at the Villa Park and Elgin Centers are available for siblings. However, an adult must accompany the siblings while on the playground when not in use by daycare or therapy programs. Please see the Receptionist for availability and a playground pass, which is good for one hour.
- Children may not play in or around cars in the parking lots. Roller skates, skateboards, and bicycles may not be used in the parking lots or inside the buildings (unless under supervision of a therapy as part of a therapy program).
- From time to time, we provide training opportunities for students in the health
  professions. You will be notified in advance for permission for an observer or student
  assistant to participate during your child's therapy session. At no time will your therapist
  release information or responsibility for services to a student. In addition, you may see
  members of our team conducting tours of our program. We maintain strict
  confidentiality and require that all visitors do the same.

# HOURS OF OPERATION AND HOLIDAYS:

- Therapy sessions are scheduled Monday through Friday between 8am and 6pm. Any exceptions to this schedule need to be made directly with your therapist.
- During the school year, make up sessions are scheduled at the Villa Park center every other Saturday from 8am to noon.
- Center programs are closed on weekends as well as on the following holidays:

New Years Day Good Friday (beginning at Noon) Memorial Day 4<sup>th</sup> of July Labor Day Thanksgiving Day Day after Thanksgiving Week between Christmas Eve and New Year's Day

 Every attempt will be made by your therapist to reschedule appointments that would normally occur on a holiday.

#### EMERGENCY CLOSINGS:

 In the event of an emergency closing, Easter Seals DuPage & Fox Valley will notify the Emergency Closing Center and the information will be transmitted via internet at <u>www.emergencyclosings.com</u> and radio/television on WMAQ, WGN, WLS as well as Channels 2, 5, 9 and FOX TV. Additionally, your therapist will attempt to phone you. Every effort will be made to change the message on the Centers' voicemails, as well.

#### SECTION TWO: SCHEDULING, RESCHEDULING, AND ATTENDANCE

- A member of our Admission staff will notify you of your/your child's therapy schedule.
- Every attempt is made to schedule your child's therapy sessions at optimal times for you;
- We ask that you make every effort to attend scheduled appointments but understand that illness and other emergencies may not always make this possible. We request that you try to give us as much notice as possible when you need to cancel.
- We also ask that you reschedule missed appointments. Our Scheduling Coordinator will assist you and your therapist in finding openings.
- A request to change your child's ongoing therapy schedule should be made directly to your child's therapist.

#### TO CANCEL AN APPOINTMENT:

- To cancel a therapy session, please phone Reception and state your child's name, date you are cancelling, type of therapy, therapist's name, and <u>reason for cancel</u>.
  - o 630.620.4433 in Villa Park;
  - o 630.357.9699 in Naperville; and
  - o 847.742.3264 in Elgin
- Your child's therapist will be notified and, when possible, we will reschedule your child's therapy session. If you call before/after hours, please leave a voicemail message in the site's General Delivery Mailbox.
- Please be aware that chronic cancellations may result in discharge from services. If your child attends less than 75% of his/her scheduled therapy sessions in any three-month period, your child may be subject to discharge from our therapy program. Extenuating circumstances should be discussed with your child's Case Manager. Failure of your child to attend scheduled therapy sessions for two (2) calendar weeks or three (3) times within a calendar year without notification of cancellation will result in discharge from the Center.
- Failure to contact the Center prior to the time of an appointment will result in a charge of \$25.00 for each occurrence. This charge is the responsibility of the client/family and will not be submitted to any third party payor.

#### WHEN A THERAPIST NEEDS TO CANCEL A THERAPY SESSION:

- If your therapist needs to cancel your child's therapy session due to illness or vacation, you
  will be notified as soon as possible.
- Every attempt will be made to reschedule your child's therapy session with another therapist on the same day.

• Please be aware that our therapy team prepares notes which include therapy goals, current status, and appropriate activities to help each other provide services to your child in these circumstances in order to maintain the quality of the session. This is a great opportunity for you/your therapist to receive consultation from another member of the department. Our therapists often leave a specific question for the covering therapist to gain another therapist's expertise.

#### SECTION THREE: COORDINATION OF CARE, THERAPY TEAM & OUR SERVICES

Easter Seals DuPage & Fox Valley Region is committed to providing quality therapy services using an interdisciplinary team approach.

- Your child's therapy team consists of the client, family, your prescribing physician, and your therapists and consultants.
- One of the first members of our staff that you will work with is our **Admission Coordinator**. She will explain the services available to you as well as our evaluation process, coordinate your admission paperwork, facilitate verification of your insurance benefits and obtain a doctor's prescription, as well as work with you to schedule recommended therapy sessions.
- Once your child's needs have been identified through your input and evaluation results, your therapist(s) will be assigned.
- One of your therapists will be designated as Case Manager for the team. Your therapist
  Case Manager will be responsible for coordinating your child's therapy program with you. If
  you have any questions or concerns, you are encouraged to talk to your child's Case
  Manager. Your Case Manager's name is listed in your Confirmation of Services Letter.

#### OUR SERVICES:

**Referrals** for evaluation or therapy may be made by a parent, physician, therapist or another agency. A doctor's prescription is required for therapy services.

Accreditation - Easter Seals DuPage & Fox Valley (ESDFV) is accredited by CARF International in Outpatient Medical Rehabilitation Pediatric Specialty Programs.

<u>Physical Therapy (PT)</u> – physical therapy assists children with gross motor concerns and delays to better use and coordinate their muscles. Physical therapists may utilize exercise and manual therapy techniques or adaptive equipment to help your child achieve his/her goals.

<u>Occupational Therapy (OT)</u> – occupational therapy emphasizes use of the arms and hands for support and manipulation, visual-motor coordination, sensory processing, daily living skills such as dressing and self-feeding, fabrication of splints and adaptive equipment, and play development.

<u>Speech/Language Therapy (ST)</u> – treatment is provided in the areas of speech and language development, articulation disorders, oral-motor and feeding disorders, respiratory/phonatory function, hearing impairment and assistive technology.

Assistive Technology (AT) – assists children who are unable to typically vocalize to learn how to communicate and express their thoughts, needs and desires in alternative ways.

<u>Nutrition Therapy (NT)</u> – a registered licensed dietician individually assesses the nutrition status of your child and works with you and your child and the therapy team to achieve optimal nutrition goals.

<u>Community-based Therapy Programs</u> – Imaginative community-based and Center-based therapy programs bridge the gap between your child's one-on-one therapy and traditional community-based programs.

Information about current options is published two to three times each year and may be found on our website at <u>www.eastersealsdfvr.org</u> or by contacting our Admissions Coordinator for community-based services at 630.282.2026.

<u>Audiology</u> – provides hearing evaluations, hearing screenings, hearing aid evaluations, dispensing and repairs for both children and adults.

<u>Social Work Services</u> – provides individual counseling for children and/or their parents along with support groups for siblings, teens and parents. Also provides community resource information and behavior management consultation.

<u>Parent Liaison</u> – assists families with school transitions, advocacy, family support services, community resource referrals and behavior management consultation.

<u>Lily Garden Childcare Center</u> – provides full- or part-time childcare for children in our fully inclusive Child Development Center located at our Villa Park site. Drop-in childcare is also available for siblings while therapy is in session or for all children while parents participate in a parent support group. Openings are limited and subject to availability. Registration plus medical forms are required. Please contact the Director of the Child Development Center at 630.261.6283, for information about openings and fees.

<u>Clinics</u> – contact our Admissions/Scheduling staff in Villa Park to make an appointment if your child's therapist recommends that your child attend one of the following clinics that are held at the Villa Park Center: Vision, Orthopedic, Autism Diagnostic, Medical Diagnostic, Neurodevelopmental, Dental, Positioning and Mobility, Neonatal Follow-Up, Feeding, and Respiratory Clinics. At the Elgin Center: Midwest Orthotics Clinic.

#### SECTION FOUR: POLICIES & PROCEDURES

In order to maintain our quality of service, we have set policies and procedures as below.

<u>Change of Contact Information</u> – Always provide our Receptionist with any change of address, e-mail addresses, phone numbers and/or emergency contacts.

<u>Consent to Release Medical Records</u> – Copies of client records may only be provided to a client's legal guardian. If copies need to be provided to any other individual including a parent of a child over the age of 18, an "Authorization for Release of Medical Records" must be signed and on file. All requests should be made to our Medical Records Department not less than two business days from time needed to allow for record copying and forwarding.

**<u>Do NOT Resuscitate Requests</u>** – We do **NOT** accept DNR requests. Our policy requires that we provide CPR and call 911 for emergency medical services when a client requires resuscitation.

<u>Guardianship</u> – As a pediatric healthcare provider, we must document legal guardianship for our clients. Please do not be offended if you are asked to provide copies of court documents establishing guardianship and as you receive these, please share a copy for our records. If you have questions about the process for establishing guardianship as your child ages, please consult with a member of our Social Services team.

<u>Parent Participation</u> - parents are requested to participate in the child's therapy whenever appropriate. If another adult will regularly bring your child for services, you will be asked to sign a Release of Information form so that your therapist may share basic information with them.

# Parent/Guardian MUST Remain at the Center for all therapy services for your child's safety/security and in the event of an emergency.

Late for Therapy Session – Therapists make every attempt to be as punctual as possible for all therapy sessions and, for this reason, punctuality is requested on the part of the client. If you are late, be prepared that your session will end at the scheduled time and likely not be extended. When a client is consistently late (50% of the time), the therapist will discuss alternative scheduling options and may need to place services on-hold until an alternate appointment time is identified. If the therapist is late, he/she will charge the client for only the time the child is being treated or offer to make up the time at the end of the therapy session, time permitting.

<u>Length of Therapy Session</u> – Your therapist will typically end the session a few minutes before the end time in order to discuss home carryover ideas, answer questions, and write documentation.

<u>Portable Health Record/Notebook</u> – Many families find it helpful to develop a portable health record to collect important healthcare information regarding their child given the amount of information that is produced through therapy and other specialty services. These may be as simple as a folder or binder where you gather all of your medical reports, physician contacts, and prescription information, all the way to an electronic record which you purchase or develop on your own. Many options and ideas are available at no cost and a sample is available at the end of this booklet which has been developed by the American Health Information Management Association. There are also applications available for your smartphone such as personalHx and iHelp+.

<u>Prescriptions</u> – A prescription from a medical doctor is necessary to receive therapy services. The prescription for each service provided must include a diagnosis, including the numeric diagnosis code, so we may submit for insurance reimbursement. Our staff will monitor prescription renewals however, it is the responsibility of the parent to notify the Center of any change in doctors or diagnosis. Securing accurate prescriptions is ultimately your responsibility. If a current prescription is not on file, therapy services must be placed on hold until it is received.

<u>Insurance/Referral/Pre-authorization or Pre-certification</u> – As a courtesy to our client families, we will forward claims to any insurer that you request once you provide the information for us to bill. Please note the following:

- Our staff will assist you, the parent (insured member), with the insurance verification
  process as necessary in order to identify what, if any, special requirements may exist so
  that all prior approvals are established and in order before beginning services. It is
  important to understand that benefit verifications are never guarantees of payment by thirdparty payers.
- We recommend that the insured member also phones their insurer to verify benefits as ultimately you are responsible for payment of fees.
- It is the insured member's responsibility to be sure that appropriate **pre-authorizations**, **certifications or referrals** required under their plan have been secured prior to the initiation of services and when renewals are necessary. Some groups will not send referrals to the provider so please be sure that you send us the referral when you receive it.
- If any supporting paperwork is needed from the Center, your therapist will assist you. In certain cases, the documentation required might actually be needed from the prescribing physician, as he/she is the treating medical professional diagnosing and prescribing the therapy, thus establishing the medical necessity for services.
- If your insurance plan requires a referral, therapy must be put on hold until the referral is
  received, unless you prefer to self-pay while the referral is pending. Failure to have a
  referral or other required authorization may result in the Center's inability to file a claim with
  your insurance company; therefore, the costs will be passed along to you -- the
  parent/client family.

- We **must** be made aware of any changes in insurance information, referral forms/numbers, or authorization forms/numbers. Failure to do so will leave the client family responsible for payment of all fees incurred. Please be sure to supply us with a copy of any new insurance cards.
- Remember that filing a claim with any third party does not relieve the parent/client family from financial responsibility for treatment and equipment costs.
- Co-pays are due at time of service!!! Please see Receptionist to make your payment.
- <u>Renewal/Updates of Service Agreements, Privacy Notices, Releases, Medical</u> <u>History</u>- From time to time, you may be asked to update documents. These should be completed, signed, and returned. Many of these documents are required under Federal Law or by our accrediting agencies and so must be completed by all enrolled families. Others allow us to best meet your/your child's needs.

### SECTION FIVE: DOCUMENTATION & TRANSITION PLANNING

- Documentation is a critical part of providing quality services to your child and family. Establishing goals, reviewing progress, and coordinating a meaningful Treatment Plan for each client is very important. With your input, your child's therapist will develop a Treatment Plan within one (1) calendar month of your child's first visit. This plan defines both long-term focus areas and short-term goals for therapy.
- Your child's progress is documented at the end of each therapy session and summarized in a progress note at least every six months. The treatment plan is revised as your child meets goals and as you and your therapist identify further areas for treatment.
- Progress summaries are sent to you and your prescribing doctor. If you would like someone in addition to your doctor to receive this information, please contact the Medical Records Department or our Receptionist to complete a Release of Information form as required by HIPAA.
- If your particular insurance requires an alternate documentation schedule, please notify your therapist as soon as possible.

# TRANSITION/DISCHARGE PLANNING:

- Transition and Discharge Planning will begin early in your child's services.
- Each therapy program is tailored to your child's special needs and lengths of service will vary based on your child's needs and your goals as well as any guidelines set forth by your payor. Your therapist will share anticipated program length with you.
- Activities for you to complete at home will be shared and assist in attaining goals.

- You and your therapist will work together to identify skills needed to help your child be ready for both the small and large life transitions such as going to school, participating in social activities, etc.
- Our ultimate goal is to achieve maximum independence for your child. Your Case Manager, along with other designated staff such as the social worker or parent liaison, will assist you with the identification and arrangement of necessary transition services.
- Please do not hesitate to request assistance from your therapist(s) or our social service team for any of life's other transitions your child may need to make. We will provide information and referral contacts when Center resource expertise is not available in the area that you request.
- Should you choose to discharge from services for any reason prior to the completion of your program, please know that we will assist you with referrals and will forward a final progress summary to your prescribing physician and any other individuals that you request.

#### SECTION SIX: OTHER INFORMATION

**ACCESS and SECURITY** – all programs must be entered and exited through the front main lobby entrance. All other doors are locked from the outside and are used as emergency exits only. Surveillance cameras are in use throughout our sites.

**<u>BUGS and BUTTERFLIES</u>** – You are invited to express your satisfaction or concern about any aspect of our Centers. "Butterflies" and "Bugs" forms are located at Reception.

**BULLETIN BOARDS** – Center and community information is available to you on the bulletin boards. If you would like to post a notice or article on one of the bulletin boards, please date it and give it to the Receptionist for review and approval by Center management.

<u>CAR SEAT SAFETY</u> – Please contact your local fire department for assistance with safe use of your child's car seat.

<u>CENTER NEWSLETTER</u> – The Center publishes an electronic newsletter through email, on our website and can be mailed to your home at your request. Copies are also available in the Lobby and are posted on the family bulletin board.

<u>CLIENT CONCERNS</u> – Whenever possible, we encourage families to attempt to work through issues with their therapist(s). Recognizing that this is not always possible, please ask to speak to your therapist's manager or our Vice President of Clinical Services to discuss your concerns.

**<u>FAMILY ROOM</u>** – A Family Waiting Room is available at each of our sites and has books and toys to help occupy families while waiting. No food or beverage is permitted in the Family Rooms. Children may never be left unattended.

**FASHION SHOW COMMITTEE** – The Annual Luncheon & Fashion Show is one of our largest fundraising events. Children from our Center are encouraged to show off their achievements on the runway in the outfit or costume of their choice. The day also includes assorted raffles and a professional fashion show. The Fashion Show committee is comprised of parents and friends who help plan and organize this special event. New committee members are always welcome. Please contact the Special Events Manager at 630.282.2031.

**FREE HEARING SCREENINGS** – Hearing screenings are available to anyone age 21 and over at no charge at the Villa Park and Elgin Centers.

**<u>GALA COMMITTEE</u>** – The benefit gala committee hosts the Center's largest fundraising event. This black-tie dinner dance at the Four Seasons Hotel Chicago includes a cocktail reception, assorted auctions, dinner and dancing to a live band. Committee members help determine a theme, décor, menu, auction packages and other event details. New Gala committee members are always welcome. Please contact the Special Events Manager at 630.282.2031.

**INSURANCE and BILLING** – Initial insurance claims for covered services with contracted health plans are filed by the Client Services (billing) Department. Follow-up filings and claims for non-covered services and/or non-contracted health plans require communication between the family and Easter Seals DuPage and the Fox Valley Region. <u>Co-payments must be paid to the Receptionist at each therapy session</u>.

Questions regarding insurance and/or billing should be directed to the Client Services Department which is located at the Villa Park Center. The Client Services Department phone number is 630.620.4433.

If you are at the Villa Park Center and wish to speak to someone in the Client Services Department, please contact the Receptionist to learn if a member of the staff is available. If not, please leave your name and telephone number so that a member of the Client Services Department may contact you as soon as possible.

**INTERDISCIPLINARY STAFFINGS (IDS)** – Interdisciplinary Staffings are scheduled per client/family request or at the recommendation of the therapy team. If you would like to meet with your therapy team at any time, please contact your Case Manager.

<u>KITCHEN</u> – Kitchens at our centers are available for both staff and family use; however, the refrigerators are for staff use only. You are asked to eat and drink in the kitchen only. Please clean up afterwards. A secure lid must cover all hot liquids if transported through the Center and hot beverages may never be transported into therapy rooms or the daycare.

**LOST and FOUND** – A "lost and found" box is available at Reception. Please remember to never your personal belongings unattended.

**NO SHOW FEE** - Failure to contact the Center prior to the time of an appointment will result in a charge of \$25.00 for each occurrence. This charge is the responsibility of the client/family and will not be submitted to any third party payor.

<u>OPTing OUT</u> – In an effort to keep you informed regarding our programs, services, and events, we will send you emailed and mailed materials from time to time. If you prefer to not receive information to either your email and/or home address, please notify our Intake Department and we will mark your files accordingly.

<u>PETS</u> – For the safety and security of our clients, staff and visitors, pets are excluded from all of our Center Buildings. A service animal (as defined by the Americans with Disability Act) is not a pet and, therefore, not excluded.

**<u>PHONE CALLS</u>** – If you need to make a phone call from any of the Center phones, please contact the Receptionist.

<u>PLAYGROUND</u> – A playground is located at the southwest corner of the Villa Park site and the Southeast corner of the Elgin site. Center families are welcome to use these when not in use by our programs. An adult over 18 years of age must accompany the child while on the playground. Please see the Receptionist for a playground pass, which is valid for one hour. No food, drinks or cell phones are allowed on the playground. Reading of books is allowed. You must supervise your child at all times.

**<u>POP/SOFT DRINK and SNACK MACHINES</u>** – At the Villa Park Center, there are soft drink and snack machines located directly across from the kitchen. Unless you are leaving the building, it is requested that all food and beverages be consumed in the kitchen.

# Absolutely no food or beverages are allowed in the Parent Resource Room, Family Rooms or therapy suites.

<u>**READING MATERIALS/INTERNET ACCESS</u></u> - Parent Resources including internet access are available at each center. In Villa Park, they are housed in the Mary Alice D'Arcy Center for Family Services. Please see the Receptionist in Elgin or Naperville for assistance and locations of resources.</u>** 

**RUN FOR THE KIDS COMMITTEE** – Easter Seals DuPage & Fox Valley hosts a familyfriendly 5K Run/2 Mile Walk for all ages and abilities every spring. This superhero themed event encourages participants to sign up as individuals or teams and run or walk in capes and costumes. The morning includes a silent auction, raffle, entertainment and awards for the top finishers and fundraisers. If you are interested in helping plan, promote and recruit participants for the Run for the Kids, please contact the Special Events Manager at 630.282.2031.

<u>SAFETY</u> – To safeguard against injury, cuts, bruises, etc., we require shoes be worn at all times on Center property. EXCEPTION: No shoes should be worn on therapy mats unless you are directed to do so by your therapist. Socks must be worn at all times.

<u>SECURITY</u> – Please do not leave children or other valuables unattended at any time. You must remain onsite during all therapy services and be available in the event of an emergency. <u>Reception cannot be responsible for children during drop-offs</u>. If necessary, please phone ahead to arrange for assistance.

Report any security concerns to Reception immediately.

<u>SERVICE ANIMALS</u> – The Americans with Disability Act defines a service animal as "any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability." In accord with the ADA, Service Animals are permitted to accompany individuals while here for services. Therapy Animals are not Service Animals under the ADA.

Care and behavior management of the Service Animal remains the responsibility of the handler and at no time may the Service Animal be left unattended. Please see policies and procedures posted at the Center for specific infection control, licensing and vaccination requirements.

**SOCIAL MEDIA** – Follow us on Facebook, Twitter, Instagram, Pinterest, and LinkedIn to stay up to date on the latest news, resources and events at Easter Seals DuPage & Fox Valley. Easter Seals DuPage & Fox Valley: @EasterSealsDFVR

<u>SPECIAL EVENTS & ACTIVITIES</u> - Our Organization offers a variety of ways to raise funds and awareness for our programs. Information about these opportunities are promoted at the reception desk, on the lobby video screen, on informational bulletin boards and via social media and email updates. You are encouraged to participate in the events and activities of the Center. For information about upcoming events, please contact the Special Events Manager at 630.282.2031 or email info@eastersealsdfvr.org

TELEPHONE ACCESS FOR CLIENTS WITH HEARING IMPAIRMENT - Please use the Illinois Dual Relay service to contact us (1.800.526.0844).

<u>VOICEMAIL</u> – Confidential voicemail is provided for all staff members. **Please leave** messages regarding canceling an appointment in the General Delivery Mailbox. Please contact the Center as early as possible if you need to cancel a therapy session.

# CLIENT APPEALS POLICY/PROCESS

This policy exists in order to provide all persons receiving non-contract services an avenue to appeal the decision of one or more members of the Center's staff.

Persons served at contract sites must follow the appeal policy of the organization that is contracting services from the Center.

Unless Center management feels there is a well-documented safety concern, the client may continue Center services during the appeals process. Easter Seals DuPage and the Fox Valley Region personnel are prohibited from retaliatory behaviors or actions toward a client/family in response to client family request for appeal.

# PROCESS FOR APPEAL OF THERAPY OR CHILD-CARE RELATED ISSUES

# General Guidelines

- All appeals are to be held **confidential** by all parties involved.
- All requests should be made in writing with a copy of the letter of request to the staff member involved and the member of Center management identified in each step of the process.
- Families may request assistance with this process from their Case Manager, a Parent Liaison or a Social Worker.
- Families may invite an advocate to participate in any step of this process.

Prior to the formal appeals process, we encourage that an informal discussion/meeting between the service provider and client family occur to discuss options/solutions to the current conflicts.

If informal discussion does not lean to client family satisfaction, a formal appeal may be requested.

# Step One: Client Family Meeting with Center Service Provider and Service Provider Manager

- As requested, a parent/client conference will be scheduled with the Center service provider, the service provider's manager and the client family to discuss concerns.
- The Treating Therapist is responsible for scheduling the meeting.
  - Conference will occur within two weeks following receipt of written request.
  - The requesting family will be contacted within two business days of receipt of the written request to obtain scheduling availability.
- Following the conference, staff member(s) will:
  - Complete meeting documentation in the Notes/Contacts section of the electronic medical record.
  - Notify the client's Case Manager regarding the conference outcome.

If parent/client is not satisfied with outcome of the meeting, move to Step Two.

# Step Two: Client Family Meeting with Center Service Provider, Manager and Vice President of Clinical Services

- Parent/client requests a conference by notifying the Service Provider's Department Manager of request, preferably in writing.
- The Department Manager will insure that a conference is scheduled with the Service Provider, Department Manager, Vice President of Clinical Services and the client family.
  - Conferences will occur within two weeks following receipt of written request.
  - The requesting family will be contacted within two business days of receipt of the written request to obtain scheduling availability.
- Following the conference, the Service Provider will:
  - Complete meeting documentation in the Notes/Contacts section of the electronic medical record.
  - Notify the client's Case Manager regarding conference outcome.

# If parent/client is not satisfied with outcome of the meeting, move to Step Three.

Step Three: Client Family Meeting with Center Service Provider, Manager, Vice President of Clinical Services or Programs, and President/CEO

- Parent/client completes an "Appeal Request Form" and formally requests a conference with the Service Provider, Department Manager, Vice President of Clinical Services and President/CEO. Forms are available from the Receptionist.
- The confidential "Appeal Request Form" is returned to the office of the Vice President of Clinical Services.
  - The Vice President of Clinical Services will contact the family to obtain scheduling availability within two business days.
  - The Vice President of Clinical Services, with support from the Assistant to Executive Management, will schedule the meeting which is to occur within two weeks of receipt of that written request.
- Following the conference, the Service Provider will:
  - Complete meeting documentation in the Notes/Contacts section of the electronic medical record.
  - Provide family with a copy of the meeting documentation and record disclosure in Notes/Contacts section of the electronic medical record.
  - Notify the client's Case Manager regarding conference outcome.

In the event that the client family remains dissatisfied with conference outcome regarding patient care decisions, external review is offered through review by a subcommittee of the Medical Advisory Board (MAB).

#### Step Four: Review of Case by Medical Advisory Board (MAB) Subcommittee

- Client family should notify the Vice President of Clinical Services in writing of a request for review by the MAB.
- The Vice President of Clinical Services is responsible for convening a subcommittee of the Medical Advisory Board to review the client family appeal.
  - The client family is contacted within two business days of receipt of the written request for MAB review to advise the client family of the date of the next regularly scheduled MAB meeting.
  - The subcommittee will meet at the end of a regularly scheduled MAB meeting. No Center staff will participate in the meeting.
- Prior to the meeting, MAB subcommittee members are provided with a copy of the client family's Appeal Request Form, pertinent Treatment Plans and Progress Summaries, and notes from previous conferences for review.
- After reviewing documentation, the subcommittee will discuss the case and generate recommendations.
- Recommendations are presented to the Vice President of Clinical Services following the discussion.
- The Vice President of Clinical Services will document MAB recommendations in the Notes/Contacts section of the electronic medical record and will notify the Service Provider, Department Manager, and Case Manager of meeting outcome.
- The Vice President of Clinical Services will notify the President/CEO of the MAB recommendations and generate a letter to the client family summarizing the recommendations of the MAB. A copy of the letter will be forwarded to the Clinical Services professional for scanning into the electronic medical record.
- Decisions of the Medical Advisory Board Subcommittee are final.

#### PROCESS FOR APPEAL OF FINANCIAL ISSUES

- Every effort must be made by all parties to keep appeals confidential.
- Client family completes an Appeal Request Form (available from the Receptionist) and formally requests that the Finance Committee review their concern. The confidential form is returned to the President/CEO's office and forward to the Chairman of the Finance Committee.
- <u>Prior to the Meeting</u>: Client family and Center personnel present relevant information in writing on the Appeal Request form.
- The Finance Committee reviews documentation, consults appropriate Center policies, and discusses case. If requested by the client family or personnel, an opportunity to offer further information in person is afforded.
- <u>Following the Meeting:</u> The decision of the Committee is discussed with the family as soon after the meeting as possible but not more than ten (10) business days later. The decision of the Finance Committee is final.
- A meeting report is completed by the Chairman of the Finance Committee, or designee, and scanned in the client's file

#### INVOLUNTARY DISCHARGE POLICY

A critical element for successful service outcomes is the trust that is shared between the provider of these services and the client/family. Various issues can affect this trust in a negative manner. These elements include, but are not limited to, the following:

- Lack of respect for the service provider, other clients, and/or the facility.
- Failure to respect the rights to privacy and confidentiality of other clients and staff.
- Failure to follow the rules that enable the facility to be a healthy, safe, secure and accessible environment.
- Failure to attend scheduled therapy services in accord with attendance policies.
- Disagreement regarding goals and procedures for the services provided.
- Lack of responsibility to ensure payment for services being provided.
- Abuse, in any form, of the facility, its staff members, visitors or clients.
- Fraudulent acts which may put the facility or its service providers at legal risk.

It is the policy of Easter Seals DuPage & Fox Valley to discharge a client when one or more of the above behaviors occur and are viewed by Easter Seals DuPage & Fox Valley Administration (i.e. President/CEO, V.P. of Clinical Services, V.P. of Development) as having a negative affect between the service provider and the client.

In such an event, Easter Seals DuPage & Fox Valley Administration has the right to discontinue the provision of services and may make suggestions in the identification of alternative services for the client. The client has the right to use the Appeal procedures should they disagree with a decision of ESDFV staff.

# ACCIDENT, ILLNESS, ABUSE/NEGLECT REPORTING

#### State of Illinois Abused and Neglected Child Reporting Act

Easter Seals DuPage & Fox Valley complies with State requirements in acknowledging that staff, employees, and volunteers are mandated to immediately report all instances of suspected child abuse or neglect to authorities as required by the <u>State of Illinois Abused and Neglected Child Reporting Act</u>. This confidential report is filed with the Department of Children and Family Services (DCFS) and needs only to indicate suspicion, not proof of harm.

# Reporting of Accidents and/or Illnesses

In cases of communicable diseases, the Center must comply with the DuPage and Kane County Health Department regulations regarding the reporting of communicable diseases.

All questions related to issues of communicable disease are directed to the DuPage or Kane County Health Department, Nursing Department.

All accidents or illnesses occurring while a client is attending a Center Program must be documented in the client's case record using an Incident Report.

An oral report must be given to the client's parent/legal guardian as soon as possible after the incident.

Copies of all Incident Reports are reviewed by Clinical Department Leadership and appropriate action then taken. All Incident Reports are also reviewed by the Center's Director of Quality Services and Education to look for trends, recommend staff training and develop action plans, when appropriate.

# CONTROL OF INFECTIOUS AND COMMUNICABLE DISEASES

The Center has an infection control program designed to minimize the possibility of infection through control and recognition of environmental infection hazards. The following are key steps in this disease control program:

#### Routine Pre-treatment Assessment:

Therapists will not treat clients with the following conditions and therapists should not treat patients if he/she has any of the following conditions:

- Open or infected wounds (not under treatment)
- Severe upper-respiratory infection, cough or sore throat
- Gastro-intestinal upset evidenced by abdominal pain, nausea, vomiting or diarrhea (in the past 12 hours)
- Temperature over 100° (in the past 24 hours)
- Rash or skin eruptions (until diagnosis)
- Head or body lice
- Any infections not under treatment

Center staff will cancel the treatment of a client exhibiting any of the above conditions and discuss concerns/rationale with the client's parents. The therapist will encourage the client family to make an appointment with his/her family physician, if appropriate.

This should be done as soon as possible to prevent illness from spreading to other children. In most cases, a written release to return to therapy should be obtained from the physician, if possible.

Any therapy staff member should seek the advice of their manager, the V.P. of Clinical Services, or Director, Quality Services, if unsure of the client's health or uncertain as to the best method for handling the situation.

In cases of communicable diseases, the Center must comply with the DuPage and Kane County Health Department regulations regarding the reports of such diseases.

#### Routine Hygiene:

All personnel must wash their hands thoroughly between clients and following contact with any body fluid. Clients and visitors are asked to follow the same precautions.

#### Diaper Disposal

Soiled diapers must be sealed in a plastic bag (available in Rest Rooms) before disposal in Restroom trash cans. Diapers should not be disposed of in other areas of the buildings.

# Disinfection of Therapy Toys and Equipment:

Therapy equipment (mats, balls, bolsters, etc.) is sanitized not less than daily. Small toys and feeding equipment are thoroughly washed and sanitized between clients. Please notify your therapist if you have a concern that equipment needs care.

Please do NOT allow your children to play with or on therapy equipment.

# CLIENTS RIGHTS AND RESPONSIBILITIES

### These rights and responsibilities apply to clients, their families and/or guardians served by Easter Seals DuPage & Fox Valley.

# YOU HAVE THE RIGHT:

- Not to be denied participation in services based on the grounds of race, color, creed, sex, national origin, disability, religion or age.
- To respectful and considerate care, and to ask questions when you do not understand or would like additional information.
- To reasonably expect complete and current information concerning your condition from staff members responsible for your care and welfare.
- To know by name and specialty, if any, the staff members responsible for your care.
- To consideration of your privacy and individuality, and to be treated with consideration, respect and full recognition of your dignity and individuality.
- To respectfulness and privacy as it relates to your treatment program.
- To expect a reasonable response to your requests.
- To expect reasonable safety insofar as Center practices and environments are concerned.
- To be reasonably informed, prior to or at the time of service, of all services available at Easter Seals DuPage and the Fox Valley Region and the related charges.
- To be afforded the opportunity to participate in planning your treatment program and to refuse to participate in any treatment.
- To the maintenance of confidentiality.
- To request consultation at your own expense or to request an in-Center review of your treatment plan.
- To have your rights explained to you in a language that you understand.

### YOU HAVE THE RESPONSIBILITY:

- To be honest about matters that relate to you as a client.
- To attempt to communicate and participate in the therapy process in order to understand your/your child's needs.
- To attempt to follow the directions and advice offered by the staff.
- To report changes in your condition to those responsible for your care and welfare.
- To be considerate and respectful of the rights of both fellow clients and staff.
- To honor the confidentiality and privacy of other clients.
- To notify the Human Rights Committee via the President's office if you feel your rights are/have been violated.
- To assure that the financial obligations of your health care are fulfilled as promptly as possible.
- To follow Center policy and procedure affecting your care and conduct.

#### **RIGHTS OF MINORS**

Easter Seals DuPage & Fox Valley employees are classified as mandated reporters in Illinois. In all cases where there is an unresolved concern regarding the rights or treatment of a child and the rights of his/her parents and/or guardian, Easter Seals DuPage & Fox Valley must consult with the Illinois Department of Children & Family Services.

Revised 8/06; Revised 1/07; Revised 6/07; Revised 11/08; Revised 9/09; Revised 3/10; Revised 7/10; Reviewed 8/11; Revised 4/13; Revised 1/15; 10/15; Revised 4/16

# Health Information Form for Children



#### A. IDENTIFICATION

Name				In Case of Emergency Notify:				
Date of Birth		Sex: O Male O F	female	Name				
Height Wei	ight	Eye Color	Blood/RH Type	Relationship	Phone			
Mother's Name				Obstetrician	Phone			
Address				Pediatrician	Phone			
City		State	Zip	Other Physician (Indicate Specialty)	Phone			
Home Phone		Work Phone		Pharmacy	Phone			
Father's Name				Other	Phone			
Address				Other	Phone			
City State		State	Zip	Other	Phone			
Home Phone		Work Phone		Other	Phone			
Languages Spoken				Other	Phone			

#### B. BIRTH DATA

Hospital
Weight
Length
Physician
Perinatal Problems
Apgar Score



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### C. HEALTH LOG

Chronological account of chronic, recurrent, or significant acute illness or injury, including birth defects, surgical procedures, ear infections, and the like.

Date	Nature of Health Problem	Remarks
		(Examples: medications, special tests, x-rays, length of hospital stay, surgery, etc.)

# D. ALLERGIES/DRUG SENSITIVITIES

Allergy/Sensitivity Type (include medications, foods, environmental, or other)	Reaction	Date Last Occurred	Treatment

#### Health Information Form for Children



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E: M E D I C A T I O N S (Prescription/Nonprescription) Update Regularly

Note: Include all prescription medications, over-the-counter medications (taken on a regular basis), vitamin supplements, and herbal remedies.

Current Prescriptions: Name/Dose/Frequency	Date Started	Quantity Number	Stop Date	Prescribed By	Prescription Date	Prescription Number	Allergic Reaction	Comments
							1	

Health Information Form for Children



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#### F. INFECTIOUS DISEASES

Disease	Age	Date	Remarks
Chicken Pox			
Hepatitis			
Measles			
Mumps			
Pertussis / Wheeping Cough			
Pneumonia			
Polio			
Rubella			
Scarlet Fever			
Other			

G. IMMUNIZATIONS			BOOSTER 1		BOOSTER 2		BOOSTER 3	
Immunization for	Age	Date	Age	Date	Age	Date	Age	Date
Diphtheria								
Hepatîtîs B								
Measles								
Mumps								
Pertussis / Whooping Cough								
Polio								
Rubella								
Smallpox								
Tetanus								
Tuberculosis								
Typhoid								
Other								



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# H. GROWTH AND DEVELOPMENT INFORMATION

Date	Age	Weight	Height	<b>Functional Status</b> (Examples: walking, talking, socialization)
		·		