



PROVIDER MANUAL

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Attachments

- A. Helpful Numbers
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Website Resources

Texas Rules and Statutes:

<http://www.dshs.state.tx.us/rulesregs.shtm>

<http://www.dads.state.tx.us/rules/index.html>

<http://www.sos.state.tx.us/tac/index.shtml>

Texas Resilience and Recovery (TRR) Utilization Management Guidelines:

<http://www.dshs.state.tx.us/mhsa/trr/>

BTCS Website: <http://www.bbtrails.org>

Consumer Population

Introduction

This Provider Manual in conjunction with the Provider Network Agreement outlines the procedures and guidelines that providers must follow to participate in the Provider Network of Bluebonnet Trails Community Mental Health and Mental Retardation Center dba Bluebonnet Trails Community Services (BTCS). BTCS reserves the right to interpret any term or provision in this manual and to amend it at any time to the extent that there is an inconsistency between the manual and the provider contract. BTCS reserves the right to interpret inconsistencies and said interpretation shall be binding and final.

Provider Manual for Community Mental Health and Intellectual and Developmental Disability Providers, ECI Providers and Autism Service Providers.

BTCS has developed this Provider Manual to be better prepared to work with our external network of service providers. As a network provider you are a stakeholder with BTCS and the individuals served in the successful service delivery of Behavioral Health and Intellectual and Developmental Disability Services to the residents of Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee and Williamson Counties and beyond. We must work together in a cooperative manner to provide optimal care while being fiscally responsible.

This Provider Manual is an effort to develop the basis for a coordinated and consistent working relationship. As BTCS moves into the role of payor for and manager of the delivery of services we wish to establish clear expectations and reasonable guidelines for working together.

In the age of managed care and financial constraints it is more important than ever to develop competent and qualified provider network credentialed to properly serve our Consumers. We view this Provider Manual as one small step in that direction.

Bluebonnet Trails Community Services

Vision...

Healthy and fulfilled lives

Mission...

Supporting communities through a sustainable system of care, improving the health and independence of the persons and families we serve.

Values...

The Center's Board of Trustees, administration and employees will know the vision is being approached when:

- Decisions related to the use of resources shift more toward persons we serve and family members.
- Systems of accountability to the persons the Center serves are developed at the community level and integrated into the Center's operations.
- New options are created for persons we serve to meet common human needs for jobs, homes and services in their chosen communities.
- Persons served by the Center and their families are actively involved in designing the system of services and supports.
- Partnerships are developed resulting in a system that is innovative and meets or exceeds the expectations of the persons whom the Center serves.
- We treat each person we serve, families, our communities and each other with respect.

Characteristics of a Successful Healthcare Organization

BTCS recognizes the presence of powerful forces which are impacting today's healthcare and human service environment: realities must be addressed when shaping the way, we conduct business. Success, perhaps even survival, will be established by Providers demonstrating all of the following characteristics:

- An understanding that excellence in the delivery of service must consistently be provided: excellence, that is, as defined by all stakeholders - the individual served, the payor of service, as well as the provider.
- A recognition that the individual served and the payor drive the system.
- An understanding that individuals served /payors expect outcomes and value, not just good intent and hard work.
- A realization that being customer sensitive in all dimensions of organizational operations is an uncompromising necessity.
- A belief that progressive healthcare and human service organizations must focus on fostering customer empowerment and less on "controlling" persons with healthcare and other social/economic conditions.
- An unrelenting commitment to practice in concert with sound principles of business, while recognizing that adhering to an organization's mission, vision and values is likewise essential.
- A recognition that progressive organizational performance requires good information systems; that is, the capacity for all organizational stakeholders to know in a timely, unobtrusive and user-friendly manner what is and is not occurring as the result of operations.
- An organizational environment which empowers its human resources to realize the potential that exists in everyone.
- An organizational culture that fosters continuous quality improvement at all levels of the organization.

Business Code of Conduct Summary

BTCS's Business Code of Conduct is for staff of BTCS, Vendors and its Provider Network and has been adopted to promote and maintain the highest standards of personal conduct and professional standards among its members. Providers must promote this code, thereby assuring public confidence in the integrity and service of BTCS and the Providers within its Network.

As a member of BTCS's Provider Network, you pledge yourself, your staff and/or your organization to:

- Maintain and deliver services in an environment with the highest ethical, legal, and professional standards and personal conduct.
- Support the organizational Mission and Values.
- Improve public understanding of Community Mental Health and Intellectual and Developmental Disability services.
- Strive for personal growth in the field of Community Mental Health and Intellectual and Developmental Disabilities.
- Comply with all laws and regulations pertaining to Community Mental Health and Intellectual and Developmental Disability services, along with ECI and Autism Services accounting and reporting, and third party billing.

- ❑ Maintain the confidentiality of privileged information.
- ❑ Instill in those served, and the community, a sense of confidence about the conduct and intentions of the organization.
- ❑ Maintain loyalty to the organization and pursue its objectives in ways that are consistent with the public interest.
- ❑ Refrain from using one's position to secure special privilege, gain, or benefits for self.
- ❑ Treat individuals served in a manner that preserves their dignity, respect, autonomy, self-esteem and civil rights.
- ❑ Report any suspected ethics, rights, and/or compliance issues appropriately.

If you have any questions regarding the business code of conduct or if you feel that a staff or contracted provider of BTCS' mental health system has committed an ethical, rights, or compliance violation, please contact BTCS' corporate compliance officer, Amy Bodkins at Amy.Bodkins@bbtrails.org

As a Provider for BTCS, you join a team of professionals dedicated to the management and delivery of medically necessary services. Our mutual goal is to ensure that Consumers have timely access to the most appropriate and least restrictive care possible in the most caring, sensitive and confidential manner possible.

Target Populations

1. Adults - with a diagnosis of Major Depressive Disorder, Schizoaffective Disorder, Bipolar Disorder, Schizophrenia
2. Children and Adolescents - children ages 3 through 17 with a diagnosis of mental illness (excluding a single diagnosis of substance abuse, mental retardation, autism or pervasive developmental disorder) who exhibit serious emotional, behavioral or mental disorders and who:
 - have a serious functional impairment; or
 - are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or
 - are enrolled in a school system's special education program because of a serious emotional disturbance.
3. Authorized Adults or children with other diagnoses (priority populations)
4. Individuals with Intellectual Developmental Disabilities
5. Individuals with Autism and Pervasive Developmental Disorders
6. Infants (birth to 3 years of age) who have a significant developmental delay and/or a medical diagnosis that has a high probability of resulting in a delay.

Network Participation

Bluebonnet Trails Community Services (BTCS) is the Texas Department of Health and Human Services Intellectual and Developmental Disability and early childhood intervention (ECI) local authority established to plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based mental health and intellectual and developmental disability services for the residents of Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee and Williamson Counties, Texas and ECI services for Bastrop, Burnet, Caldwell, Fayette, Lee and Williamson Counties. The HHSC Performance Contracts require BTCS to develop a network of Providers to ensure choice, when appropriate, for individuals receiving services. BTCS contracts with individuals including, but limited to, licensed psychiatrists, psychologists, nurses, social workers, counselors, and speech, physical and occupational therapists as well as providers of foster care, respite, supported home living/community supports and supported employment. Our goal is to create a collaborative relationship with our providers. BTCS believes that the key to quality care and satisfaction is a very informed, high-quality network. All providers must meet certain expectations prior to providing services.

All Applicants:

1. Documents. Applicants must provide specific documents with their applications. Once contracted, it is the Provider's responsibility to ***maintain current documents with BTCS at all times***. In order to be included in our network of providers, the applicant must meet the minimum requirements for the position being considered as well as the following requirements:

- A valid Texas Driver's License or Texas ID
- Social Security card.
- High School Diploma, GED, or complete the competency exam and provide three (3) written references from individuals who are not family members.
- Resume
- Homeowner's or Renter's Insurance when services are in the Provider's home
- Automobile Insurance
- Three Year Driving Record
- DARS Certification (Supported Employment Providers Only)

Professional Services Providers (physicians, nurses, counselors, therapists):

- Diploma
- Resume
- Professional License/Certification
- Professional Liability Insurance (\$1 million each claim/\$3 million aggregate)
- DSHS Training (CBT Providers Only)

Physicians and Advance Practice Nurses also require:

- DPS Certificate
- DEA Certificate
- Board Certificates
- NPI Letter of Acceptance
- Copies of Residency, Internship and Fellowship
- Three references (name, phone, address)
- Place of birth

2. **Background Clearances.** All providers will have a background screening completed prior to contracting. Any applicant who has lived in Texas less than two (2) years and all ECI applicants must obtain a fingerprint background screening at their own expense. Our background screening includes:

- Department of Public Safety Criminal Background (at initiation of contract and annually thereafter). Some convictions will bar an individual from providing services to BTCS consumers.
- CARE Client Abuse and Neglect (annually)
- Employee Misconduct Registry (annually)
- Nurses Aid Registry (annually)
- Texas Department of the Inspector General Exclusions List (monthly)
- U.S. Department of the Inspector General Exclusions List (monthly)

3. **Training.** All Providers are required to have some form of training. The Provider may obtain the state-required training and additional Authority-required training through BTCS, or Provider may obtain training from another entity that provides equal training requirements (deemed status) and must provide documentation of such training to Authority. Deemed status from training requirements or other customary contract expectations may be available to contractors meeting particular standards as follows:

- JCAHO
- Holders of a professional license

- Physicians
- Documentation and curriculum review of previous training as required for ICF- MR or HCS programs

The Provider must complete all required training prior to the provision of services and must remain current on all training. Time spent on training whether it is initial, annual or supplemental will not be reimbursed by the Authority as this is an expectation of contracting.

Much of the training provided by BTCS is web-based in Careermap2 (CM2). The Contracts office will set this up for the Provider.

Basic Required Training:

- Client Rights - CM2 contract initiation & annually
- Cultural Diversity - CM2 contract initiation
- Documentation — CM2 contract initiation
- Infection Control - CM2 contract initiation and every two years
- Professional Code of Conduct - CM2 contract initiation and every two years
- HIPAA - CM2 contract initiation
- Medicaid Fraud - CM2 contract initiation

Additional Training for Intellectual and Developmental Disability Providers:

- Restraints and Seclusion

Additional Training for Mental Health Providers for specific positions:

- MH Screening and Crisis Intervention - by staff, contract initiation/annually
- Documentation and Record keeping - CM2 contract initiation
- Principles of Crisis Intervention - CM2 contract initiation & annually
- COPSD - CM2 contract initiation & annually
- Child Development
- TRR Utilization Management Guidelines, Uniform Assessment, Treatment Planning and Documentation,
- Skills training - (MH TRR/CM/Rehab/Wraparound/Skills Training) CM2 contract initiation
- Medicaid Rules
- PMAB (Prevention and Management of Aggressive Behavior) - CM2 contract initiation & annually
- Clinical supervision by an LPHA including chart reviews Special Training:
- BTCS database program (Anasazi)

Non-Traditional Family-Chosen In-Home Respite Provider:

- Training is found in the Provider Training Manual specifically developed for this contracted service and issued to the Applicant when applying to provide the

service.

- A competency test is provided at the same time and information for completing the test may be found in the manual.

Other training will be provided at the Center and Program level specific to the service and the consumers.

4. Credentialing/Re Credentialing of professionals. A Provider must be credentialed before joining the network. Thereafter, health care professionals are credentialed every three years. Our credentialing program is a systematic process of assessing, reassessing and validating the qualifications and practice history of a health care professional against defined participation criteria. Providers who are credentialed include:

- Licensed Practitioner of the Healing Arts (LPHA) includes the following:
- Physician (M.D. or D.O.)
- Advanced Practice Nurse (APN)
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC), and Licensed Marriage and Family Therapist (LMFT).
- Licensed Speech, Occupational Therapists and Dieticians

The minimum criteria to become credentialed includes but is not limited to:

- Graduation from an accredited professional school applicable to the applicant's degree, discipline and licensure.
- For physicians, completion of residency training in psychiatry and board certification.
- Malpractice insurance in amounts specified in the Network Agreement.
- Submission of an application containing all applicable attestations, necessary documentation and signatures.
- Current unrestricted license.
- Absence of current debarment or suspension from state or federal programs.

5. Notification of status changes.

Providers are required to notify BTCS in writing within 14 days of any changes related to the following circumstances:

- Change of address, billing location, telephone number, e-mail address or fax number.
- Change in professional liability insurance.
- Change in automobile or home insurance.
- Status change of professional licensure, such as suspension, restriction, revocation, probation, termination, reprimand, inactive status or any other adverse situation.
- Change in tax ID number used for claims filing.
- Malpractice event.

Correspondence regarding changes may be faxed to the contract office : 512-244-8261.

Once a contract is executed and the provider has completed all training, their name will be added to the Provider Network List. Consumers then may choose from the list the provider they wish to have provide the service for them. For this reason, BTCS cannot guarantee any number of referrals to the contractor for their services.

Consumer Choice and Referrals

BTCS, as the local mental health Authority and LIDDA, strives to provide our consumers choice in quality mental health, intellectual and developmental disability, and early childhood intervention services. Where applicable, consumers will have the choice of two (2) or more providers to select from as a service provider. Consumers will only be auto-assigned by BTCS to a Provider if the consumer does not select a Provider.

Authorization and Re-Authorization Standards- Mental Health Services: The details regarding the description of the service, expected outcomes, admission criteria, continued stay criteria, exclusionary criteria, discharge criteria, and treatment activities can be found in the TRR Utilization Management Guidelines located at: <http://www.dshs.state.tx.us/mhsa/trr/>
All Authorizations and Re-Authorizations will be issued by BTCS staff within the service limits of these standards. These standards will be reviewed and modified by BTCS UM staff from time to time.

The authorization/reauthorization process:

1. Reauthorizations must be requested within two (2) sessions or two (2) weeks, whichever comes first, of the expiration of the current authorization.
2. The Provider clinician submits documentation requesting reauthorization and demonstrating continued need for services.
3. Within seventy-two (72) hours of submission to BTCS, BTCS will either approve and authorize services to the provider or disapprove services based on provider input.

Services are not approved if medical necessity is not established or if services are not deemed therapeutically appropriate.

If services are not medically necessary, the Provider will, within seventy-two (72) hours, send a letter to the consumer explaining the decision. This letter will outline the appeal process and remind the consumer of the 24-hour emergency number.

Non-Traditional In-Home Respite: Once all requirements for providing the service have been received and the contract has been executed, the Non-Traditional In-Home Respite Provider will be sent an Authorization form and information on the amount of respite that is approved for the designated consumer that is being served.

Documentation

Providers are required to document service provision on the BTCS-approved Treatment Plans and Service Records unless authorized to enter information directly into the Center's database system (Anasazi). Whether entering directly into Anasazi or submitting paper Service Records, the Provider must follow the time-lines for submission according to their contract. When submitting paper versions of the Service Record, only original documents will be accepted. Service Records must be written in pen and must only be written by the person contracted to perform the service. White-out is not allowed. When a mistake is made, the Provider must draw a single line through the error and initial it. All documents pertinent to the contract, including consumer records, must be maintained by the Provider for a period of six (6) years.

Submitting Billing and Payment of Services

Payment for services must be submitted on the standardized BTCS Invoice unless otherwise authorized. Invoices must be submitted in the time frame according to the Provider's contract. Providers who are authorized to enter service records electronically will be paid based on the information that the Provider enters into the system. Paper invoices must include the rate that is stated in the Provider's contract and should be submitted to the person designated on the Provider's contract. If no person is designated, the Provider should submit the Invoice to the data entry clerk at the local center where the consumer receives services.

There may be situations when Providers may not be paid for certain services. These reasons may include but are not limited to: Submitting paperwork past the required time-frame, providing an unauthorized service, service time overlap, inconsistency in dates and times or if there is evidence that the service was not actually provided. It is crucial that the Provider be aware whether the service was authorized prior to providing the service. The Provider should carefully review their Service Records and Invoices before submission.

BTCS pays Providers on a monthly basis and will only pay through direct deposit. It may take one billing cycle before the first payment is direct deposited. In this event, the first payment will be mailed to the address the contractor has provided on their W-9. Payment will be made within thirty (30) days following the month in which an undisputed, accurate, complete invoice with all required supporting documentation is received by BTCS.

Utilization and Management Procedures

Utilization management reviews are conducted for all levels of care with all Network Providers. The goal is to formally review the Consumer's clinical record to ensure quality behavioral health services are being provided at the most appropriate level of care, in the most clinically appropriate setting, in the least restrictive environment, by the most appropriate provider in the most cost effective manner possible.

An authorization decision (authorization or denial of authorization) will occur:

1. With the initial request for care from the Case Manager or intake worker;
2. When further care is requested based upon a review of medical necessity therapeutic appropriateness and the Treatment Plan Update;
3. Significant change in Diagnosis or Level of Functioning;
4. Upon review of an emergency admission to an acute care facility/hospital; or
5. Before admission to Detox/Rehab/Crisis Stabilization facility/partial hospital program or intensive outpatient program.

Complaints and Grievances

It is the policy of BTCS that all individuals have the right to a fair and efficient process for resolving disagreements regarding their services and supports managed or delivered by BTCS or the provider network.

Consumers shall not be denied services and supports for arbitrary or capricious reasons, but do need to meet the definitions and criteria of medical and clinical necessity as well as priority population.

All consumers are to be informed of the complaint/grievance process orally and in writing at the time of initial service and the subsequent avenues available if they are not satisfied with decisions regarding services and supports received.

1. Complaints from Consumers
 - a. Provider must inform consumers that they may file a complaint with BTCS specific to services delivered regarding the Provider by contacting his or her designated BTCS Case Manager/Service Coordinator.
 - b. Consumers may also call the BTCS's Rights Protection Officer with suspicions of rights violations, abuse, neglect or exploitation at 512-244-8324.
 - c. Consumers may also call the Department of Family and Protective Services Hotline at 800-252-5400 or www.txabusehotline.org to report allegations of abuse and neglect.
2. Complaints from Provider. BTCS desires a successful partnership with Providers to best serve the consumers in need. To this end, BTCS encourages Providers to call with concerns, problems and complaints regarding the BTCS's **operations and** interactions with Provider. Complaints should be directed to Contract Services Department at (512) 244-8258. Every effort will be made to address the issues involved.
3. Filing an Appeal of Non-Authorization of Services. An appeal may be initiated by phone but the follow up must be in writing and must be received within fifteen (15) days from the date of the original determination. There are no specific documents required to initiate an appeal; however, the Consumer may be requested to complete a release of information form if medical records are needed.

Upon return of this form, the Utilization Management Department will request the medical records from the appropriate provider(s). Upon receipt of an appeal, the Utilization Management Department personnel will obtain all information necessary for the appeal and record the process. The information will then be forwarded to a **"reviewer"**. The review will

be conducted by an individual who has not previously reviewed the case.

4. Care not deemed medically necessary. Current Access and Authorization regulations do not allow for Consumers referred by BTCS to be held responsible or billed for any denied services.

Quality Improvement

Quality Management Program activities for BTCS are coordinated by the Quality Management Department. The Department includes the Director of Quality and Utilization Management, Utilization Management Manager, utilization review specialists, an auditor, and support staff. The Quality Management Department provides the common thread amongst all of the committees and assures that information is reviewed by the Senior Management Team.

The Quality Management Program of BTCS provides the structure for the Local Authority and network of providers to:

- evaluate the efficiency of the organizations functioning
- evaluate services provided to our consumers through the network of providers
- evaluate services provided by the authority
- set goals and objectives for the organization to improve services
- ensure compliance with all laws, rules, policies and procedures for service implementation and billing
- conduct self-assessment activities
- conduct planning activities
- assure compliance with Texas Resilience and Recovery by assuring services are ongoing, match the needs of the individual, are focused on recovery, and guided by evidenced-based protocols and a strength-based model of service

The Quality Improvement (QI) program monitors and systematically evaluates the case management process as well as the care delivered by Providers according to the QM/UM plan. The approach is clinically directed as it focuses on the appropriateness and quality of care.

The goal is to ensure that cost-effective quality care is provided to all those accessing services. The Quality Improvement program coordinates the review and evaluation of all aspects in delivering of care, Components include:

- *Problem*-focused studies
- Continuous monitoring of key indicators
- Medical records review
- Assessment of access and availability
- Customer satisfaction surveys
- Provider satisfaction surveys

- Accreditation Reviews

QI assessment and summary reports are made to the Quality Improvement Committee, Corporate Compliance Committee, senior management, and Providers (when appropriate) in order to identify problems, develop resolutions, and provide adequate follow-up.

Providers are required to support BTCS's Quality Improvement/Management Program, be familiar with the guidelines and standards, and apply them in clinical work. Specifically, Providers are expected to demonstrate:

- Adherence to all BTCS policies and procedures, including those outlined in this manual.
- Communication with the consumer's primary care physician or specialists as warranted (after obtaining a signed release).
- Adherence to treatment record standards.
- Timely response to inquiries by BTCS staff.
- Cooperation with BTCS complaint process.
- Adherence to continuity-of-care and transition-of-care standards when the consumer's benefits are exhausted or if Provider leaves the network.
- Cooperation with on-site audits or requests for treatment records.
- Timely return of completed annual provider satisfaction surveys when requested.
- Participation in treatment plan reviews or sending in necessary requests for treatment in a timely fashion.
- Submission of claims with all requested information completed.
- Adherence to consumer safety principles.
- Compliance with state and federal laws, including confidentiality standards.

Provider Reviews

Provider reviews are used to compare results across a peer group or to set a standard or expectation. It can be used as part of the selection and retention guidelines of provider network. Reviews are used in decisions about referrals and as an indicator for intensity of utilization or quality review. Contract Services will use data as a consideration in rate negotiation and as a tool to focus quality improvement efforts and related training/development.

Some of the Profile Elements may include:

Cost of care

- Per case
- Per admission

Care Access Elements

- Timeliness

- Hours of availability
- Related communication/notifications

Denials

- Types of denials
- Denial disposition

Customer diagnosis and acuity

- Severity of illness indicators
- Demonstrated competencies for authorization of care

Customer satisfaction elements

- Complaints
- Survey ratings

Documentation quality control elements

- Timeliness of required components
- Required data elements
- Clinical pertinence of content

Other quality elements

- Performance on key quality indicators
- Compliance to Standards of Care
- Outcome performance measurements

Volume of activity

Source and disposition of referrals and discharges

Utilization management interface

- Adherence to policies and procedures
- Complaints
- Billing practices
- Timeliness/frequency
- Accuracy
- Completeness

Statement of Confidentiality

It is the expectation of BTCS that all Providers comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act ('HITECH'), the Federal, the Privacy Rule (45 CFR Parts 160 and 164) and the Federal regulations contained in 42 CFR Part 2 governing the confidentiality of alcohol and drug abuse records. BTCS is committed to keeping all personal health information; documents disclosures and data confidential. Access to any Consumer records will be exclusively limited to BTCS staff and those who are under contract to perform appeal and/or reviews.

BTCS is committed to keeping all Provider information, documents disclosures, and data confidential. Due to the public nature of our business, data collected and published for the stakeholders' meetings is

available to others under the Freedom of Information Act. This information will be presented in summary form only with no identification of individual customers.

Network Monitoring

BTCS's Contract Services and Quality Management are responsible for routine monitoring to ensure the Provider complies with the terms of this Provider Manual and the Provider Agreement and to ensure that outcomes are appropriately managed. Upon no less than ten (10) days prior written notice by BTCS, Provider shall participate in an audit which may include on-site inspection of current records conducted to verify that Provider is complying with BTCS standards. Provider shall furnish such current administrative policies and procedures, data and/or documentation as the auditing entity may reasonably request. In the event deficits are found, BTCS reserves the right to **re-audit Provider's site to ensure remedial efforts** for improvement have been implemented. Following on-site audits, BTCS will deliver to the provider a list of comments with regard to the manner in which services are being provided. Failure to provide a plan of improvement, and correction (or justification for lack of action) within a reasonable time as specified by the BTCS may result in sanctions.

Other aspects of the Provider Network are also monitored. This includes, but is not limited to, Provider changes and updates, re-credentialing, staff competencies (documentation of training as well as the determination of current competencies), environment of care, consumer rights, geographic and specialty access, Provider relations activities and the Provider's compliance to care standards and outcome performance measurements.

To keep Provider Network files current, the Provider is responsible to provide re-credentialing and competency, accreditation, licensing, liability insurance, inspection reports, and plan of correction information within the defined timelines. When BTCS receives the new information, they will update the data system and add the documentation to the Provider's file. Failure to submit current copies of expired items may result in suspension of payments until the current documentation is received.

Providers can help keep files current by notifying Contract Services of new practice affiliations, changes in address, phone numbers or licensure, and facility or program involvement. Information can be submitted by faxing, mailing or scanning and e-mailing.

Sanctions, Appeals and Contract Termination

1. BTCS shall take punitive recourse for actions that pose a hazard to consumers or potentially violate services guidelines.
2. Penalties/Sanctions. The failure of the Provider to perform any responsibility set forth in this manual, the signed Provider Agreement, its exhibits or attachments, or any law, regulation, rule or requirement incorporated by reference may result in any one or more of the following to be imposed or taken by the BTCS, subject to notice as provided herein:
 - a. Submission of a Plan of Correction to BTCS;
 - b. Return of funds to BTCS
 - For serving unauthorized persons with funds subject to the Provider Agreement
 - For using funds for unauthorized purposes, and

- For overlapping billings
 - c. Withholding by BTCS, in whole or in part, any payments due and owing to the Provider until the Provider has cured the breach of contract to the satisfaction of BTCS;
 - d. Legal action to protect or remove consumers when the life, health, welfare, or safety of the consumer is endangered, or could be endangered or if BTCS has a reasonable belief that the Provider has engaged in the misuse of state or federal funds, fraud, or illegal acts;
 - e. If BTCS is able to demonstrate a direct link between a sanction or penalty imposed upon BTCS by any State Agency due to Provider's performance, Provider will refund/reimburse/remmit to BTCS those portions of the sanction/penalty assessed to BTCS. Examples of such instances would be documentation chart audits, CARE accuracy, failure to report accurate and timely information/data, and etc.
 - f. Suspension or withholding of new referrals until performance deficiency or breach is cured to the satisfaction of BTCS; and/or
 - g. Termination of Provider Network Agreement.
3. Imposition of Penalties. Providers should refer to their contract regarding the imposition of penalties.
4. Appeals. Any Provider receiving a notice of penalties may appeal decisions for adverse determinations other than utilization management and/or resource allocation. These decisions include credentialing/re-credentialing, privileging, enrollment/disenrollment and claims/billing issues. Providers may file an appeal within fifteen (15) days of the date of receipt of the decision following the Local **Authority's appeal process**.
5. Provider Termination.
- a. Voluntary. If a Provider chooses to voluntarily terminate their contract, a written request should be submitted to Contract Services thirty (30) days prior to termination to:

Bluebonnet Trails Community Services
 ATTN: Contract Services
 1009 N. Georgetown St.
 Round Rock, Texas 78664
 - b. Involuntary. Non-adherence to performance standards or criteria may result in termination. Critical areas which may be monitored to demonstrate non-adherence include:
 - Adherence to contract stipulations
 - Professional liability claims/disposition involving direct care.
 - Patterns of practice contrary to procedural standards
 - Patterns of service delivery
 - Billing fraud
 - Unsatisfactory Records Compliance Audit
 - Refusal of accepting referrals
 - *Inability to service* Individuals within specified time lines

If performance standards are questioned, the Provider will be contacted by phone or by certified mail to alert the Provider to the issue(s) and review the appropriate documentation in compliance with due process/fundamental fairness procedures. If the contract/agreement is terminated, Provider is expected to cooperate with the Authority in the transfer of Individuals to other providers.

Basic Rights for All Persons Receiving Services

An Individual receiving services has the right to:

1. Individuals have all the rights of a citizen of the State of Texas and the United States of America, including the right of *habeas corpus* (this means they have the right to ask the court if it is legal, based on the procedures of the court commitment, for individuals to be kept in the hospital), property rights, guardianship rights, family rights, religious freedom, the right to register and vote, the right to sue and be sued, the right to sign contracts, and all the rights relating to licenses, permits, privileges, and benefits under the law.
2. Individuals have the right to be presumed mentally competent unless a court has ruled otherwise.
3. Individuals have the right to be treated without discrimination due to your race, religion, sex, ethnicity, nationality, age, sexual orientation, or disability. If individuals believe they have been discriminated against for any of the reasons listed above, may contact the HHSC Civil Rights Office at 1-800-735-2928
4. Individuals have the right to be treated in a clean and humane environment in which they are protected from harm, have privacy with regard to personal needs, and are treated with respect and dignity.
5. Individuals have the right to appropriate treatment in the least restrictive, appropriate setting available that provides protection for them and the community.
6. Individuals have the right to be free from mistreatment, abuse, neglect, and exploitation. If you believe you have been abused, neglected or exploited, you should contact DFPS at 1-800-252-5400.
7. Individuals have the right to protection of their personal property from theft or loss.
8. Individuals have the right to be told in advance of all estimated charges being made, the cost of services provided, sources of the program's reimbursement, and any limitations on length of services. They should be given a detailed bill of services upon request, the name of an individual to contact for any billing questions, and information about billing arrangements and available options if insurance benefits are exhausted or denied. They may not be denied services due to an inability to pay for them.
9. Individuals have the right to fair compensation for any work performed in accordance with the Fair Labor Standards Act.

10. When individuals are admitted to an inpatient or outpatient program, individuals have the right to be informed of all rules and regulations related to those programs.
11. Individuals have the right to review the information contained in your medical record. If their doctor says they shouldn't see parts of their record, they have the right to have the decision reviewed. The right to review their records extends to their parent or conservator if they are a minor (unless they have admitted themselves to services) and to their legal guardian.
12. Individuals have the right to have their records kept private. They also have the right to be told about the conditions under which information about them can be shared without their permission. Individuals should be aware that their records may be shared with employees of the HHSC system (state facilities and community MH/DD centers) who need to see them in order to provide services to them. Individuals should also be aware that their status as a person receiving mental health services may be shared with jail personnel if they are incarcerated.
13. Individuals have the right to be informed of the use of any media devices, such as one-way vision mirrors, tape recorders, television, movies, or photographs.
14. Except in an emergency, medical and/or surgical procedures require the individual's permission or the permission of their guardian or legal representative. Individuals have the right to know the advantages and disadvantages of medical and surgical procedures.
15. Individuals have the right to consent or withhold consent to take medication unless a court has ordered them to take them, their guardian has consented to their administration, or there is an emergency situation in which the individual or someone else might be harmed due to your behavior.
16. Individuals have the right to consent or withhold consent to participate in research.
17. Individuals have the right to withdraw their permission at any time in all matters for which they have previously consented. If they do not grant consent or if they withdraw their consent for any particular treatment, it will have no effect upon their eligibility for any other care and treatment.
18. Individuals have the right to an individualized treatment plan. Individuals have the right to take part in developing that plan, as well as the treatment plan for their care after they leave the hospital or community program. Their parent/conservator (if they are a minor), or their legal guardian, has the right to participate in the development of the treatment plan. Individuals have the right to request that any other person that they choose take part in the development of the treatment plan. Their request should be reasonably considered and they will be informed of the reasons for any denial. Staff must document in their medical record that the parent, guardian, conservator, or other person of your choice was contacted and invited to participate.
19. Individuals have the right to be free from unnecessary or excessive medication.

20. Individuals have the right to be told about the care, procedures, and treatment they will be given. Individuals also have the right to be told about the risks, side effects, and benefits of all medications and treatment they will receive, including those that are unusual or experimental, the other treatments that are available, and what may happen if they refuse the treatment.
21. Individuals have the right to meet with the staff responsible for their care and to be told of their disciplines, job titles, and responsibilities. In addition, they have the right to know about any proposed change in the appointment of professional staff responsible for their care.
22. Individuals have the right to request and receive a second opinion from another professional treatment provider at your own expense. They have the right to be granted a review of their treatment plan or a specific procedure by in-house staff.
23. They have the right to be told why they are being transferred to any program within or outside of the agency.
24. Individuals should be notified of their right to appeal a decision by a community MH/DD center to deny, terminate, or reduce services or support. If they are a Medicaid recipient, they also have the right to request a Medicaid Fair Hearing.
25. Individuals have the right to receive services that address both psychiatric and substance use disorders.
26. Individuals have the right to appeal a decision made by the MH/DD center to deny, terminate or reduce services or support, based on non-payment.

Reporting Requirements

1. Abuse, Neglect, Exploitation. Providers must report to the Department of Family and Protective Services (at 1-800-252-5400) all allegations (which effects all individuals being served by the Provider whether under this Network or not) of abuse, neglect, and exploitation in compliance with federal and state law, rules, and regulations, and Authority policies and procedures. Incident Reports concerning only those individuals that are also Authority consumers receiving services should be faxed to the Authority's Rights Protection Officer within twenty-four (24) hours. (Fax: 512-244-8261).
2. Incidents of restraint or seclusion. Report to the Rights Protection Officer at 512-244-8324.
3. Critical Incidents. Providers are required to fax an incident report with information regarding the occurrence of any of the following critical incidents within twenty-four (24) hours to the Authority at (512) 244-8261.
 - a. Deaths
 - b. Suicide attempts/threats with plan
 - c. Serious injury
 - d. Allegations of abuse, neglect, or exploitation

- e. Allegations of homicide/attempted homicide/threat with a plan
- f. Serious medication errors -- the incorrect or wrongful administration of a medication (such as a mistake in dosage, route of administration or intended consumer), a failure to prescribe or administer the correct drug, medication omission, failure to observe the correct time for administration, or lack of awareness of adverse effects of drug combinations which place the Individual's health at risk so that immediate medical intervention or enhanced surveillance on behalf of the Individual is required.

Attachment A

Bluebonnet Trails Community Services Helpful Numbers

Central Administration Numbers

Administration FAX Number	512-244-8401
Contracts Department	512-244-8258
Contracts FAX	512-244-8261
Management of Medical Records FAX	512-244-8371
Accounting/Reimbursements FAX	512-244-8431

Center Numbers

Bastrop County	512-321-7250 or 512-321-7620
Burnet County	830-798-2902
Caldwell County MH Services Luling	512-398-9610
Caldwell County DD Services (Lockhart)	830-875-5700
Fayette County MH Services (LaGrange)	979-968-3711
Fayette County DD Services (Schulenburg)	979-743-6568
Gonzales County Guadalupe County MH Services	830-672-7975
Guadalupe County DD Services Lee County	830-379-8222
Williamson County MH Services (Adults)	830-303-6467
Williamson County Child and Youth Services	979-542-3042
Williamson County MH Intake San Gabriel Crisis Center (Georgetown)	512-255-1720
	512-244-8377
	512-244-8212
ECI	512-869-2650
Autism	512-244-8241
	512-244-8334
Crisis Hotline	1-800-841-1255

Attachment B Business Code of Conduct

Statement of Policy

Bluebonnet Trails Community Services (BTCS) employees, contract providers, vendors and agents of the organization will exhibit behavior based on honesty, integrity and a sense of fairness. It is the responsibility of each employee, contract provider, and agent of the organization to maintain the highest standard of business ethics. This includes taking timely and responsive, positive action to prevent or correct any improper or inappropriate acts. The BTCS Board of Trustees and Management are committed to providing avenues through which ethical issues may be raised, reviewed and resolved openly and honestly.

The Business Code of Conduct is accessible to all employees, contract providers, vendors and agents of the organization and can be found the website. The appropriate personnel are notified of any changes or revisions to BTCS policies and procedures. Revised policies and procedures are made available for printing in order to facilitate further dissemination, as needed. Department Heads and Program Directors are responsible for ensuring that all employees, contract providers, vendors and agents of the organization receive information and training on policies and procedures in a timely manner. Questions concerning the Business Code of Conduct or the Program Compliance Plan can be directed to the attention of his/her BTCS supervisor or appropriate Department Head or his/her designee.

Laws and Regulations

Bluebonnet Trails Community Services abides by all federal and state laws requiring accuracy of billing. We submit accurate claims for payment from any payer, including Medicare and Medicaid, Commercial Insurance and the persons we serve. Inaccurate documentation of services is prohibited and may lead to termination.

There are several State and Federal laws governing Medicaid fraud:

- The Federal Anti-Kickback Statute
- The Stark Law
- The Texas Illegal Remuneration Statute
- Civil Money Penalties Statute
- The Federal False Claims Act
- Texas False Claims Act
- The Medicaid Fraud Prevention Act
- The Program Fraud Civil Remedies Act (PFCRA)

False Claims and Billing

All billing and claims generated must accurately reflect that services rendered are supported by relevant documentation and are submitted in compliance with applicable laws, rules, regulations, and program requirements. Employees, contractor and agency representatives should never knowingly make or present improper, false, fictitious or fraudulent claims to any government or private health care program,

employee, department or agency. Improper activity can include, but is not limited to:

- Misrepresentation of Services
- Duplicate Billing
- False Claims Statements
- Falsifying Dates on a Claim

Those responsible for completing and submitting financial reports will do so in accordance with acceptable accounting practices and legal obligations. Improper accounting practices include, but are not limited to:

- Supplying false or misleading information in the Agency's financials or other public documents;
or
- Providing false information to, or withholding material information from, the Agency's auditors or HHSC.

It is a crime to submit a "False Claim." A False Claim occurs when a person or organization submits a record or claim for payment of services, property or other items to the government, knowing that the information is not true. "Knowing" means that the person or organization:

- knows the record or claim is false, or
- is asking for payment and is deliberately ignoring whether or not the record or claim is false, or
- is asking for payment and does not care if the record or claim is false.

Business and Ethical Standards

The business conducted by BTCS will be delivered in an environment with the highest ethical, legal and professional standards. Honesty, integrity and impartiality will be demonstrated when dealing with BTCS consumers, providers, vendors, regulators, competitors, community, employees and agents of the organization. Interactions with consumers should at all times promote the consumer's sense of self-worth, self-reliance, trust, dignity and choice. The Board of Trustees, employees, contract providers, vendors and agents of the organization will make every effort to avoid even the appearance of illegal, unethical or unprofessional conduct.

Responsible Care and Abuse of Services

All employees and agents of the organization are required to provide responsible care to the persons we serve. Service providers can only perform duties within their expertise. Unintended harm can result from providing services by untrained or undertrained persons. Professional staff and the agency can be found liable for instances of malpractice if harm results from someone performing a service they were not trained to provide effectively. Providers who are licensed are expected to abide by their professional codes of ethics as it pertains to practicing within the limits of your expertise. Only medically necessary and therapeutically appropriate services will be provided to individuals served. Providers must not over or underutilize treatment or interventions on persons served. Providers must not abuse the provision of services to individuals. "Abuse" is defined as "provider practices" that are inconsistent with sound fiscal, business or medical practice, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare.

Procurement of Services

BTCS is committed to the highest ethical, legal and professional standards and abides by the principle of competitive procurement to the extent that it is possible. All requests for proposals applications will be judged in an objective manner and in accordance with BTCS procedures. Purchasing decisions are based on objective criteria. The organization will not contract with any individual who is currently an employee of BTCS.

Corporate Resources

Each employee, contract provider, vendor and agent of the organization is expected to use corporate assets economically and safeguard corporate assets at all times. Corporate assets include, but are not limited to, time, materials, supplies, equipment, intellectual property and information. Corporate assets must be used for business-related purposes only and employees should use resources only to further the mission and support of those we serve. The personal use of any BTCS asset without the prior approval from the supervisor is strictly prohibited. The use of BTCS assets for personal gain is also strictly prohibited. The BTCS policy regarding Internet use can be found on the Center's Intranet (BT Net).

Political Activities

As good citizens, each employee, contract provider, vendor and agent of the organization is encouraged to participate in the political process. However, BTCS must ensure that the political activities and contributions of employees, contract providers, vendors and agents of the organization do not appear to represent the opinions of BTCS.

Consumer Focus

Because BTCS consumers are the primary focus of every activity, each employee, contract provider, vendor and agent of the organization will be committed to continually improving our products, services and cost competitiveness to meet the individual needs of each BTCS consumer.

Conflict of Interest

Employees, contract providers, vendors and agents of the organization are expected to exhibit professional loyalty to the Center. Employees, contract providers, vendors and agents of the organization are expected to avoid conflicts of interest and opportunities for personal gain for themselves individually, for members of their immediate families, and for others which may impede their best judgment. A conflict of interest could be described as an activity or personal interest that influences or appears to influence an individual's ability to make objective decisions in the course of his/her job duties. Employees are expected to use good judgment, adhere to high ethical standards, and avoid situations that create an actual or perceived conflict between their personal interests and those of the organization. Conflicts of interest or unethical behavior may take many forms including but not limited to the acceptance of gifts from consumers of the organization. Employees are prohibited from employing or conducting business with consumers.

Employees are encouraged to seek assistance from their managers or Corporate Compliance Officer (CCO) with any legal or ethical concerns. Employees may also call the Human

Resources Manager at 244-8352 to report anything that they cannot discuss with their manager or CCO.

Gifts and Favors

Bluebonnet employees, contractor and agents of the organization will not solicit or accept money, gifts, favors, services, entertainment or other things of value unless permitted by agency policy. The following are expectations of BTCS employees, contract providers, and agents of the organization:

- Gifts of entertainment from vendors should be limited to common business courtesies.
- For breakfasts, lunches, dinners or coffee breaks offered from vendors:
 - a. any offer of a meal must be accompanied by training;
 - b. a registry or sign-in sheet including the signatures of all participants must be captured at the time of the training and submitted to Human Resources; and
 - c. only the registered participants in the training may share in the meal.
- Monetary gifts or any favors in attempt to gain unfair influence or advantage are never acceptable.

Outside Business and Financial Interests

The following are guidelines for employees, contract providers and agents of the organization regarding interests outside of the business conducted by BTCS:

Employees, or members of their respective families, contract providers, and agents of the organization should not have substantial financial or business interest with a competitor, consumer or supplier of BTCS without first reviewing the nature of the activity with the appropriate Department Head or his/her designee.

Each employee's employment should be his/her first business priority. Any other employment or business activity will be considered secondary and should not interfere with individual employee job performance and responsibilities.

Confidentiality

In keeping with the Health Insurance Portability and Accountability Act (HIPAA), professional and ethical guideline, employees, contractors and other agents of the organization must maintain the privacy and security of protected health information. All employees, contract providers, vendors and agents of the organization are expected to diligently safeguard against loss, damage or unauthorized use, all BTCS records, whether paper or electronic, that are deemed confidential, as described in BTCS policy and federal and state law. This includes information about BTCS consumers and their families, internal operations, and fellow employees, contract providers, vendors and agents of the organization. BTCS policies and procedures related to confidentiality are located on the Center's Intranet (BT Net). Employees and other agents of the organization are also expected to keep confidential information about other employees of the organization and the business practices of the organization.

Human Resources

Bluebonnet Trails will cultivate a work environment where employees are treated honestly and respectfully; where their health and safety is respected; and where they are recognized and rewarded for their achievements without prejudice or discrimination.

Employee Relations

Each employee, contract provider, vendor and agent of the organization is expected to perform his/her assigned tasks in a responsible, reliable and cooperative manner and to treat one another with fairness, mutual respect, dignity and trust. Bluebonnet Trails does not tolerate any form of harassment or discrimination.

Controlled Substances, Alcohol and Tobacco

Bluebonnet Trails Community Services (BTCS) is committed to maintaining a drug, tobacco and alcohol-free workplace in the interest of high quality healthcare, safety and efficiency for all concerned. Alcohol and drug abuse in the workplace has many detrimental effects on the organization and its individuals. Alcohol and drug use impacts morale, lowers productivity and increases health care costs. Tobacco use lowers productivity, increases health care costs and it is a leading cause of preventable disease and premature death in the United States. This policy applies to all employees, contractors, volunteers, visitors, persons served and vendors.

Tobacco

BTCS prohibits the use of tobacco on owned or leased property of BTCS. This includes inside facility buildings, vehicles and during program activities. This policy covers any tobacco product and the use of smokeless or "spit" tobacco. This policy applies to all employees, contractors and visitors. There will be no tobacco use in any company vehicle at any time. Staff shall not provide or facilitate client access to tobacco products.

Use or Possession of Drugs and Alcohol at Work

BTCS is committed to providing a safe, healthy, and efficient working environment for all employees and those who do business with BTCS as well as protecting its reputation in the community. To help achieve this goal, employees are prohibited from:

- Possessing, distributing, selling, manufacturing, or being under the influence of any illegal drug;
- Consuming alcoholic beverages while on Center premises, in Center vehicles, or while on Center business or time; and
- Abusing inhalants or prescription drugs or possessing prescription drugs that have not been prescribed for the employee by a physician.

An employee who violates this policy is subject to corrective action up to and including termination of employment.

Intoxication/Impairment

BTCS is a tobacco, drug and alcohol free workplace. It is BTCS's policy that there is zero-tolerance for the consumption of or being under the influence of drugs and/or alcohol on any Community Center property, during a Community Center activity or during duty hours. These acts are illegal and/or jeopardize the safety of employees, contract providers, vendors, agents of the organization and consumers, as well as

reduce productivity, reliability and trustworthiness. “Zero-tolerance” means that consuming or being under the influence of drugs and/or alcohol, if determined by reasonable suspicion, can result in immediate termination from employment without review or administrative recourse.

Legal Drugs

The use of legal drugs (over the counter or prescription medication) in accordance with doctor’s orders and/or manufacturer’s recommendation is not prohibited. Employees using prescription drugs according to a physician’s instructions or using over-the-counter drugs for medicinal purposes are required to notify their supervisor in the event such drugs would impair their physical, mental, emotional, or other faculties.

Exceptions for Clergy Members

BTCS will allow a clergy member to bring four ounces or less of alcohol on site or to a program activity for purposes of presiding over a religious or spiritual rite, as long as the alcohol remains in the possession, custody, or control of the presiding clergy member at all times while on the program site or at the program activity, is not distributed, and is consumed only by the presiding clergy member, if at all.

BTCS is responsible for informing any clergy member bringing alcohol on site or to a program of this restriction. BTCS must maintain a log, which shall be available to staff of the Department of State Health Services upon request, reflecting each date and time when alcohol is permitted to be brought onto the program site or to a program activity. This log must include the name, address, and title of the clergy member, and shall document staff verification that the clergy member was self-identified as such, that alcohol was brought on site or to a program activity and that it was thereafter either removed from the site or program activity, or represented by the presiding clergy member to have been personally consumed. This log must be turned into the Quality Management Department for review.

Right of Inspection

BTCS reserves the right to inspect with reasonable suspicion employee’s desks, or any other BTCS property.

Drug, Tobacco and Alcohol Testing Policy

BTCS may require an employee or job applicant to submit to a blood, breath and or urine test for drugs, tobacco, or alcohol in the following circumstances:

1. Pre-employment testing - Testing is required of all applicants considered for employment.
2. Post-Accident Testing
3. Reasonable Suspicion - BTCS will require any employee to be tested for the presence of drugs, or alcohol based on reasonable suspicion. If a supervisor suspects that an individual is at work and under the influence of alcohol and/or drugs, the supervisor should notify the Human Resources Manager or the Executive Director to seek authorization to test the employee. The supervisor will be granted permission to test the employee if sufficient objective symptoms exist to indicate the employee may be under the influence of drugs and/or alcohol. Determination of reasonable

suspicion may be based on a variety of factors, but not limited to:

- Direct observation or reliable reports from co-workers or others.
- Possession of drugs or alcohol on the premises, or use of drugs, or alcohol at work, prior to work or on a break.
- Behavior, speech or other physical signs consistent with impairment.
- A pattern of abnormal conduct or erratic behavior, which is not otherwise satisfactorily explained.
- Unexplained accidents, on the job injuries or property damage.
- A combination of some of the above factors and/or other factors in the judgment of management.

Testing an injured employee - An employee who is seriously injured and cannot provide a specimen at the time of the accident shall provide the necessary authorization to obtain hospital reports and other documents that may indicate whether there were any controlled substances or alcohol in her/his system.

Notification of results - Employees and applicants will receive notification of positive test results and will be given the opportunity to explain such results.

Use of some drugs is detectable for several days. Detection of such drugs or the presence of alcohol will be considered being “under the influence.” Refusal to submit to a drug and/or alcohol screen is grounds for immediate termination.

Rehabilitation

While the organization does not condone the abuse of alcohol, prescription drugs, and/or use of illegal drugs, BTCS does recognize that addiction to drugs and/or alcohol can be treated. If an employee recognizes a personal addiction or abuse problem and seeks assistance from management in advance of detection, the organization will assist the employee in seeking treatment. The confidential nature of the employee’s counseling and rehabilitation for drug and/or alcohol abuse will be preserved.

An Employee Assistance Program (EAP). The Employee Assistance Program (EAP) is a confidential resource designed to assist employees and their eligible dependents in dealing with challenges and problems such as substance abuse. Employees and/or eligible dependents can reach an EAP representative by dialing (800) 343-3822.

Appropriate Workplace Dress

It is the expectation of Bluebonnet Trails Community Services that all employees will be dressed in a manner suitable to the job they are doing, and consistent with the standards of the community where they provide services. It is each Center Director and their subordinate supervisors’ responsibility to determine if their staff is appropriately attired. Bluebonnet Trails’ employees will present a professional image in their community while doing the work of the Center. This may vary from work location to work location. Professional staff and staff working in offices are to adhere to standard American office dress. A supervisor may send any employee home to change, if she/he deems the employee’s dress not suitable.

Staff is prohibited from wearing the following clothing or articles of clothing:

Soiled, worn, ragged or holey clothing; tank tops; bare midriff tops; halter tops, strapless tops, clothing that shows undergarments (sheer); men's sleeveless shirts; gym or workout attire, spandex tops or pants; bicycle shorts; over-sized clothing or revealing clothing; cut offs; "short shorts" (shorter than finger-tip length); unsafe shoes; T-shirts with alcohol or illegal drug-related logos/slogans; and T-shirts with logos/slogans that demean race, color, national origin, religion, gender, age, disability or sexual orientation.

All employees should practice commonsense rules of neatness, good taste, and comfort. Provocative clothing is prohibited. Bluebonnet Trails reserves the right to determine appropriate dress at all times and in all circumstances and may send employees home to change clothes should it be determined their dress is not appropriate. Employees will not be compensated for this time away from work.

Equal Employment Opportunity

Our goal at Bluebonnet Trails is to recruit, hire, and maintain a diverse workforce. Equal employment opportunity is good business as well as being the law and applies to all areas of employment, including recruitment, selection, hiring, training, transfer, promotion, termination, compensation, and benefits.

As an equal opportunity employer, Bluebonnet Trails does not discriminate in its employment decisions on the basis of race, religion, color, national origin, gender, sexual orientation, age, military status, disability, or on any other basis that would be in violation of any applicable federal, state, or local law. Furthermore, Bluebonnet Trails will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship, safety, and/or health risk.

Compliance

Employee, contract provider, vendors and agents of the organization must comply with all components of the Business Code of Conduct. The following are guidelines for compliance with this Business Code of Conduct:

- Employees, contract providers, vendors and agents of the organization are committed to complying with all federal and state laws and regulations, with an emphasis on preventing fraud and abuse.
- BTCS will conduct audits and other risk evaluation to monitor compliance and assist in the reduction of identified problem areas.
- BTCS will maintain processes to:
 - a. Detect Medicaid/Medicare or other third party payer compliance offenses;
 - b. Initiate corrective and preventive action;
 - c. Report to appropriate oversight authorities, both professional and regulatory, when appropriate; and
 - d. Address consequences for employees, contract providers, vendors and agents of the organization for failure to comply with standards, policies and procedures.

Accounting and Reporting

It is the policy of BTCS to keep complete and accurate records of all transactions and all services provided. Each employee, contract provider, vendor and agent of the organization will ensure the

integrity of the Center by accurately and truthfully recording all corporate information, accounting and operational data through strict adherence to established accounting and business procedures and clinical records policy.

Investigations

Any suspected violations will be investigated by the appropriate personnel according to the center's procedure on Special Investigations. All investigations are overseen by the Corporate Compliance Officer. Investigations will be treated confidentially to the extent consistent with BTCS' interests and legal obligations. Results of investigations into suspected violations will be documented and submitted to the Executive Director for review. If the results of an investigation indicate that corrective action is required, the agency will decide the appropriate steps to take, including discipline, dismissal and/or possible legal proceedings. If appropriate, the investigation may be turned over to applicable outside authorities, and outside investigators may assist in the inquiry. The complete Special Investigations procedure can be viewed on BT Net.

Reporting Misconduct

It is the responsibility of each employee, contract provider, vendor or agent of BTCS to report violations of the Business Code of Conduct. This includes the suspicion or knowledge of any fraud or abuse (other than client abuse). This report must be made to the Corporate Compliance Officer (CCO) by way of email, at corporate.compliance@bbtrails.org or by calling the "Hotline" at (512) 244-8307. If the violation is under the Human Resources domain then it can be report to the Director of Human Resources. Any concern about the Executive Director should be reported to the Corporate Compliance Officer, who will in turn notify the Board Chairperson. A concern involving the Corporate Compliance Officer's actions or determinations should be brought directly to the Executive Director.

If any agency representative needs guidance on a legal or ethical question, has witnessed or has knowledge of an illegal or unethical activity, he or she should seek the counsel of the agency Corporate Compliance Officer. Failure to report could lead to disciplinary measures.

Reporting violations will remain confidential unless otherwise obliged by professional code of conduct, state or federal law. Employees, contract providers, vendors and agents of the organization may, however, be required to substantiate any allegations of wrongdoing. Employees, contract providers, vendors and agents of the organization cannot be punished or subjected to reprisal because he/she, in good faith, reports a violation of this Business Code of Conduct. BTCS has a "zero tolerance policy" *with regard to retaliation* and it will be adhered to in all such instances.

Conclusion

It is the responsibility of each employee, contract provider, vendor and agent of the organization to maintain the highest standards of business ethics. This includes taking positive action to prevent or correct any improper or inappropriate acts. BTCS Board of Trustees and Management are committed to providing avenues through which ethical issues may be raised, reviewed and resolved openly and honestly.

Attachment C
Convictions Barring Contracting

Texas Health and Safety Code, Sec. 250.006. CONVICTIONS BARRING EMPLOYMENT. (a) A person for whom the facility or the individual employer is entitled to obtain criminal history record information may not be employed in a facility or by an individual employer if the person has been convicted of an offense listed in this subsection:

- (1) an offense under Chapter 19, Penal Code (criminal homicide);
 - (2) an offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
 - (3) an offense under Section 21.02, Penal Code (continuous sexual abuse of young child or children), or Section 21.11, Penal Code (indecent with a child);
 - (4) an offense under Section 22.011, Penal Code (sexual assault);
 - (5) an offense under Section 22.02, Penal Code (aggravated assault);
 - (6) an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
 - (7) an offense under Section 22.041, Penal Code (abandoning or endangering child);
 - (8) an offense under Section 22.08, Penal Code (aiding suicide);
 - (9) an offense under Section 25.031, Penal Code (agreement to abduct from custody);
 - (10) an offense under Section 25.08, Penal Code (sale or purchase of a child);
 - (11) an offense under Section 28.02, Penal Code (arson);
 - (12) an offense under Section 29.02, Penal Code (robbery);
 - (13) an offense under Section 29.03, Penal Code (aggravated robbery);
 - (14) an offense under Section 21.08, Penal Code (indecent exposure);
 - (15) an offense under Section 21.12, Penal Code (improper relationship between educator and student);
 - (16) an offense under Section 21.15, Penal Code (improper photography or visual recording);
 - (17) an offense under Section 22.05, Penal Code (deadly conduct);
 - (18) an offense under Section 22.021, Penal Code (aggravated sexual assault);
 - (19) an offense under Section 22.07, Penal Code (terroristic threat);
 - (20) an offense under Section 33.021, Penal Code (online solicitation of a minor);
 - (21) an offense under Section 34.02, Penal Code (money laundering);
 - (22) an offense under Section 35A.02, Penal Code (Medicaid fraud);
 - (23) an offense under Section 36.06, Penal Code (obstruction or retaliation);
 - (24) an offense under Section 42.09, Penal Code (cruelty to livestock animals), or under Section 42.092, Penal Code (cruelty to non livestock animals); or
 - (25) a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed by this subsection.
- (b) A person may not be employed in a position the duties of which involve direct contact with

a consumer in a facility or may not be employed by an individual employer before the fifth anniversary of the date the person is convicted of:

- (1) an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
 - (2) an offense under Section 30.02, Penal Code (burglary);
 - (3) an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;
 - (4) an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony;
 - (5) an offense under Section 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony;
 - (6) an offense under Section 37.12, Penal Code (false identification as peace officer); or
 - (7) an offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct).
- (c) In addition to the prohibitions on employment prescribed by Subsections (a) and (b), a person for whom a facility licensed under Chapter 242 or 247 is entitled to obtain criminal history record information may not be employed in a facility licensed under Chapter 242 or 247 if the person has been convicted:
- (1) of an offense under Section 30.02, Penal Code (burglary); or
 - (2) under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense under Section 30.02, Penal Code.
- (d) For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Section 5(c), Article 42.12, Code of Criminal Procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.

The conviction of other criminal offenses may be considered a contraindication to contracting with Bluebonnet Trails Community Services.

Applicants who are listed as “revoked” in the Nurse Aide Registry, listed as “unemployable” in the Employee Misconduct Registry or listed on the List of Excluded Individuals and Entities for Medicaid fraud will be barred from contracting.

Attachment D**Center Acronyms**

ACT	Assertive Community Treatment
APN	Advanced Nurse Practitioner
ASH	Austin State Hospital
ATR	Access to Recovery
C.A.R.E.	Client Assignment and Registration System
C.M.	Case Manager or Case Management
CAM	Cost Accounting Methodology
CBT	Cognitive Behavioral Therapy
CC	Corporate Compliance
CCO	Corporate Compliance Officer
CLOIP	Community Living Options Information Process
CMAP	Children's Medication Algorithm Project
CMT	Community Management Team
COBRA	Consolidated Omnibus Budget Reconciliation Act
COPSD	Co-occurring Psychiatric and Substance use Disorders
CRCG	Community Resource Coordination Group
CRD	Crisis Re-Design
CSCD	Community Supervision and Corrections Department
CSSP	Community Services Specialist
D & E	Diagnosis and Evaluation
DAC	Day Activity Center
DADS	Department of Aging & Disability Services
DARS	Department of Assistive Rehabilitative Services
DFPS	Department of Family & Protective Services
DHS	Department of Human Services
DSHS	Department of State Health Services
DSM-IV	Diagnostic and Statistical Manual for Mental Illness
ECI	Early Childhood Intervention
EIS	Early Intervention Specialist
ETBHN	East Texas Behavioral Health Network
FQHC	Federally Qualified Health Centers
GAF	Global Assessment of Functioning
GR	General Revenue
HCS	Home and Community-based Services
HHSC	Health and Human Services Commission

HIPAA	Health Insurance Portability and Accountability Act
HR	Human Resources
HRC	Human Rights Committee
ICAP	Inventory for Client and Agency Planning
ICF	Intermediate Care Facility
ICFMR	Intermediate Care Facility for the Mentally Retarded
IDD	Intellectual and Developmental Disabilities
IDT	Interdisciplinary Team
IS	Information Services
ISP	Individual Service Plan/Individual Support Plan
JCAHO	Joint Commission of Accreditation of Healthcare Organizations
LAR	Legally Authorized Representative
LCDC	Licensed Chemical Dependency Counselor
LCSW	Licensed Clinical Social Worker
LMHA	Local Mental Health Authority
LMRA	Local Mental Retardation Authority
LMSW	Licensed Master Social Worker
LMSW-AP	Licensed Master Social Worker - Advanced Practitioner
LOC	Level of Care
LON	Level of Need
LPC	Licensed Professional Counselor
LPHA	Licensed Practitioner of the Healing Arts
LPND	Local Planning and Network Development
LSA	Local Service Area
LSAP	Local Area Service Plan
MAC	Medicaid Administrative Claiming
MCO	Managed Care Organization
MDD	Major Depressive Disorder
MH	Mental Health
MHA	Mental Health Authority
MI	Mental Illness
MMF	Maximum Monthly fee
NVCI	Non Violent Clinical Intervention
O.D.	Officer of the Day

OBRA	Omnibus Budget Reconciliation Act of 1987
OCD	Obsessive Compulsive Disorder
OSAR	Outreach, Screening, Assessment, & Referral
OSAR	Outpatient Substance Abuse and Referral
OT	Occupational Therapist
PAP	Patient Assistance Program
PASARR	Preadmission Screening and Annual Resident
PDD	Review Pervasive Developmental Disorder
PDP	Person Directed Plan
PMAB	Preventive Management of Aggressive Behavior
PMRA	Persons with Mental Retardation Act
PNAC	Planning Network and Advisory Committee
PP	Priority Population
PT	Physical Therapist
QM	Quality Management
QMHP-CS	Qualified Mental Health Professional-Community Services
QMRP	Qualified Mental Retardation Professional
Rehab	Rehabilitative Services
RFA	Request for Applications
RFI	Request for Information
RFP	Request for Proposals
SASH	San Antonio State Hospital
SC	Service Coordinator
SE	Supported Employment
SH	Supported Housing
SHL	Supported Home Living
SP	Service Package
SPO	Specific Program Objective
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
ST	Speech Therapist
SW	Social Worker
TAC	Texas Administrative Code
TAFI	Time and Financial Information
TCOOMMI	Texas Council On Offenders With Mental or Medical Impairments
TDJ	Texas Department of Justice
TEC	Texas Employment Commission

THSC	Texas Health and Safety Code
TIMA	Texas Implementation of Medication Algorithms
TJPC	Texas Juvenile Probation Commission
TP	Treatment Plan
TRAG	Texas Recommended Authorization Guidelines
TRR	Texas Resilience and Recovery
TXHmL	Texas Home Living Services
UM	Utilization Management

Attachment E

Client Known/Unknown Injury and Incident Reporting Procedure

Purpose

The purpose and objective of an incident review procedure for Bluebonnet Trails is:

- To establish a procedure which insures aggressive Interdisciplinary Team intervention in situations involving known and unknown injuries and/or incidents to individuals served by Bluebonnet Trails Community Services.
- To provide a data base to assist in identifying trends or situations which need intervention or resolution.
- To provide a standardized flow of the Injury\Incident Report Form and other related paperwork to insure it is handled efficiently and correctly.

Responsibility

It is the responsibility of every staff member to report all incidents according to this procedure.

Definitions

Critical Incident: A critical incident is an unexpected episode or occurrence, which results in a serious negative outcome to a Bluebonnet Center client, employee or a visitor to a Center facility. Examples of a critical incident include the following:

- Suicide attempt requiring medical attention by a client receiving residential services
- Harmful adverse reactions to a medication prescribed by a Bluebonnet Center physician that results in hospitalization.
- Medication error that results in hospitalization if the medication is prescribed by a Bluebonnet Trails physician.

Incident: An incident is an unexpected episode or occurrence which involves a Bluebonnet Center client, employee, or a visitor to a Center facility which results in or could have resulted in an unsatisfactory outcome to the individual. Types of incidences include:

- Consumer injury, including self-injuries
- Medical emergencies (seizure, heart attack) which require medical attention or CPR.
- Each application of restraint of hold by a staff member. Note that restraint documentation form must also be completed.
- Vehicle accidents
- Client receiving residential services acquired infection directly related to Bluebonnet Center practices and resulting in the need for medical care.
- Unplanned departures
- Death of a client enrolled in a non-residential Bluebonnet Center service.
- Medication errors that do not result in hospitalization.

Incident Report: A detailed account of a non-routine occurrence made in compliance with Center policy and procedure on Incident Reporting, using the Center-designated form.

Medical Emergency: An event in which an individual receiving Bluebonnet Trails services demonstrates symptoms of an acute illness or incident (not an injury) and requires emergency face to face contact from medical personnel, such as a nurse, doctor, paramedic or is taken to a doctor's office or Emergency room. This includes any use of CPR or choking protocols.

Sentinel Event: A sentinel event is an unexpected occurrence involving death or serious physical injury or psychological injury not related to the natural cause of the client's illness or underlying condition. Examples include:

- Any client death, paralysis, coma or other permanent loss of function associated with a medication error or Bluebonnet Center health care acquired infection.
- A fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall.
- Suicide of any client receiving care, treatment, or services in a staffed around-the-clock setting.
- Any elopement, i.e. unauthorized departure, of a client from an around-the-clock care setting resulting in a temporally related death (suicide or homicide) or major permanent loss of function.
- Rape, as defined as non-consensual sexual contact involving a client and another client, staff member, or other perpetrator while in a Bluebonnet Center facility or on a Bluebonnet Center sponsored activity. This includes oral, vaginal or anal penetration or fondling of the client's sex organ by another individual's hand, sex organ or object. One or more of the following must be present to determine reviewability: any staff-witnessed sexual contact as described above, sufficient clinical evidence obtained to support allegations of non-consensual sexual contact, or admission by the perpetrator that sexual contact, as described above, occurred on the premises.
- Assault, homicide, or other crime resulting in death or major permanent loss of function of a client while in a Bluebonnet Center facility, or on a Bluebonnet Center sponsored activity.
- Abduction of any client receiving care, treatment, or services in a staffed around-the-clock setting.

Unusual Incident: An event that occurs that is not a regular part of doing business. An example of this would be willful property damage, or an unusual staff and client interaction.

Action Steps When an Incident, Critical Incident, or Sentinel Event Occurs

When an incident, critical incident, or sentinel event (hereinafter referred to as an "incident") occurs on the premise of a center facility or during an activity supervised by center staff, the staff member shall undertake steps 1 - 6 in the order stated, unless the safety and well-being of clients or staff dictate variation.

1. Call the 911, police, sheriff's department, or other law enforcement agency if appropriate;
2. Obtain medical attention for any individual as indicated by center policy;
3. Eliminate the risk of further harm, or damage to the emotions of the person(s) involved;
4. If safe and appropriate, Secure the area, calm and control the person or persons involved in the incident, and if necessary, remove the people from continued risk to ensure safety;

5. If necessary, secure the area so that any witnesses are identified and any physical evidence is immediately secured for safekeeping, testing or analysis;
6. Complete an Incident Report and fax to the Director of Quality Management or their designee. This must be done within 24 hours of the incident occurring, and one hour after a critical or sentinel event. Forward the original copy of the form to the Quality Management department. Do not file a copy in the consumer's record and do not release the report to an outside party.
7. The Quality Management Director may direct an internal investigation.

Incidents that may be the result of abuse or neglect must be reported to the Texas Department of Family and Protective Services: 1-800-252-5400

Disposition of Incidents, Critical Incidents, and Sentinel Events

All incidents, critical incidents, and sentinel events must be reported to the Director of Quality Management or her designee, for review, categorization, and assurance of timely attention to safety issues. The Director of Quality Management shall consult staff and legal counsel as necessary and will be responsible for forwarding the information to the appropriate committee in accordance with approved procedures. She will also be responsible for ensuring reportable events are communicated to Central Office. Investigations and actions following the death of persons served, regardless of whether the death is an incident, critical incident or sentinel event will be made pursuant to the HHSC's rules and regulations.

Attachment F
Consumer/Parent/Family/Guardian
General Public Complaint and Positive Feedback Procedure

This procedure describes the methods by which a consumer, parent, family member, guardian, and the general public may register a complaint or give positive feedback about Bluebonnet Trails Community Services programs, provider services, service delivery, and/or a staff person.

- During regular business hours, calls may be made to the Center Director/Program Manager or supervisor for immediate attention. If you are dissatisfied with this response, you may contact the Rights Protection Officer at (512) 244-8324.
- After business hours, weekends and holidays, calls may be made to the following Complaint Line number: (512) 244-8324. Calls will be checked the next business day.
- Complaints or positive comments may also be sent by mail to the following address:

Bluebonnet Trails Community Services
 Office of Rights Protection/Complaints
 1009 N. Georgetown St.
 Round Rock, Texas, 78664

All positive feedback will be shared with the appropriate program, staff and/or county service site.

Complaints may be received verbally (telephone or face-to-face) or in written form to the Consumer Rights Protection/Complaint Officer, depending on the preference of the person making the complaint. The Consumer Rights Officer will respond to affirm receipt of the complaint in writing or by telephone, noting the date of receipt of all complaints in the log book. The timeframes and process for complaint resolution will be reviewed at that time, for those received through direct communication, or in writing for complaints received in written form and those requesting written confirmation. An opportunity for face-to-face meeting with the person investigating the complaint will be offered. Complaints will be responded to within 20 business days of the date received unless an extension is granted by the Executive Director. If an extension is granted, contact will be made with the individual to explain the reason for the delay. The response to a complaint will initially be given orally the same day of the resolution or, at the latest, the next business day (assuming the person can be reached by telephone). All complaints will be responded to in writing within three (3) business days of the resolution. This correspondence will include information about other avenues whereby the complaint can be addressed if the individual is not satisfied with the resolution.

The Rights Protection/Complaint Officer will maintain a file of all complaints. The date, person calling and the nature of the complaint will be logged. The resolution of all complaints will be retained on file along with the original complaint (or notations of direct complaints) and the response to the complaint. In the event a complaint is not resolved to the satisfaction of the person submitting the complaint, that person may present his/her complaint directly to the Executive Director of Bluebonnet Trails Community Services, Andrea Richardson, at 512-244-8335 or by mail to:

Andrea Richardson, Executive
 Director Bluebonnet Trails
 Community Services 1009 N.
 Georgetown St.

Round Rock, TX 78664

OR complaints may be filed directly with the Office of Consumer Services and Rights Protection (state offices) For Intellectual and Developmental Disability Services 1-800-458-9858 CALL: For Mental Health or Substance Abuse Services 1-800-252-8154 FAX: For Early Childhood Intervention Services 1-512-424-6759 OR mail to:

Assistant Commissioner
 Department of Assistive and Rehabilitative
 Services Division of Early Childhood Intervention
 Services 4900 North Lamar Blvd.
 Austin, Texas 78751-2399

HCS and Texas Home Living Waiver consumers only:

The Department of Aging & Disability Services (DADS) receives complaints from individuals, family members and the general public regarding the care, treatment or services provided to an individual in these programs. These complaints are reported to their office of Consumer Rights and Services (CRS). Individuals receiving services or family members of the individual may prefer to call CRS to assist in resolving an issue rather than speaking with their Service Coordinator or HCS provider.

A complaint may be reported by anyone, at any time, to Consumer Rights and Services (CRS) at DADS by calling 1-800-458-9858. Press option 3 for the HCS or Texas Home Living waiver programs and mental retardation authority services.

A complaint may also be made online at: crscomplaints@dads.state.tx.us.

Written complaints may be mailed to:

Department of Aging and Disability Services Consumer Rights and Services, Mail Code E-249 P.O. Box 149030 Austin, TX 78714

The DADS Consumer Rights and Services website provides useful information regarding filing a complaint; locating consumer rights booklets; reporting abuse, neglect, and exploitation; and locating community services. Visit the website here: www.dads.state.tx.us/services/crs/index.html

All complaints received will be reviewed at least once annually, along with all reported incidents of client abuse and neglect, to determine ways Bluebonnet Trails Community Services' service delivery system can be improved and to determine if there are any incident patterns, which could provide insight into ways to improve services.

All calls that have to do with abuse, neglect or exploitation will be directed to contact the Department of Family and Protective Services hotline number (1-800-647-7418). For ICF-MR, additional direction will be given to contact the Department of Aging and Disability Services at 1-800-458-9858 in some circumstances.

Individuals receiving services and their families or legally authorized representative (LARs) will receive explanation of this procedure at admission to services and at least annually. They will also be informed that they can bypass the complaint process at Bluebonnet Trails Community Services and go directly to the DSHS (Department of State Health Services), DADS (Department of Aging and Disability Services) Consumer Rights and Services office, DARS Assistant Commissioner's office, or Advocacy, Inc. if they

choose to do so. All Bluebonnet Trails Community Services authority and provider staff will receive training on these procedures initially and at least annually thereafter.

Revised: June 1, 2017

Attachment G Harassment and/or Discrimination

Bluebonnet Trails strives to maintain a workplace that fosters mutual employee respect and promotes harmonious, productive working relationships. Our organization believes that discrimination, harassment, and/or retaliation in any form constitute misconduct that undermines the integrity of the employment relationship. Therefore, Bluebonnet Trails prohibits discrimination and/or harassment that is sexual, racial, or religious in nature or is related to anyone's gender, national origin, age, sexual orientation, disability, or any other basis protected by federal, state, or local law. This policy applies to all employees throughout the organization and to all individuals who may have contact with any employee of this organization. Furthermore, Bluebonnet Trails will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship, health, or safety concern.

Unwelcome sexual advances, requests for sexual favors, or other verbal, visual, or physical conduct of a harassing and/or discriminatory nature will constitute harassment and/or discrimination when the person involved feels compelled to submit to that misconduct in order to keep his/her position, to receive appropriate pay, or to benefit from certain employment decisions. If this type of misconduct interferes with an employee's work or creates an intimidating, hostile, or offensive work environment, it also may be considered harassment and/or discrimination. This behavior can include but is not limited to suggestive or insulting noises, facial expressions, vulgar language, nicknames, slurs, derogatory comments, cartoons, jokes, written materials, and offensive gestures or touching.

If an employee feels he/she has been subjected to any form of harassment and/or discrimination, the employee should report that conduct to his/her immediate supervisor, another member of management, or Human Resources within three calendar days of the offense. Employees are encouraged to ask the person to stop the behavior, but are not required to approach the person who is harassing and/or discriminating against them, and they may bypass any offending member of management. The person to whom the harassment or discrimination is reported will take the necessary steps to initiate an investigation of the discrimination and/or harassment claim.

Appropriate corrective action, up to and including termination, will be taken promptly against any employee engaging in discrimination and/or harassment.

Bluebonnet Trails prohibits retaliation of any kind against employees, who, in good faith, report harassment and/or discrimination or assist in investigating such complaints. If an employee feels he/she has been subjected to any form of retaliation, the employee should report that conduct to his/her immediate supervisor, another member of management, or Human Resources. Employees are not required to approach the person who is retaliating against them, and they may bypass any offending member of management.