



Policy Number: 2 Effective: May 1, 2008 Revised: October 16, 2017; April 9, 2020; March 11, 2025
Subject: New Client/Family Orientation

**PURPOSE:**

Camden County Developmental Disability Resources (CCDDR) shall have a policy to provide comprehensive and specific information to clients receiving Support Coordination services, as well as their families and others as appropriate, in a manner which is understandable and is appropriate to their needs and types of services received.

This information is designed to assist the client and their family in making informed decisions about the client’s habilitation, treatment and care; in understanding the background of CCDDR and basic agency information; client rights and responsibilities; appeals processes; exactly what will happen as Support Coordination services are provided; encouragement of active participation in the Person-Centered Planning process; and feedback regarding quality of care, service progress and client satisfaction.

**POLICY:**

Upon intake of new, reactivated, or transferred clients receiving Support Coordination services, CCDDR shall provide materials at the time of the initial plan meeting. Those materials include, but are not limited to:

- A. Client/Family Handbook, which includes:
  - Background of CCDDR
  - Overview of Person-Centered Planning process
  - Types of services available
  - Overview of Targeted Case Management
  - Support Coordination performance indicators
  - Appeals processes
  - Information about abuse, neglect, and exploitation
  - Frequently asked questions
- B. After hours/emergency contacts and hours of operation
- C. CCDDR Code of Ethics Statement
- D. HIPAA Privacy Practices Notice/Signature Page
- E. Client Rights Form/Signature Page
- F. Releases of Information
- G. CCDDR Release/Medical Information Form (if client plans to participate in CCDDR-sponsored programs/activities in coming year)
- H. Disaster Preparedness Brochure
- I. CCDDR Brochure
- J. CCDDR Media Release Permission Form
- K. Abuse and Neglect Pamphlet/Signature Page

- L. Department of Social Services Authorized Representative form (if client desires support in communication with the Department of Social Services to ensure Medicaid eligibility)

**REFERENCES:**

- CARF Standards Manual