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Hancock County Board of Developmental Disabilities Policy Manual

Purpose

The Hancock County Board of Developmental Disabilities has the responsibility for adopting policies to insure Blanchard Valley Center offers services and supports to individuals with developmental disabilities and their families who live in Hancock County.

Policy

The HCBDD will adopt policies that ensure Blanchard Valley Center offers services and supports to individuals with developmental disabilities and their families who live in Hancock County. These policies will enable BVC to achieve its mission. BVC will adhere to all applicable local, state and federal regulations and laws.

Board Approved: 6/24/02, 8/24/15

Revised: 3/17/05, 12/15/05, 11/24/14, 8/24/15

Procedure

All employees are responsible to follow all Board policies. All employees are responsible for reading new Board policies and procedures as disseminated electronically, upon approval.

Process for the Origination and Issuance of New and Revised Policies and Procedures

1. The policy-making body is the Hancock County Board of Developmental Disabilities. Policies are formulated based on local, state, and federal regulations and laws. Each of these sources contributes to the published policies and regulations of the HCBDD. In addition, policies are created to insure Blanchard Valley Center achieves its mission. Employees of the Board, whatever their role, can contribute to policy-making and in development of procedures in the some of the following ways: participation in meetings of personnel assigned to a given department, serving on various committees which make recommendations to the Management Team, and discussion at the various employees meetings.

2. Along with development of policies, the Superintendent, working in conjunction with Management Team, will formulate a procedure to implement the policy once it is approved by the Board. The HCBDD gives the Superintendent permission to approve changes to procedures without Board approval.

3. If a new policy and related procedure or the revision of an existing policy and related procedure is needed, the policy-writer will complete a rough draft of both the policy and related procedure which will be given to the Superintendent for review.

4. After review by the Superintendent, the final copy of the new or revised policy and related
procedure will be taken to appropriate Board Committee if applicable for consideration and if the policy is approved by the Board Committee, the policy will be recommended by the Committee to the Board meeting for approval. If there is no appropriate Board Committee, the proposed policy and related procedure will be taken to the HCBDD as a whole. Once the policy is approved by the Board, it will be included in the HCBDD Board Policy and Procedures Manual.

5. When the policy and related procedure have been finalized, the County Board will share both with all employees via electronic means.

6. A review schedule will be implemented to insure all policies and related procedures are reviewed on a consistent basis.

Board Approved: 6/24/02, 8/24/15

Revised: 3/17/05, 12/15/05; 11/24/14, 8/24/15; 3/11/19
Philosophy

MISSION: BVC provides resources and supports that empower people with DD to live lives with meaning and purpose.

VISION:

To provide people with developmental disabilities the assistance and supports to maximize their potential within the Hancock County community.

VALUES:

We believe:
1) In Person Centered thinking and actions in everything we do.
2) In Self Advocacy so that people with DD direct their own futures.
3) In Celebrating the Abilities of people with DD.
4) In Honest and Transparency on all fronts.
5) In Respecting the people we support, their families, our community, and our employees.
6) In Balancing what is best for each person with what is financially responsible ad sustainable.

Board Approved: 11/27/2017

Reviewed: 3/8/19
Introduction

1. **Policies** are defined as the basic rules which guide administrative action for achieving Blanchard Valley Center's mission. Comprehensive and clearly defined policies, consistently and fairly administered, are essential to the success of any organization.

2. The policies set forth and adopted within this manual supersede all previous written and unwritten board and personnel policies of the HCBDD. This policy manual is a guide to be utilized by all staff to ensure uniformity and nondiscriminatory application of all operations of the board. In the event there is a conflict between the contents of this manual and any applicable laws, those applicable laws shall prevail.

3. The manual is designed as a tool for staff to enable them to know and to understand what to expect from the environment and the organization and what the organization expects from each employee. Questions regarding the interpretation and application of these policies should be directed to your supervisor who will seek clarification through the chain of command. Every effort must be made to ensure that such decisions are made objectively, with the general intent of the policy in mind.

4. This manual is not a contract either expressed or implied. The Board reserves the right to change any provision without consultation. However, the Board and its management do want to develop and maintain a good relationship with employees and persons supported. If you have input about matters addressed in this manual, please contact your supervisor with your ideas so that they can be considered, as the manual is revised and updated.

5. As conditions shift within the organization, it may be necessary to add, delete, or revise specific policies affected by such change. Updated policies will be communicated to employees through various methods as determined by the superintendent.

6. If a union contract is in force for designated employees and contains clauses conflicting with items in this manual, the union contract supersedes the pertinent clauses in this manual.

Board Approved: 11/27/2017
Reviewed: 3/8/19
Acceptable use of Internet, Computer and Email

Purpose

The purpose is to define and list the acceptable use of the HCBDD Internet, computers, email, and other devices.

Policy

The HCBDD provides Internet connectivity, Computers and other computing devices, email service, and file storage for the operation of Blanchard Valley Center. The use of those services and systems are governed by HCBDD and should be used for the business of HCBDD. Any device or action that puts the systems in a potential adverse position is prohibited.

Definitions

*Board*: the HCBDD and all associated entities.

*Document*: any kind of file that can be read on a computer screen as if it were a printed page, including the HTML files read in an Internet browser, as well as any file meant to be accessed by a word processing or desktop publishing program or its viewer, or the files prepared for the Adobe Acrobat reader and other electronic publishing tools.

*Graphics*: includes photographs, pictures, animations, movies or drawings.

*Display*: includes monitors, flat-panel active or passive matrix displays, monochrome LCDs, projectors, televisions, and virtual reality tools.

*IT Coordinator*: Information and Technology Coordinator is the employee of the HCBDD who is responsible all for activity on the computer network and its security.

*Network*: refers to any equipment, permanent or removable storage that connects through any means to the file storage, E-mail, Internet or Database Servers. This includes any floppy disk storage, USB drives, memory disks, or infrared devices that may be used to connect to a computer.

*User*: a person that has received a user name and password to access the HCBDD computer network from the IT Coordinator.

Security Issues

User accounts on the network are property of the HCBDD. User names and passwords are not to be given to another employee or contract entity for use. Each user will be given an account as operational need requires.
Usernames are uniform when able, first initial and last name for example: jdoe: jdoe@blanchardvalley.org.

Passwords are governed by policies on the network server, the security of the network depends on passwords that are not easily guessed, or other measures that may be thought by the IT Coordinator as necessary to insure the security of the network. Passwords will be created only by the network administrator, the HCBDD IT Coordinator. Only the IT Coordinator shall change passwords for any user.

User names and/or passwords must not be left on computers, keyboards, or otherwise in plain view. They must be guarded like other confidential information. Network users are responsible for all actions on their account.

The IT Coordinator will ensure that passwords are secure and change them as necessary, and/or on a schedule which will promote the security and of the network.

Any activity performed under a user name and password will be attributed to that network user.

While a user is logged in to the network, any activity will be their responsibility. Users must remember to log off or lock the computer if it is left for any reason. Users may not log in as another user and or use another users account information as this will be seen as an attempt to defraud the logging process of computer activity.

No network user shall take any action to adversely affect the integrity, functionality or reliability of any computer (for example, the installation of hardware or any software not authorized by the IT Coordinator, prior to installation).

No network user shall attempt to bypass the log in to the server or the local computer. Each time the network is accessed, the user must log in to maintain security of the resources.

Procedure:

Acceptable uses of the network at the HCBDD

The computer network at the HCBDD is provided at a significant cost, and users must use the network for business-related purposes only. Users must honestly and appropriately use the network, as well as its resources. All use must respect the copyrights, software license rules, property rights and privacy of others, just as employees would do so in any other business dealings. All existing policies apply to the conduct of users on the network, especially but not limited to those that deal with intellectual property protection, privacy, misuse of company resources, sexual harassment, information and data security, ethics, HIPAA and confidentiality. All use of the computer network system shall be related to a specific work objective.

Unacceptable uses of the network at the HCBDD

Revealing your user name and password to others or gaining access to another person's
login and password. Such violations could be considered as possible Medicaid fraud violations, possible violations of Health Insurance Portability and Accountability Act (HIPAA) and/or falsification of documentation.

Using profanity, obscenity, or other language which may be offensive to another user. The display of any kind of sexually explicit image or document on any board owned computer system is a violation of our policy on sexual harassment. In addition, sexually explicit material may not be archived, stored, distributed, edited or recorded using the network or computing resources.

No network user shall use the HCBDD computer network to download or distribute pirated software or data.

No network user may use the HCBDD network to propagate any virus, worm, Trojan horse, or trap-door program, any software that would attempt to compromise the security of the network.

No network user may use software or hardware to circumvent the security measures in place that protects the network from outside intruders, or internal misuse, or to protect the privacy or security of other users.

No network user may use the HCBDD’s Network to disable or overload any computer system or network, be it the HCBDD’s, or any other outside system.

Network users are reminded that it is inappropriate to reveal confidential information, either meaningfully, or inadvertently, and violators will be subject to current policies and procedures relating to such acts.

Network users may not use the network to distribute or post information regarding the HCBDD and its business or individuals, without prior authorization from the HCBDD, and/or written permission on file from a legal guardian/parent, if applicable.

Only authorized users and information, that is authorized by the HCBDD, may be posted in any electronic means relating to the business matters of the HCBDD. All users identified by network or Internet addressing (web address or email address) must refrain from any political advocacy and must refrain from the unauthorized endorsement of appearance of endorsement by the HCBDD of any persons, service or product not provided by the HCBDD.

Network users may not use the HCBDD’s network system to transmit any messages that could be in any way perceived as insulting, disruptive, or offensive to other persons, or harmful to the HCBDD's mission or operations. Examples of prohibited messages include: sexually explicit statements or comments; unwelcome sexual propositions; ethnic, racial or religious slurs; statements that can be construed to be harassment or otherwise disparaging of another based upon their sex, race, sexual orientation, age, national origin, or religious or political beliefs- or pictures that illustrate or portray the above prohibited messages.
Network users may not use the HCBDD's network to send or forward jokes, gossip, or material of a personal nature.

Network users shall not forward a message that has been altered in any way from the original without stating exactly what changes have been made.

Attached: Annual Computer, Internet and Email Use Policy/Procedure
User Sign Off form

Board Approved: 4/21/03

Revised: 8/1/05, 10/20/05, 12/15/05, 11/28/2016, 5/20/19
Administration and Operation of County Boards of Developmental Disabilities

Purpose

This rule establishes standards for the administration and operation of county boards of developmental disabilities that protect the rights of individuals and ensure the safe and equitable provision of services to eligible individuals and their families.

Policy

(B) Definitions

(1) "Adult services" has the same meaning as in section 5126.01 of the Revised Code.

(2) "County board" means a county board of developmental disabilities.

(3) "Department" means the Ohio department of developmental disabilities.

(4) "Developmental delay" means that a child has not reached developmental milestones expected for his or her chronological age as measured by qualified professionals using appropriate diagnostic instruments and/or procedures.

(a) For children birth through age two, developmental delay shall be established in accordance with Part C and rules promulgated by the department.

(b) For children age three through age five, developmental delay shall be established in accordance with rules promulgated by the Ohio department of education.

(5) "Developmental disability" means a severe, chronic disability that is characterized by all of the following:

(a) It is attributable to a mental or physical impairment or a combination of mental and physical impairments, other than a mental or physical impairment solely caused by mental illness as defined in division (A) of section 5122.01 of the Revised Code;

(b) It is manifested before age twenty-two;

(c) It is likely to continue indefinitely;

(d) It results in one of the following:
(i) In the case of a person birth through age two, at least one developmental
delay or a diagnosed physical or mental condition that has a high probability
of resulting in a developmental delay;

(ii) In the case of a person age three through age five, at least two
developmental delays; or

(iii) In the case of a person age six or older, a substantial functional
limitation in at least three of the following areas of major life activity, as
appropriate for his or her age: self-care, receptive and expressive language,
learning, mobility, self-direction, capacity for independent living, and, if the
person is age sixteen or older, capacity for economic self-sufficiency; and

(d) It causes the person to need a combination and sequence of special,
interdisciplinary, or other type of care, treatment, or provision of services for an
extended period of time that is individually planned and coordinated for the
person.

(6) "Early intervention services" means developmental services selected in
collaboration with the parents of child birth through age two who is eligible for
services under Part C and designed to meet the developmental needs of the child
and the needs of the child's family to assist appropriately in the child's development
as identified in the individualized family service plan.

(7) "Early intervention system" means Ohio's statewide, coordinated,
comprehensive, interagency system for which the department is the lead agency, that
promotes transdisciplinary, family-centered services and supports to eligible children
birth through age two and their families in accordance with Part C.

(8) "Family support services" means a family support services program described in and
administered pursuant to section 5126.11 of the Revised Code.

(9) "Home and community-based services" has the same meaning as in section
5123.01 of the Revised Code.

(10) "Individual" means a person with a developmental disability or for
purposes of giving, refusing to give, or withdrawing consent for services, his or her
guardian in accordance with section 5126.043 of the Revised Code.

(11) "Individual service plan" means the written description of services,
supports, and activities to be provided to an individual.

(12) "Individualized family service plan" means the written plan for providing
early intervention services to an eligible child and his or her family.

(13) "Intermediate care facility for individuals with intellectual disabilities" has the same
meaning as in section 5124.01 of the Revised Code.

(14) "Medicaid local administrative authority" has the same meaning as in section
5126.055 of the Revised Code.
(15) "Part C" means part C of the Individuals with Disabilities Education Act, 20 U.S.C. 1431 through 1445, as in effect on the effective date of this rule, and 34 C.F.R. part 303, as in effect on the effective date of this rule.

(16) "Service and support administration" means the duties performed by a service and support administrator pursuant to section 5126.15 of the Revised Code.

(C) Strategic plan

(1) A county board shall develop and adopt by resolution a strategic plan that meets the requirements of sections 5126.04 and 5126.054 of the Revised Code, includes the county board's mission and vision, and addresses the county board's strategy for:

(a) Promoting self-advocacy by individuals served by the county board through the person-centered planning process, activities, and community connections;

(b) Ensuring that individuals receive services in the most integrated setting appropriate to their needs;

(c) Reducing the number of individuals in the county waiting for services;

(d) Increasing the number of individuals of working age engaged in community employment;

(e) Taking measures to recruit sufficient providers of services to meet the needs of individuals receiving services in the county; and

(f) Meeting with each newly certified independent provider within sixty calendar days of the provider being selected to provide services to an individual, for purposes of confirming the provider understands the individual service plan and the provider's responsibilities and ensuring the provider has contact information for the county board.

(2) The strategic plan shall be made readily available to individuals and families who receive services, employees of the county board, citizens of the county, and any other interested persons. The HCBDD plan is available on the blanchardvalley.org website.

(3) The county board shall prepare a strategic plan progress report at least once per year. The strategic plan progress report shall be made readily available to individuals and families who receive services, employees of the county board, citizens of the county, and any other interested persons. The HCBDD plan progress report is available on the blanchardvalley.org website.

(4) The county board shall have a mechanism for accepting public feedback regarding the strategic plan and strategic plan progress reports. The HCBDD website has a contact us form to allow feedback at any time.

(D) Eligibility determination for county board services
(1) Except as provided in paragraph (H) of this rule, the county board shall make eligibility determinations for county board services in accordance with the definition of "developmental disability" in paragraph (B)(5) of this rule.

(2) For persons age sixteen or older, a substantial functional limitation in a major life area is determined through completion of the Ohio eligibility determination instrument (available at http://doddportal.dodd.ohio.gov) or an alternative instrument issued by the department for use in determining eligibility for county board services and application of criteria found therein.

(3) For persons age six through age fifteen, a substantial functional limitation in a major life area is determined through completion of the children's Ohio eligibility determination instrument (available at http://doddportal.dodd.ohio.gov) or an alternative instrument issued by the department for use in determining eligibility for county board services and application of criteria found therein. The children's Ohio eligibility determination instrument or an alternative instrument issued by the department for use in determining eligibility for county board services is used in the eligibility determination process for the county board for all services and supports other than special education services.

(4) The Ohio eligibility determination instrument, the children's Ohio eligibility determination instrument, and any alternative instrument issued by the department for use in determining eligibility for county board services shall be administered by persons employed by county boards or regional councils of governments formed under section 5126.13 of the Revised Code by two or more county boards and authorized to do so by the department.

(5) A county board may establish eligibility for county board services for any preschool child with a disability eligible for services under section 3323.02 of the Revised Code whose disability is not attributable solely to mental illness as defined in section 5122.01 of the Revised Code.

(6) A county board shall complete eligibility determination within forty-five calendar days of the request for services or after all necessary information has been received from the referring party or applicant except that:

(a) For children birth through age two, the eligibility report completed by or for the early intervention system shall be used for eligibility determination; and

(b) For children age three through age five, the evaluation completed by or for the school district for preschool special education may be used for eligibility determination.

(7) A county board shall keep on file the documents used to determine eligibility for county board services of all persons who apply after July 1, 1991, whether or not such persons are found to be eligible. Information on persons found to be ineligible shall be maintained for five years after such determination is made.

(8) When a person who has been determined eligible for county board services after July 1, 1991 moves or wants to move to another county in Ohio, that person shall be deemed eligible by the new county board. The new county board, however, may
review the person's eligibility. During the review, the person continues to be eligible to receive services according to the new county board's strategic plan and priorities.

(9) All persons who were eligible for county board services and receiving county board services pursuant to Chapter 5126. of the Revised Code on July 1, 1991, shall continue to be eligible for those services and to receive services as long as they are in need of services.

(10) All persons who were eligible for case management services and receiving case management services pursuant to Chapter 5126. of the Revised Code on January 10, 1992, shall continue to be eligible for those services and to receive services as long as they are in need of services.

(11) All persons determined ineligible for county board services shall be referred, with their consent, to other agencies or sources of services.

(12) All persons determined ineligible for county board services shall be informed of the process for resolution of complaints and appeals of adverse action in accordance with rule 5123:2-1-12 of the Administrative Code.

(E) Waiting lists for non-Medicaid programs and services

(1) If a county board determines that available resources are not sufficient to meet the needs of all individuals who request non-Medicaid programs or services, the county board shall establish one or more waiting lists for such programs or services in accordance with the county board's strategic plan described in paragraph (C) of this rule except that a waiting list shall not be established for early intervention services to eligible children and their families.

(2) Due process in accordance with rule 5123:2-1-12 of the Administrative Code shall be available to an individual aggrieved by an action of a county board related to the establishment or maintenance of, placement on, the failure to offer services in accordance with, or removal from a waiting list for non-Medicaid programs and services established in accordance with paragraph (E)(1) of this rule. A county board may, if it has adopted a written policy describing an informal process for resolution of complaints and appeals of adverse action in accordance with rule 5123:2-1-12 of the Administrative Code, attempt to informally resolve the matter. An attempt to informally resolve the matter shall not affect the individual's right to due process.

(3) A county board shall, in the manner specified in rule 5123:2-1-12 of the Administrative Code, give notice to each individual on the waiting list for non-Medicaid programs and services established in accordance with paragraph (E)(1) of this rule, the individual's guardian, and in accordance with section 5126.044 of the Revised Code, the individual's family, as applicable, of the individual's due process rights. The county board shall document that such notice was given and the content of the notice.

(4) Upon the department's request, a county board shall submit in a format specified by the department, documentation related to its waiting lists for non-Medicaid programs and services established in accordance with paragraph (E)(1) of this rule,
including but not limited to, information regarding individuals who requested services or were removed from a waiting list.

(F) Statutory authority

A county board shall carry out its duties and responsibilities in accordance with Chapter 5126. of the Revised Code. If a county board operates classrooms for children, the county board shall be licensed by the Ohio department of job and family services or the Ohio department of education, as applicable.

(G) Medicaid local administrative authority

(1) A county board with Medicaid local administrative authority shall abide by all terms and conditions set forth in the federally-approved waiver documents including any appendices and attachments, sections 5126.055 and 5166.21 of the Revised Code, and administrative rules promulgated by the Ohio department of Medicaid.

(2) The department shall oversee Medicaid local administrative authority activities to ensure compliance with applicable laws. If the department determines that a county board with Medicaid local administrative authority is deficient in its administration of Medicaid waiver services, the department may take appropriate actions authorized by applicable law including, but not limited to, division (G) of section 5126.055 of the Revised Code or section 5126.056 of the Revised Code.

(3) A county board that participates in the department's Medicaid administrative claiming program shall comply with the department's policies and procedures governing Medicaid administrative claiming and refund any payments that are disallowed by the department, the Ohio department of Medicaid, or the centers for Medicare and Medicaid services. A county board may challenge a disallowance by the department in accordance with rule 5123:2-17-01 of the Administrative Code.

(4) When the department refers an individual for whom the department is paying the nonfederal share of Medicaid expenditures for home and community-based services to a county board for enrollment in home and community-based services, the county board shall assist the department in expediting the enrollment.

(H) Service and support administration

A county board shall determine eligibility for service and support administration, provide service and support administration, and ensure individual service plans are developed in accordance with rule 5123:2-1-11 of the Administrative Code.

(I) Adult services provided to individuals who are not enrolled in home and community-based services waivers

(1) A county board providing adult services to individuals who are not enrolled in home and community-based services waivers shall adopt a written policy outlining provision of the services.

(2) Adult services to individuals who are not enrolled in home and community-based services waivers shall be provided pursuant to section 5126.01 of the Revised Code and rule 5123:2-2-05 of the Administrative Code.
(3) Planning for adult services to individuals who are not enrolled in home and community-based services waivers shall be conducted in accordance with the person-centered planning process described in rule 5123:2-1-11 or 5123:2-3-03 of the Administrative Code, as applicable.

(4) Persons engaged in the direct provision of adult services to individuals who are not enrolled in home and community-based services waivers shall meet the training requirements for persons engaged in the direct provision of comparable home and community-based services as set forth in:

(a) Rule 5123:2-9-13 of the Administrative Code for career planning;
(b) Rule 5123:2-9-14 of the Administrative Code for vocational habilitation;
(c) Rule 5123:2-9-15 of the Administrative Code for individual employment support;
(d) Rule 5123:2-9-16 of the Administrative Code for group employment support; and
(e) Rule 5123:2-9-17 of the Administrative Code for adult day support.

(J) Early intervention services

(1) A county board providing early intervention services shall do so in accordance with Part C and rules promulgated by the department.

(2) A county board providing early intervention services shall adopt a written policy describing the county board’s role in the county’s comprehensive system for early intervention services. The policy shall identify how the county board will provide early intervention services on a year-round basis to eligible children and their families as part of the early intervention system. The policy shall describe the source of funds available to administer early intervention services and the specific role the county board has agreed to fulfill as a partner in the local early intervention system, which may include:

(a) Public awareness/child find;
(b) Evaluation to determine eligibility;
(c) Child and family assessment;
(d) Service coordination;
(e) Early intervention services in everyday routines, activities, and places as developed through the individualized family service plan development process; and
(f) Assurances for procedural safeguards required by Part C and rules promulgated by the department.

(K) Family support services
(1) A county board may use funds allocated for the family support services program as match for Medicaid home and community-based services waivers.

(2) When a county board directly awards funds allocated for the family support services program to individuals or family members of individuals, the county board shall adopt a written policy governing provision of family support services. The policy shall:

(a) Specify that individuals or family members of individuals may receive family support services funds;

(b) Define family members who are eligible to receive family support services funds;

(c) Describe goods and services that may be purchased with family support services funds;

(d) Address whether or not the county board will use an income-based fee schedule to determine eligibility for family support services funds, and if an income-based fee schedule is used, whether or not the county board will require applicants to submit documentation to verify their income;

(e) Set forth the process for individuals and family members to apply for family support services funds and for the county board to review and approve/disapprove applications; and

(f) Describe payment processes that meet requirements established by the county auditor.

(L) Employees

(1) A county board shall enroll each service and support administrator and each staff member who is engaged in a direct services position in the Ohio attorney general's retained applicant fingerprint database ("Rapback").

(2) A county board shall provide annual written notice to each staff member explaining the conduct for which the staff member may be placed on the abuser registry and setting forth the requirement for each staff member who is engaged in a direct services position to report in writing to the county board, if he or she is formally charged with, convicted of, or pleads guilty to any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code within fourteen calendar days after the date of such charge, conviction, or guilty plea.

(M) Volunteers

1. A county board may engage volunteers to provide supplementary services. A county board shall not submit claims for Medicaid reimbursement for services provided by volunteers.

2. A county board shall ensure that volunteers are at all times under supervision of paid supervisory staff of the county board.
3. A county board shall ensure that volunteers who provide more than forty hours of service working directly with individuals served by the county board during a calendar year receive training in:

   (a) The role and responsibilities of the county board with regard to services including person-centered planning, community participation and integration, self-determination, and self-advocacy;

   (b) The rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code;

   (c) The requirements of rule 5123:2-17-02 of the Administrative Code including a review of health and welfare alerts issued by the department; and

   (d) An overview of emergency procedures.

(4) A county board shall ensure that volunteers who provide more than forty hours of service working directly with individuals served by the county board during a calendar year undergo background investigations.

(a) The background investigation for a volunteer shall include:

   (i) Requiring the volunteer to submit a statement to the county board with the volunteer's signature attesting that he or she has not been convicted of or pleaded guilty to any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code.

   (ii) Requiring the volunteer to sign an agreement under which the volunteer agrees to notify the county board within fourteen calendar days if the volunteer is formally charged with, is convicted of, or pleads guilty to any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code. The agreement shall provide that failure to make the notification may result in termination of the volunteer's services.

   (iii) Establishing the volunteer is not included in any of the databases described in paragraph (C)(2) of rule 5123:2-2-02 of the Administrative Code.

   (iv) Obtaining a criminal records check conducted by the Ohio bureau of criminal identification and investigation. If the volunteer does not present proof that he or she has been a resident of Ohio for the five-year period immediately prior to the date upon which the criminal records check is requested, the criminal records check shall include information from the federal bureau of investigation.

(b) A county board shall, at a frequency of no less than once every five years, conduct a background investigation in accordance with paragraph (M)(4)(a) of this rule for each volunteer.

(c) A county board shall not engage or continue to engage a volunteer who:
(i) Is included in one or more of the databases described in paragraph (C)(2) of rule 5123:2-2-02 of the Administrative Code; or

(ii) Has a conviction for any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code if the corresponding exclusionary period as specified in paragraph (E) of rule 5123:2-2-02 of the Administrative Code has not elapsed.

(N) Cost reports

A county board shall annually prepare and electronically file a cost report detailing its income and expenditures in accordance with section 5126.131 of the Revised Code and guidelines established by the department and shall:

(1) Reconcile its income and expenditures on a monthly basis in accordance with standards established by the county auditor;

(2) Retain the cost report and accurate records and documentation necessary to support the cost report for six years from the date of receipt of payment for the final settlement of the cost report or until an initiated audit is resolved, whichever is longer; and

(3) Ensure its business manager and other county board personnel who prepare cost reports or supporting documentation successfully complete:

   (a) A department-provided orientation program in cost report preparation within ninety calendar days of employment or contract; and

   (b) Department-provided annual training in cost report preparation thereafter.

(O) Records

(1) A county board shall maintain fiscal records that are in compliance with county and state auditor's requirements pursuant to section 149.38 of the Revised Code.

(2) A county board shall adopt written policies and procedures which address confidentiality, access, duplication, dissemination, and destruction of personnel records.

(3) A county board shall adopt written policies and procedures which address confidentiality, access, duplication, dissemination, and destruction of records of individuals served in accordance with the Health Insurance Portability and Accountability Act, 42 U.S.C. 1320d, as in effect on the effective date of this rule and as applicable, the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g, as in effect on the effective date of this rule.

(4) Records of the county board shall be accessible to department personnel authorized by the director of the department.

(5) A county board shall submit information and reports as directed by the department.
(6) A county board shall ensure that information about individuals served, including the individual's living arrangements and address, guardianship status, and guardian's address and contact information, is updated in the department's information systems within fifteen calendar days of any change.

(P) Safety

(1) The design and maintenance of county board facilities and equipment shall be in conformance with all applicable laws, including the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 as in effect on the effective date of this rule.

(2) Each facility owned, leased, or operated by the county board shall be inspected annually by the local fire marshal or designee to ensure compliance with fire safety practices.

(3) If the county board provides a swimming program, regardless of location, a person who holds a current "American Red Cross" or equivalent lifeguarding certificate shall be present.

(4) A county board shall develop written building emergency plans which include procedures for fire, tornado, bomb threat, power failure, natural disaster, medical emergency, and other emergencies. The building emergency plans shall be available to all personnel, volunteers, individuals served, parents, and guardians.

(Q) Health

(1) When a county board is directly providing facility-based services, the county board shall adopt written policies and procedures that ensure the general health and well-being of all individuals served and address:

   (a) Procedure to be followed when individuals are ill or injured, including provision of first aid and emergency treatment;

   (b) Securing emergency squad or ambulance services or the services of the individual's personal physician;

   (c) Providing first aid training, cardiopulmonary resuscitation training, and training in universal precautions for infection control including hand-washing and disposal of bodily waste to county board personnel engaged in direct services positions in accordance with rule 5123:2-2-01 of the Administrative Code;

   (d) Providing suitable first-aid facilities, equipment, and supplies;

   (e) Providing for the management of communicable diseases, handling of illness on-site, and return after an illness or other health condition; and

   (f) Posting emergency numbers by each telephone.

(2) The written policies and procedures described in paragraph (Q)(1) of this rule shall be communicated to all county board personnel, individuals served, parents,
guardians, and providers of services, and shall be available upon request by any person.

(3) A county board shall adopt a written policy consistent with applicable statutes concerning administration of medication by county board personnel.

(4) All medication administered by county board personnel shall be pharmacy-labeled to indicate owner, contents, required dosage, and schedule. Such medication shall be secured in a locked cabinet and removed by designated and qualified personnel.

(R) County board accreditation

(1) The department shall conduct an accreditation review of each county board at least once every three years to determine the county board's compliance with applicable statutes and rules. An accreditation review shall include a comprehensive on-site review conducted by representatives of the department at the county board's offices and facilities and may include off-site review of records, documents, or other materials.

(2) There are three possible outcomes of an accreditation review:

(a) The department shall issue accreditation for a term of three years to a county board that exceeds minimum compliance with applicable statutes and rules;

(b) The department shall issue accreditation for a term of one year to a county board that demonstrates minimum compliance with applicable statutes and rules; or

(c) The department shall hold accreditation in abeyance for a county board that is not in compliance with applicable statutes and rules. The department shall work with the county board to develop an acceptable plan of correction within ninety calendar days. If an acceptable plan of correction is not developed within ninety calendar days, the county board may be subject to receivership pursuant to section 5126.081 of the Revised Code. While a county board's accreditation is in abeyance, the county board shall not enroll individuals in home and community-based services waivers.

(3) The department shall notify a county board at least ninety calendar days prior to conducting an accreditation review.

(4) After conclusion of the comprehensive on-site review, the department shall conduct an exit conference with the superintendent of the county board and any other persons the county board invites. The purpose of the exit conference is to provide the county board with an oral summary of the county board's compliance status and present any findings of noncompliance. The exit conference may be held on-site at the conclusion of the on-site review but shall be conducted no more than five business days following the conclusion of the on-site review except by mutual agreement between the department and the superintendent of the county board.
(5) The department shall issue a written accreditation review summary to the president of the county board or the president's designee and the superintendent of the county board within seven calendar days of conclusion of the on-site review. The accreditation review summary shall be objective in terms of observations and citations, relying upon documentation that clearly addresses the standards reviewed.

(6) Within fourteen calendar days of receipt of a written accreditation review summary that includes one or more citations, the county board shall submit to the department, a written appeal or a written plan of correction for each citation. If the county board does not submit a written appeal within fourteen calendar days, the accreditation review summary shall be final and not subject to appeal by the county board.

(a) The appeal for a citation shall include the county board's basis with supporting documentation for challenging the citation. The department shall allow or disallow the appeal within ten calendar days of receipt.

(b) If the appeal is disallowed, the county board shall submit a written plan of correction for each citation to the department within fourteen calendar days. The written plan of correction shall include:

(i) A description of corrective action, including systemic changes necessary to prevent recurrence;

(ii) Implementation date of corrective action;

(iii) Person responsible for implementing corrective action; and

(iv) Supporting documentation which verifies implementation of corrective action.

(c) The department shall approve or disapprove the plan of correction within twenty calendar days of receipt.

(d) The department shall not issue accreditation until the county board's written plan of correction is approved.

(7) The department shall recognize county boards that demonstrate excellence through achievement of outstanding results or development of successful approaches regarding employment, self-advocacy, substantial downsizing or conversion of an intermediate care facility for individuals with intellectual disabilities, person-centered planning, or serving individuals presenting complex challenges by posting information about the county board’s innovative practices at the department's website.

(S) Compliance reviews

A county board that is certified by the department pursuant to section 5123.161 of the Revised Code to provide supported living or home and community-based services is subject to rule 5123:2-2-04 of the Administrative Code and may be eligible for an abbreviated compliance review in accordance with that rule.
(T) Providing applicable statutes and rules

A county board shall upon request, assist any interested party to locate and secure a copy of provisions of Chapter 5126. of the Revised Code and the administrative rules of the department. The county board shall ensure that employees of the county board and entities under contract with the county board receive information about revisions to the Revised Code and administrative rules of the department that are pertinent to their roles.

(U) Waiver of requirements in Chapter 5123-4 or 5123:2-1 of the Administrative Code

The county board may request or the department may initiate a waiver of requirements outlined in Chapter 5123-4 or 5123:2-1 of the Administrative Code that govern the administration and operation of county boards, so long as the requirements are not those of the Revised Code.

Board Approved: 5/29/02; 5/18/15; 8/27/18
Revised: 11/17/05, 12/15/05, 2/22/07, 5/18/15, 8/20/18
Reviewed: 3/11/19
Administrative Office Hours

Purpose

The purpose of this policy is to establish administrative office hours and after-hours contact procedures.

Policy

The Hancock County Board of Developmental Disabilities (HCBDD) shall administer support as follows:

- Administration, including Operations, Quality Services and Superintendent
- Blanchard Valley School
- Service and Support Administration
- Early Intervention

This policy establishes office hours during the normal week. It also establishes procedures for after-hours emergency contact.

Attached: Procedure for Administrative Office Hours Policy

Board Approved: 4/19/02, 5/18/15

Revised: 5/29/02, 12/15/05, 5/18/15, 7/24/17

Reviewed: 4/25/16, 7/24/17

Procedure

Administrative office hours shall be as follows:

- Administrative Office: 8:00 am – 4:00 pm
- Operations Department
- Quality Services Department
- Superintendent
- Early Intervention

- Blanchard Valley School: 8:00 am – 4:00 pm

- Service and Support Administration Office: 8:00 am – 4:00 pm

In some circumstances staff will be available to meet and provide supports (i.e. Community Recreation, Advocacy) with individuals / families supported outside of these hours. This will be based on program, individual and/or family needs.

There is an emergency on call phone number available to anyone with an emergency. The emergency after-hours number is 419-722-9262.
Secretaries are responsible for ensuring coverage during these hours. If he/she is unavailable, e.g. lunch, breaks, etc., he/she will coordinate with his/her supervisor for coverage. If the secretary is unavailable due to illness, sick leave, personal leave, vacation, the immediate supervisor is responsible to provide coverage.

Board Approved: 4/19/02, 5/18/15, 4/25/15, 7/24/17

Revised: 5/29/02, 12/15/05, 5/18/15, 4/25/16, 7/24/17; 3/8/19
Bidding

Purpose

The purpose of this policy is to establish bidding guidelines.

Policy

The Hancock County Board of Developmental Disabilities (HCBDD) is subject to the competitive bidding requirements of the ORC 307.86 and Chapter 153 for public improvement bids. Ohio Revised Code states anything purchased, leased, leased with an option or agreement to purchase, or constructed, including, but not limited to, any product, structure, construction, reconstruction, improvement, maintenance, repair, or service at a cost in excess of the bidding limit must be obtained through competitive bidding.

References: Ohio Revised Code 307.86, 153.65
Board Approved: 11/17/03, 6/22/15
Revised: 12/15/05
Reviewed: 11/24/14, 6/22/15, 3/19/19

Procedure

At the time of bid submission, it is desired that the bidder turn in their detailed bid on the project, as well as their W-9 form, OPERS form and Certificate of Workers Compensation.

Purchase Exceptions

Exceptions to purchases include State Cooperative Purchasing, ODOT Cooperative Purchasing, County, University, and Educational Cooperative Purchases (CUE) and various other exceptions listed in Ohio Revised Code, 307.86.

Bidding Exceptions

- Real present emergencies, less than $50,000.00, and actual physical disaster to structures, radio communications equipment, or computers. With Board Resolution, no bid is required.
- Services from construction project manager, consultant, surveyor, accountant, architect, attorney at law, physician, professional engineer, or appraiser. Selections of professional services are subject to ORC 153.65.
- Persons or firms retained by the County Auditor for assessment.
- Sole suppliers of replacement parts for products or equipment leased or owned.
- Purchases from outside government contracting authorities except with imposed restrictions.
- Purchase of social services through ODJFS and federally funded non-profit organizations.
- Transfer of county land and granting leases, easements, and rights to other government bodies, public utilities, and certain non-profit corporations.
- Group Insurance for county and union employees where benefits are provided by
a jointly administered trust fund.

Bidding procedures, bonds, payments, state approvals, etc. may refer to the County Auditor’s Outline of Public Contract Bidding.

References: O. R. C. 307.86, 153.65
Board Approved:  11/17/03 , 6/22/15
Revised: 12/15/05, 11/24/14, 6/22/15
Reviewed: 3/19/19
Code of Ethics and Professional Conduct

Purpose

The purpose of the Code of Ethics and Professional Conduct Policy is to ensure that all staff maintain the highest possible ethical and moral standards and to perform within the laws of the State of Ohio and other rules and regulations as may be set forth by their appointing authority.

It is essential that the public maintain confidence in the staff of the Board. For this reason, it is important that Board staff refrain from any action that involves using public office for private gain or giving preferential treatment to any individual, group, or entity.

Policy

Staff are expected to follow all state and federal laws and regulations, and the Code of Ethics and Professional Conduct policies and procedures of the HCBDD. Within fifteen (15) days after beginning the performance of official duties, the HCBDD shall furnish staff with an electronic copy of Ohio Ethics Law and related statutes via DD Works.

Procedure

Definition:

For the purposes of this policy staff includes but is not limited to; paid full time, part time or substitute employees, contractors of the Board, and other assigned support affiliates of the Board programs.

Time Conflict - Defined as when the working hours required of a "secondary job" directly conflict with the scheduled working hours of an employee's job with the Board; or when the demands of a secondary job prohibit adequate rest, thereby adversely affecting the quality standard of the employee's job performance with the Board.

Interest Conflict - Defined as when an employee engages in outside employment that tends to compromise his or her judgment, actions and/or job performance with the Board or which impairs the Board's reputation in the community. Includes any employment with an agency contracting with the Board and any employment dependent upon Board funding.

Staff will at all times adhere to the following standards of Professional Conduct:

1. In addition to the certificates, registrations, and/or licenses and the ethical standards of the disciplines, all staff are expected to maintain a standard of conduct, which promotes the well-being of persons with developmental disabilities consistent with the HCBDD's purpose, philosophy, and the rights of persons with developmental disabilities.

2. Staff cannot engage in outside employment that results in a conflict of interest with their duties at the Board. Employees must notify the Human Resource Department prior to accepting any outside employment. Full time employment with the Board shall be considered the employee’s primary occupation, taking precedence over all other occupations. Should the Board feel that an employee’s outside employment is
adversely affecting the employee’s job performance, the Superintendent may request that the employee refrain from such activity. Any conflict, policy infraction, or other specific offense which is the direct result of an employee’s participation in outside employment shall be disciplined in accordance with the policies set forth in this manual.

3. A conflict of interest exists when an individual’s responsibilities in one position are such as to influence, directly or indirectly, the performance of his/her duties in the other position, thereby subjecting him/her to influences that may prevent decisions from being completely objective. From the Board’s perspective, a conflict exists even if there is only an appearance of or a potential for improper influence. Staff cannot be subject to conflicting duties or be exposed to the temptation of acting in any manner other than the best interest of the public. A potential conflict of interest exists if the private interests of the staff might interfere with the public interests the staff is required to serve.

4. Staff cannot solicit or accept anything of economic value from any individual or entity engaged in business dealings or seeking to engage in business dealings with the Board.

5. No staff shall have a pecuniary or fiduciary interest in the profits or benefits of a public contract entered into by the Board, unless otherwise allowed by Ohio law.

6. No staff shall use or authorize the use of authority or influence of his/her position to secure anything of value or the promise or offer of anything of value that is of such a character as to manifest a substantial and improper influence upon him/her with respect to her/her duties.

7. No staff shall be employed by any entity having a contract with the HCBDD unless that staff notifies the Superintendent and receives authorization from the Superintendent permitting such employment.

8. No staff (excluding contractors and affiliate supports not paid by the Board) shall receive or agree to receive directly or indirectly compensation, other than from the HCBDD for any service rendered or to be rendered in any case, proceeding, application, or other matter before the HCBDD.

9. Staff cannot accept gifts from persons supported having a value greater than $5.00 no more frequently than two times per year.

10. At no time shall staff betray the trust relationship that exists between the staff and person supported. In particular, relationships both within and outside the work environment require caution regarding social contacts, financial dealings, or other activities which would take advantage or appear to take advantage of the trust a person supported has in the staff. Sexual conduct with a person supported is prohibited.

11. Staff may not identify themselves or represent to others that they are a representative of the Board outside of official duties.

12. All staff will refrain from negative communication in verbal, digital or written forms regarding the individuals supported, other staff or the operations of the board.

13. Staff shall not use his or her position to secure a contract with the Board benefiting a
family member or a business associate.

14. No staff (excluding contractors and affiliate supports not paid by the Board) shall solicit or accept compensation from any person or entity for performing his/her duties on behalf of the Board.

15. No staff shall represent private interests in any action or proceedings against the interest of the Board in any matter in which the Board is a party.

16. No present or former staff shall, during his employment or service or for twelve (12) months thereafter, represent a person supported or act in a representative capacity for any person on a matter in which he/she personally participated as a staff member through decision, approval, disapproval, recommendation, the rendering of advice, investigation or other substantial exercise of administrative discretion.

17. No staff shall, without proper legal authorization, disclose confidential or proprietary information concerning the persons served, property, government or affairs of the county or the Board.

18. No present or former staff shall disclose or use, without appropriate authorization, any information acquired by him/her in the course of his official duties which is confidential.

19. All staff will act with discretion at any community establishment during work and non-work hours where persons supported by the Board and/or their families may be present.

Staff should report any apparent violation of this policy to the Superintendent/designee who will investigate and, if the circumstances warrant, take corrective action.

**Code of Ethics**

The purpose of the Code of Ethics is to establish standards that guide our decisions and delivery of service while maintaining the highest possible ethical and moral standards in which to best serve persons with developmental disabilities.

**Professionalism**

The employees will conduct him/herself in a professional and ethical manner that would represent the County Board in a positive light at all times.

Professionalism requires that the employees strive for excellence in the following areas:

- **Altruism**: Staff are obligated to attend to the best interest of persons supported, rather than self-interest.
- **Accountability**: Staff are accountable to persons supported on issues related to the profession they practice.
- **Excellence**: Staff are obligated to make a commitment to life-long learning. Staff will make every effort to take advantage of available trainings in which knowledge of serving individuals with developmental disabilities will be advanced.
Duty: Staff should be available and responsive when on duty, accepting a commitment to service within the profession and community.

Honor and integrity: Staff should be committed to being fair, truthful, and straightforward in their interactions with persons supported, their guardians and their families.

Respect for others: Staff should demonstrate respect for persons supported and their families, other staff and anyone else with whom he/she comes in contact.

Staff will be forthright and informative with persons supported and the public.

Staff will conduct him/herself in a professional and courteous manner with persons supported, families, State Agencies, other organizations, colleagues, and anyone else with whom he or she has contact with in either written, digital or verbal communication.

In all circumstances, staff will attempt to provide the highest standards of conduct for the profession, ever mindful of the impact of the work upon lives of persons with disabilities, while striving to maintain the dignity and rights of those persons.

Staff will always encourage other staff to seek the highest degree of professionalism and ethical considerations.

Staff should not allow their own personal problems or issues to interfere with their professional judgment and performance or to jeopardize the best interests of the persons they support.

All Staff of the Board are expected have a high degree of self-control of their behavior and are governed by the Code of Ethics.

Service

Staff shall not practice outside the scope of their training. For instance, the SSA shall not provide counseling; give medical advice, etc. to a person supported or to their families. When appropriate, staff shall make referrals on behalf of persons supported to other professionals and/or agencies that specialize in a specific area or course of treatment or service. Staff will make attempts and put forth due effort in familiarizing him/herself with various community support services of which persons supported may avail themselves.

Confidentiality

Staff will adhere to confidentiality with the highest standards possible. This will mean that names, cases and personal information shall not be discussed in public unless attending a
formal meeting in a public location. Names or cases should not be discussed in open forum where outside non-pertinent persons can hear or obtain personal information about the person supported.

Privacy shall be maintained at all times unless there exist potential death or bodily harm to the person supported.

SSA Conflict of Interest

Conflicts of interest can arise when an SSA’s responsibilities to persons supported or responsibilities to entities contracted by the Board can present an opportunity for personal gain. This instance can arise when an SSA’s personal interests are inconsistent with those of the Board and create conflicting loyalties. Such conflicting loyalties can cause an SSA to either appear to give preference or actually give preference to personal interests in situations where responsibilities to the person should come first.

Disclosure-the heart of any code of ethics is the disclosure in advance on the part of the individual who may have a conflict of interest. Then steps can be taken to resolve the matter before it becomes a conflict of interest.

SSA’s are in a unique relationship with the persons we support. SSA’s shall not betray the trust relationship that exists between himself/herself and persons / families we support . SSA’s are cautioned against relationships outside the program environment regarding social contacts, financial dealings or any other activities that would take advantage or appear (perception) to take advantage of the trust relationship.

SSA’s who have a family connection to provider agencies or individual provider must identify such relationships. SSA’s must also promptly report such relationship when the relationship is an external relationship such as but not limited to a significant other.

SSA’s shall avoid situations where their personal interests could conflict with, or even be perceived as conflict with interests of the person supported.

The SSA shall make no promises nor state outcomes which cannot be guaranteed. If, in the course of business, the SSA recognizes that an error has been made, the SSA shall notify the person supported and the responsible Administration official and attempt to repair the error.

SSA should inform persons supported when a real or potential conflict of interest arises and takes reasonable steps to resolve the issue in a manner that makes the persons supported interests primary and protects the persons interests to the greatest extent possible.

SSA’s should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political or business interested. SSA’s should not engage in dual or multiple relationships with persons supported or persons formerly supported in which there is a risk of exploitation or potential harm to the individual.
In situations where dual or multiple relationships are unavoidable, the SSA should take steps to protect the person and are responsible for setting clear, appropriate boundaries.

Examples of multiple relationships that shall be avoided include but are not limited to those listed below:

Familial relationships
Social relationships
Emotional relationships
Financial relations including bartering
Supervisory relationships
Political relationships
Administrative relationships; and/or
Legal relationships.

In some cases, protecting the person’s supported interests may require termination of the professional relationship with proper referral of the person to another SSA. If an SSA has a personal relationship with any vendor contracted to support the person, the SSA Manager will attempt to reassign caseloads unless it will be detrimental to the person supported. If reassignment cannot be made, the SSA will need to sever the relationship causing the conflict of interest.

Service and Support Administrators who intend to resign from their position should submit a letter of resignation to the SSA Director. If the reason for the Service and Support Administrators resignation is to accept a position with a Supported Living/Medicaid provider of residential and/or day habilitation services, the resignation will be effective immediately to prevent any perception of or actual conflict of interest.

Upon receipt of the Service and Support Administrator’s resignation letter, the supervisor will forward the letter to HR so that HR/Payroll can complete necessary paper work; this will include a letter of acceptance, arrangements for payment of unused, accrued vacation time, collection of keys and badges, exit survey and other activities related to the resignation.

*** Any situation or conflict that is questionable or outside the scope of these written Code of Ethics, the issue will be taken before the Ethics Committee for review.

Board Approved: 6/26/15, 4/22/19

Revised: 2/26/18
Contracts

Purpose

The purpose of this policy is to establish guidelines by which the Hancock County Board of Developmental Disabilities may enter into contracts for goods, services, facilities, or programs with public or private non-profit or for-profit entities.

Policy

The Hancock County Board of Developmental Disabilities shall abide by applicable local, state, and federal laws when entering into contracts with public or private non-profit or for-profit agencies or organizations of the same or another county, or with an individual to provide goods, services, facilities, or programs necessary for effective operations of the Board.

When services and supports to individuals are contracted with an outside party, it shall be the responsibility of the Hancock County Board of Developmental Disabilities to assure that contracted services are delivered in accordance with applicable rules with the local requirements including but not limited to the Hancock County Prosecuting Attorney and Hancock County Auditor, with state requirements including but not limited to the Ohio Department of Developmental Disabilities and the Ohio Department of Education, and federal requirements.

Board Approved: 5/18/15
Reviewed 5/23/16, 3/19/19
Revised 4/23/18

Procedure

The following outlines the basic procedure for contract approval and execution:

- Discuss contract request with Superintendent/designee and Director of Operations
- Check availability of funding with Director of Operations
- Establish terms and service parameters
- Provide W-9/OPERS form to contractor
- Return W-9/OPERS forms to Director of Operations

The following outlines the basic procedure for contract approval and execution to be followed by the Director of Operations:
Contracts shall follow the format approved by the Hancock County Prosecutor’s office (template attached)

Send contract to Department Director for contractor signature

If the contract exceeds the amount that may be approved independently by the Superintendent ($50,000), submit the contract to the Finance Committee of the HCBDD for consideration and approval and if approved, submit the contract to the HCBDD for consideration and approval

Send approved and signed contract to Superintendent/designee to sign the contract

Send contract complete with Auditor’s certificate to County Auditor’s office for final signatures and creation of purchase order (PO)

Receive notification of PO creation by Auditor’s office

Creation of PO in County Board software system

Send PO to Department head/initiator for service inception and billing

To the greatest extent possible, goods and services outlined in a contract shall not be delivered until a purchase order is in place, unless an emergency situation exists which requires prompt action.

It is the responsibility of the Department Director to utilize the contract monitoring checklist to insure the contractor provides the goods, services, facilities, or programs as outlined in the contract. If the contractor is not carrying out the terms and conditions of the contract as outlined in the contract, it is the Department Director’s responsibility to notify the Director of Operations who will work with the Department Director and contractor to determine if the contract will continue or be terminated.

Each October the Director of Operations will review with Department Directors the existing annual contracts to determine if the contracts will be continued for the coming fiscal year. The Director of Operations will work with the Department Director to follow the steps above to finalize renewal of the contract(s). The Director of Operations or Designee will present these contracts to the HCBDD for approval in November of each year. It is the responsibility of the Director of Operations to monitor the timelines for all contracts and insure Department Directors follow the contract requirements including timelines for renewal of contracts.

The Superintendent shall have the authority to approve contracts up to the amount of $50,000. Contracts for amounts greater than $50,000 must pass through the appropriate Board committees and receive approval at a regularly scheduled meeting of the Hancock County Board of Developmental Disabilities.

Board Approved: 5/18/15

Reviewed 5/23/16, 3/19/19

Revised 4/23/18; 6/25/18
Cost Report

Purpose
To establish guidelines for completion of the annual County Board Cost Report.

Policy
The Hancock County Board of Developmental Disabilities shall complete and submit an annual cost report detailing its income and expenditures on a date prescribed by the Ohio Department of Developmental Disabilities in accordance with ORC 5126.131 and ORC 5123:2-1-02.

Board Approved: 6/22/15
Reviewed: 3/19/19

Procedure
1. The County Board shall ensure that its Business Manager completes a DODD provided orientation in cost report preparation within 90 days of employment or contract:
2. Annually, the County Board shall ensure that its Business Manager or designee attend DODD provided training in cost report preparation;
3. To assist in the preparation of the annual cost report, the County Board shall reconcile its income and expenditures to those of the County Auditor on a monthly basis;
4. Prepare and submit the Cost Report on the date prescribed by DODD, which is at least no earlier than May 31 and possibly later;
5. Make no changes to the Cost Report once submitted unless changes are made in accordance with ORC 5126.131;
6. Maintain the Cost Report and supporting documentation for 6 years from the time of receipt of final settlement or until an initiated audit is resolved, whichever is longer.
7. Update Cost Report Comparison spreadsheet and share with the Finance Committee of the Board as well as with appropriate department heads.

Board Approved: 6/22/2015
Reviewed: 3/19/19
County Board as Payer of Last Resort

Purpose

The purpose of this policy is to set forth the Board’s direction for meeting the needs of eligible individuals particularly as it relates to exercising fiscal responsibility by assisting adults served and their families in accessing every available financial resource before utilizing county tax levy dollars for necessary supports and services relating to the provision of County Board services.

Policy

It is the policy of the Hancock County Board of Developmental Disabilities (HCBDD) to maximize its use of federal Medicaid dollars through the enrollment of eligible individuals on Medicaid Home and Community-Based Services (HCBS) waivers, specifically on the Level 1 Waiver, for the provision of adult services, transportation needed to access adult services, and services previously provided through supported living. Such enrollment will occur to the greatest possible extent within the limits of available funding of the State of Ohio and the budget of the HCBDD. Enrollment shall be in accordance with applicable state and federal laws and regulations. In every instance, County tax levy dollars shall be reserved for the payment of last resort. Further, the HCBDD shall only request Individual Options waivers in those instances meeting emergency criteria as defined in the Ohio Revised Code 5126.042 (A) (1) to (A) (5). The HCBDD shall make emergency requests only following an exhaustive search of all avenues of available support and funding.

Board Approval: 01/20/2011

Revised:  7/27/15

Reference: Ohio Revised Code 5126.042 (A)

Procedure

Within the guidelines of the aforementioned policy, the HCBDD supports the provision of services and supports to as many eligible individuals as possible. Waivers will only be offered to individuals whose health and safety can be adequately protected within available funding as determined by the County Board. Additionally, the HCBDD reserves the right not to utilize Medicaid HCBS waiver slots for certain individuals based on living arrangements or other circumstances. With this in mind, the following procedure shall be followed.

Each individual that can be funded by a HCBS waiver to participate in adult service programming, transportation to adult services, and/or services previously provided through supported living services administered by the Board must apply for a Level 1 waiver. HCBDD Service and Support Administrators (SSA) will assist in the application process.
If an individual declines to apply for a HCBS Level 1 waiver but still desires to participate in adult services, transportation to adult services, and/or services previously provided through supported living, he or she may receive funding for adult services and transportation to adult services in an amount equivalent to the HCBDD share of the Medicaid Waiver service cost. Any individual who declines to apply for a HCBS Level 1 waiver shall not be entitled to the HCBDD share for residential services available through a Level 1 waiver. The potential amount available for adult services will be determined by the administration and resulting score of the Acuity Assessment Instrument and budget limitations for both the provision of adult services and its associated transportation as outlined in ORC 5123:2-9-19, Appendices B & C. The individual may identify and access other funding sources, including personal funds, for the federal share of service costs that would have been covered by federal Medicaid funds.

If an individual applies for a HCBS waiver and is determined ineligible because of the inability to obtain the appropriate level of care or to meet Medicaid eligibility requirements, or if an individual is willing to apply but is unable to gain access to a waiver because no appropriate slot is available, the Superintendent shall have the authority to authorize local funding for the cost of services, taking into account the needs of the individual, other available resources and the financial status of the HCBDD. For instances in which an individual has a trust or other financial resources that would disqualify him/her from meeting Medicaid eligibility requirements, the individual shall be required to use such funds to reimburse the HCBDD.

Once an individual is enrolled on an HCBS waiver, the SSA is required to provide ongoing individual service plan coordination to ensure that services and supports are provided per plan specifications per 5123:2-11 (F) (2) (j). Individuals and providers shall be required to comply with this requirement. In all situations, the SSA must be able to ensure the health, safety, and welfare of the individual and that the waiver is administered according to Ohio Department of Developmental Disabilities standards. In the event that the actions of the provider or individual jeopardize these requirements, the HCBDD reserves the right to disenroll the individual from the waiver. In such instances, the funding for the individual shall be in the amount equivalent to the HCBDD share of the Medicaid Waiver service cost.

The purpose of a HCBS waiver is to assist the enrolled individual in developing skills and to enhance abilities that will enable him/her to achieve increasing levels of independence and self-determination. ISP development and subsequent provider service provision must be developed accordingly. SSA monitoring shall help ensure that such development is taking place to the greatest possible extent.

The HCBDD recognizes the right of individuals to choose any qualified and willing provider of HCBS waiver services. Individuals have the right to choose any qualified and willing provider at the time of waiver enrollment, annually at the time of re-determination, and at any other time the individual/guardian expresses an interest in or makes a request to choose a new, different, or additional provider. It is noted that the HCBDD will honor such requests and make the necessary arrangements, financially or otherwise, within 30 days from the date of request.

Individuals and families/guardians are required to take all actions necessary to maintain eligibility for a HCBS waiver once enrolled. If eligibility is compromised, the Superintendent has the
authority to determine the amount of funding the individual may receive based on a review of the circumstances behind the loss of eligibility and the financial status of the HCBDD.

Any action taken by HCBDD staff in the implementation of this policy shall be subject to appeal by the individual according to established HCBDD policy. State and federal laws and rules shall take precedence over any contrary provisions of this policy and procedure.

The provisions of this policy and procedure are not applicable for the following circumstances: payment of services for individuals enrolled on the Ohio Department of Jobs and Family Services administered Home Care Waiver, payment of services for individuals of State Plan Home Health Care Services or State Plan Private Duty Nursing Services, payment of services for individuals enrolled on the Ohio Department of Jobs and Family Services administered Transitions Waiver, or any other Medicaid funded waiver service.

The purpose of a HCBS waiver is to assist the enrolled individual in developing skills and to enhance abilities that will enable him/her to achieve increasing levels of independence and self-determination. ISP development and subsequent provider service provision must be developed accordingly. SSA monitoring shall help ensure that such development is taking place to the greatest possible extent.

The HCBDD recognizes the right of individuals to choose any qualified and willing provider of HCBS waiver services. Individuals have the right to choose any qualified provider at the time of waiver enrollment, annually at the time of redetermination, and at any other time the individual/guardian expresses an interest in or makes a request to choose a new, different, or additional provider. It is noted that the HCBDD will honor such requests and make the necessary arrangements, financially or otherwise, within 30 days from the date of request.

Individuals and families/guardians are required to take all actions necessary to maintain eligibility for a HCBS waiver once enrolled. If eligibility is compromised, the Superintendent has the authority to determine the amount of funding the individual may receive based on a review of the circumstances behind the loss of eligibility and the financial status of the HCBDD.

Any action taken by HCBDD staff in the implementation of this policy shall be subject to appeal by the individual according to established HCBDD policy. State and federal laws and rules shall take precedence over any contrary provisions of this policy and procedure.

The provisions of this policy and procedure are not applicable for the following circumstances: payment of services for individuals enrolled on the Ohio Department of Jobs and Family Services administered Home Care Waiver, payment of services for individuals of State Plan Home Health Care Services or State Plan Private Duty Nursing Services, payment of services for individuals enrolled on the Ohio Department of Jobs and Family Services administered Transitions Waiver, or any other Medicaid funded waiver service.

Reviewed: 3/12/19
Duties of the Superintendent

Purpose

The purpose of this policy is to define the duties of the Superintendent of the Hancock County Board of Developmental Disabilities.

Policy

The Superintendent shall fulfill the responsibilities as set forth in Chapters 3323 and 5126 of the Ohio Revised Code.

Attached: Procedure for Duties of Superintendent Policy

Board Approved: 4/19/02; 8/24/15

Revised: 6/24/02, 12/15/05, 8/24/15

Reviewed: 4/25/16

Procedure

The Superintendent of the HCBDD shall:

A. Administer the work of the HCBDD, subject to the HCBDD’s rules;

B. Recommend to the HCBDD the changes necessary to increase the effectiveness of the programs and services offered pursuant to Chapters 3323 and 5126 of the Revised Code;

C. Employ persons for all positions authorized by the HCBDD, approve contracts of employment for management employees that are for a term of one year, and approve personnel actions that involve employees in the classified civil service as may be necessary for the work of the HCBDD;

D. Approve compensation for employees within the limits set by the salary schedule and budget set by the HCBDD and in accordance with section 5126.26 of the Revised Code, and ensure that all employees and consultants are properly reimbursed for actual and necessary expenses incurred in the performance of official duties;

E. Provide consultation to public agencies as defined in Division (C) of Section 102.01 of the Revised Code, including other county boards of developmental disabilities, and to individuals, agencies, or organizations providing services supported by the HCBDD. Such consultation shall be defined to be associated with normal discourse among agencies and individuals. Consultation outside the scope of normal duties must be approved by the HCBDD.
The Superintendent may authorize the payment of HCBDD obligations by the County Auditor.

Reference: ORC 5126.26; 3323

Board Approved: 4/19/02, 8/24/15

Revised: 6/24/02, 12/15/05, 8/24/15

Reviewed: 4/25/16, 3/8/19
Emergency Closing of Facilities

Purpose

The purpose of this policy is to establish guidelines for the emergency closing of facilities and to authorize the Superintendent to close any or all facilities for emergency reasons.

Policy

The Superintendent, or designee, will provide information regarding procedures for the closing of facilities to staff.

The Superintendent, or designee, may close any or all facilities, or dismiss them early, in the event of hazardous weather, or other emergencies, that may jeopardize the safety of people supported and staff members.

Board Approved: 4/19/02
Revised: 12/15/05, 1/28/19
Reviewed: 7/27/15

Procedure

Local radio stations (WFIN/WKXA) and TV stations (Channel 11/WTOL and 13) will be requested to make appropriate announcements regarding the situation. The BVC Automated Announcement System, currently Alert Solutions, will be used to broadcast the message to subscribers. All staff are encouraged to subscribe to the BVC Automated Announcement System.

Inclement Weather

Blanchard Valley Center will follow Emergency Levels as follows:
Level 1 – Normal travel unless directed otherwise.
Level 2 – No travel during business hours.
Level 3 – Blanchard Valley Center will be closed.

All 12-month staff are required to report to work except for the occurrence of severe weather conditions (Level 3 conditions in Hancock County). The Superintendent, or designee, reserves the right to close Blanchard Valley Center should conditions (other than Level 3) warrant closure (examples: extreme cold/windchill, hazardous travel, flood, etc.). If the Superintendent, or designee, closes the program in the morning, every attempt will be made to close prior to 6:00 a.m.

For employees who live outside of Hancock County, if the county of residence or counties through which the employee must travel through to arrive at work have been declared Level 3
emergencies, the employee may use vacation or personal time, if available, in lieu of reporting to work. The employee must report to his/her supervisor as soon as possible if a Level 3 emergency has been declared and he/she wishes to use vacation or personal time.

Unsafe Conditions

Whenever a condition within a facility presents a danger to the health and safety of students and staff, the Facilities Manager, or designee, will make the recommendation to the Superintendent to close the facility until such condition is corrected. In the event of inclement weather during a work/school day, the Superintendent or designee will close BVC upon announcement by the Sheriff’s office and ensure school transportation is coordinated by the appropriate parties.

Board Approved: 6/17/02

Revised: 12/15/05, 5/10/11, 1/28/19

Reviewed: 7/27/15
Evacuations

Purpose

The purpose of this policy is to establish guidelines for conducting fire drills, tornado drills and other emergency evacuations, in order to protect the health and safety of all persons in the facilities of the Hancock County Board of Developmental Disabilities (HCBDD).

Policy

A. Each program facility owned, leased or operated by the HCBDD shall be inspected annually by the local fire marshal or designee to ensure compliance with fire safety practices.

B. The HCBDD shall develop written building emergency plans, which include procedures for fire, tornado, bomb threat, power failure, natural disaster, medical emergencies and other emergencies. These building emergency plans shall be available to all personnel, volunteers, individuals served, parents and guardians.

References: 5123:2-1-02 (N) (2) (4)

Board Approved: 4/19/02

Revised: 5/29/02, 12/15/05, 7/18/15, 6/26/17

Reviewed: 3/12/19

Procedure

The building emergency plans shall require all of the following:

1. Emergency fire drills shall be conducted not less than once a month and shall be recorded.
2. Tornado drills shall be conducted monthly during the tornado season of April, May, June and July and shall be recorded.
3. A written analysis of the conduct and effectiveness of each fire drill and tornado drill shall be prepared by a designated staff member and submitted to the Superintendent or designee. Each drill shall be signed-off monthly by the Superintendent.
4. The evacuation plan for fire and tornado drills and other emergencies shall be posted throughout the facility.
5. Fire extinguishers, fire bells and alarms shall be properly located, identified and kept in good working order.
6. Storage areas for combustible or flammable materials shall be effectively separate from all rooms and work areas in such a way as to minimize and inhibit the spread of a fire.
7. All hallways, entrances, ramps, and corridors shall be kept clear and unobstructed at all times.
8. Power equipment, fixed or portable, should include operating safeguards as required by the Division of Safety and Hygiene, Bureau of Workers’ Compensation.

References: 5123:2-1-02 (N) (2) (4)
Food Employee Health Policy

Purpose
The purpose of the Food Employee Illness Reporting Policy is to ensure that all food employees notify Blanchard Valley Center when experiencing any of the conditions listed below so that appropriate steps are taken to preclude transmission of foodborne illness or communicable diseases.

Policy
Blanchard Valley Center is committed to ensuring the health, safety and well-being of our students and in complying with all health department regulations that involve food employees and following the appropriate procedures to ensure health and safety.

Procedure
All food employees shall report if they are experiencing any of the following symptoms:
✓ Diarrhea
✓ Fever (especially if accompanied by sore throat)
✓ Vomiting
✓ Jaundice
✓ Infected cuts, boils or lesions (regardless of size) containing pus on fingers, hands or any exposed body part
✓ Any acute gastrointestinal symptoms

Food employees should also notify BVC whenever diagnosed by a healthcare provider as being ill with any of the following diseases that can be transmitted through food or person-to-person by casual contact:
✓ Campylobacter
✓ Cryptosporidium
✓ Cyclospora
✓ Entamoeba Histolytica
✓ Escherichia Coli 0157:H7
✓ Giardia
✓ Hepatitis A
✓ Norovirus
✓ Salmonella spp.
✓ Salmonella Typhi
✓ Shigella
✓ Vibrio Cholerae
✓ Yersinia

In addition to the above conditions, food employees shall notify BVC if they have been exposed to the following high-risk conditions:
✓ Exposure to or suspicion of causing any confirmed outbreak involving the above illnesses
✓ A member of their household is diagnosed with any of the above illnesses
✓ A member of their household is attending or working in a setting that is experiencing a confirmed outbreak of the above illnesses

Food Employee Responsibility
All food employees shall follow the reporting requirements specified above involving symptoms, diagnosis and high-risk conditions specified. All food employees subject to the required work restrictions that are imposed upon them as specified in Ohio law, the regulatory authority or BVC shall comply with these requirements as well as follow good hygienic practices at all times.

BVC Responsibility
BVC shall take appropriate action as specified in the Ohio Uniform Food Safety Code 3717-1-02.1 to exclude restrict and/or monitor food employees who have reported any of the aforementioned conditions.

BVC must exclude employees from the food operation until diarrhea or other symptoms have ceased and 2 consecutive stool samples are negative for the following (exceptions noted in brackets for specific agents):
- ✓ Salmonella spp.
- ✓ Shigella
- ✓ Escherichia Coli 0157:H7
- ✓ Campylobacter
- ✓ Vibrio cholera
- ✓ Cryptosporidium (3 negative stool samples)
- ✓ Giardia (3 negative stool samples)
- ✓ Yersinia
- ✓ Hepatitis A (10 days after initial symptoms)
- ✓ Cyclospora (after diarrhea has ceased and antimicrobial therapy has commenced)

BVC shall ensure these actions are followed and only release the ill food employee once evidence, as specified in the food code, is presented demonstrating the person is free of the disease-causing agent or the condition has otherwise resolved.

BVC shall cooperate with the regulatory authority during all aspects of an outbreak investigation and adhere to all recommendations provided to stop the outbreak from continuing. BVC will ensure that all food employees who have been conditionally employed, or who are employed sign and acknowledge their awareness of this policy.

Board Approved: 4/25/16; 9/23/19
Gifts, Grants, Devises, and Bequests

Purpose

The purpose of this policy is to establish the authorization and responsibilities of the Hancock County Board of Developmental Disabilities (HCBDD) in accepting gifts, grants, devises, and bequests.

Policy

The HCBDD may receive by gift, grant, devise, or bequest any moneys, lands, or property for the benefit of the purposes for which the board is established and hold, apply, and dispose of the moneys, lands, and property according to the terms of the gift, grant, devise, or bequest.

Board Approved: 4/19/02; 5/18/15
Revised: 6/24/02, 12/15/02; 5/18/15
Reviewed: 5/23/16

Procedure

All money received by gift, grant, bequest, or disposition of lands or property received by gift, grant, devise, or bequest shall be determined by the HCBDD as to whether such is:

1. Deposited in the county treasury to the credit of the HCBDD, and shall be available for use by the HCBDD for purposes determined or stated by the donor or grantor, but may not be used for personal expenses of the Board members. Any interest or earnings accruing from such gift, grant, devise, or bequest shall be treated in the same manner and subject to the same provisions as such gift, grant, devise, or bequest.

2. Deposited in the Blanchard Valley Center Endowment Fund at the Hancock-Findlay Community Foundation.

The creation of endowments benefiting the Blanchard Valley Center and individuals supported shall be encouraged. Also, contributions to endowments benefiting the Blanchard Valley Center and individuals supported will be encouraged.

Board Approved: 4/19/02; 5/18/15
Revised: 6/24/02, 12/15/05; 5/18/15, 3/6/19
Reviewed: 5/23/16
Hire or Re-hire of Retired Employees

Purpose
To establish the parameters under which a retired public employee may be hired or rehired by Blanchard Valley Center, Hancock County Board of DD.

Policy
The Superintendent, with direction from the Board, shall determine if the retired individual will be hired or rehired by Blanchard Valley Center.

Board Approved: 4/26/14
Revised: 1/26/15
Reviewed: 4/25/16

Procedure
The following process will be utilized in the hiring or rehiring of a retired public employee:

1. If the individual is a current employee of Blanchard Valley Center, the individual wishing to retire shall notify the Superintendent in writing at least ninety (90) calendar days prior to retirement of his/her intent to retire and his/her projected retirement date.
2. Upon the Superintendent’s acceptance of the staff member’s retirement, the individual may then inform the Superintendent in writing of his/her desire to be re-employed by the HCBDD.
3. The Human Resource Manager and the Department Director will review vacancies to decide if they wish to re-employ the retiree on a case by case basis. Superintendent will render a decision based on the recommendation from HR and the Department Director and inform the staff member as soon as reasonably possible on the retiree’s request for re-hire.
4. If the position is a limited contract management position:
   a. The benefits and the level of benefits shall be at the sole discretion of the Superintendent, within board policy and the limits of the Ohio Revised Code.
   b. No management contract shall be awarded for any period exceeding one year.
5. If the position is a position covered by civil service:
   a. Sick leave will be accrued at the rate of 4.6 hours for each 80 hours worked.
   b. Vacation will accrue as a full-time new hire and at the end of the first year of re-employment the employee will have accrued two weeks of vacation if applicable to the position.
   c. The individual will begin accruing seniority as a new hire.
d. Personal leave will be available as provided by board policy.

e. A new probationary period will begin for the employee.

6. Employees hired under this policy are not eligible for any future severance pay based upon sick leave at the time of future retirement and/or any future termination of employment.

7. Employees hired under this policy will have an annuity program established for retirement purposes as established by the appropriate retirement system, as required by law, in place of paying into the traditional retirement accounts.

8. Employees hired under this policy that are not hired full time will have their pay prorated based upon the hours regularly scheduled.

9. In the event a full-time employee working 30 hours per week or more is not eligible for the insurance through the retirement system they are retiring from they will be offered insurance through the HCBDD insurance plan at the same rate as established by the HCBDD.

10. All non-management re-hires will be at the discretion and final approval of the Superintendent based on recommendation of HR and Department Director. The Superintendent shall inform the Board of all management contracts prior to the re-hire under this policy.

References

Ohio Revised Code 9.44 (C)

Ohio Revised Code 124.39 (A) (1)

Reviewed: 3/8/19
ID Badge and Key Card Policy

Purpose

The purpose of this policy is to establish guidelines for employees, contractors, guests and board members regarding ID Badges and the responsibilities of having a key card to the buildings of the Hancock County Board of Developmental Disabilities (HCBDD).

Policy

It is the policy of HCBDD that all employees shall be identified as such at all times while on campus for the safety of everyone. Employees shall have their ID badges at all times. All visitors to the HCBDD campus shall sign in at a reception area.

Board Approved: 1/26/15, 4/22/19

Procedure

Employees will be issued a photo ID badge / Key Card that will identify them as an employee of the HCBDD upon hire.

All employees are required to have an ID badge while working and while on the campus of Blanchard Valley Center. A fee can be charged by the HCBDD for repeated replacement of a key card up to the actual cost of replacing the card. Any card damaged during the course of regular duties of employment will be replaced at no cost.

The key card allows entrance to the buildings of HCBDD. Each employee is responsible for the card that is issued to them. They are required to report the card stolen or missing immediately to the Information Technology or Operations department. The card shall remain property of HCBDD and shall be returned upon separation of employment.

Guests, Interns, and Contractors of the HCBDD shall be identified at all times while on campus. The department head and or contact for these people on campus shall ensure that they are identified appropriately as such to anyone on the HCBDD campus. If they need a key card for access to the buildings one will be issued to them by the Information Technology department.

The HCBDD maintains an Access Control System that automatically locks and unlocks areas at specified times, as well as allows or prohibits entry to areas based upon the key card presented and the access level of the key card. This system shall be maintained by the Information Technology Department and / or the Operation Department. The Access Control System will log all access attempts to the buildings of HCBDD for the purposes of safety and security. At no time shall any employee, contractor, guest or visitor allow or gain access to any area of the HCBDD campus not expressly granted. Employees shall not loan or allow others to use their key card.

Board Approved: 1/26/15, 4/22/19

Income Receipt Internal Controls
Purpose

The purpose of this policy is to establish/maintain guidelines for internal controls of funds.

Policy

The Hancock County Board of DD shall ensure that all methods and measures of internal controls are practiced which will safeguard against any theft or fraud of amounts received in the form of checks or currency as part of responsible fiscal management in accordance with ORC 9.38.

Board Approved: 1/20/05; 6/22/15
Revised: 12/15/05, 6/22/15

Procedure

1. Any money which comes into the Hancock County Board of DD shall be received by the Fiscal Office in the Operations Department. The Fiscal Office will log the entry into the pay-in system (the County Auditor’s MUNIS software) and print off a copy of the receipt to be verified by the County Treasurer’s office.

   Each department will be responsible to forward funds (currency and checks) received to the Fiscal Office in a timely manner in order to meet policy guidelines. The Department Director/administrative assistant of each department shall keep monies locked in a designated area and give to the Fiscal Office at the end of workday regardless of the amount.

   Any monies received in excess of $1,000 must be given to the Fiscal Office and deposited within 24 hours of receipt as determined by ORC 9.38. Any monies less than $1,000 must be deposited within (3) three days of receipt by the Fiscal Office. Any funds shall be kept under lock until time of deposit.

2. The Operations Office will make deposits on a daily basis to the Hancock County Treasurer’s Office for monies received in excess of $1,000 ORC 9.38.

3. After deposits are made, the pay-in receipts from the Hancock County Treasurer’s Office are matched with the receipt listing and any other documentation and posted to accounting software.

Board Approved: 1/20/05; 6/22/15
Revised: 12/15/05, 6/22/2015, 3/6/19
Inventory Control of Assets

Purpose

The purpose of this policy is to outline regulations to be followed in the identification of the Hancock County Board of Developmental Disabilities (HCBDD) physical assets and practices to establish procedures for inventory control, transfers and disposal of assets.

Policy

Property owned by the HCBDD and those items owned by the Hancock County Commissioners and assigned to the HCBDD for its use will be inventoried. The Operations Department will establish and maintain an inventory list of all capital assets, delegate the tagging of assets, develop inventory lists, and establish the practices used to carry out the policy and procedure.

Board Approved: 7/21/05
Revised: 12/15/05; 9/28/15
Reviewed: 3/19/19; 8/26/19

Procedure
1. All items purchased with the Hancock County Board of Developmental Disabilities General Funds, Donated Funds, or Grant Funds with value according to the latest GASB (Governmental Accounting Standards Board) 34, of GAAP (Generally Accepted Accounting Principles) regulations are considered property of the Hancock County Board of Developmental Disabilities for purposes of inventory control.

2. In order to assist the Operations Department in maintaining a list of all assets in each building the following procedures will be followed:
   a. When processing purchase orders, any item of value ($500 or more) will be considered an inventory item and indicated as such by the Fiscal Specialist/designee on the purchase order.
   b. Upon receipt of the item purchased, the Fiscal Specialist/designee will prepare the Fixed Assets Form by identifying the location, item name, purchase order number, date of purchase, serial number of the purchased item or other identifying information, and procurement source.
   c. The Fiscal Specialist/designee will coordinate and complete necessary paperwork for the item to be tagged, logged, and accounted for properly per the County Auditor.
   d. At any time if a fixed asset changes location, is damaged, lost or traded in, or disposed of, the Fixed Assets Form will be updated with the appropriate information. This will be communicated to the Fiscal Specialist/Designee of the Hancock County Board of Developmental Disabilities who will note any changes on the Fixed Assets Form. The insurance carrier will be notified if necessary, to remove items lost, traded, or otherwise disposed.
   e. Asset disposal will be in accordance with the procedures dictated by the Hancock County Auditor.
   f. Damaged or depleted assets no longer needed are available to be sold at the county auction as permitted by the County Commissioners. This paperwork and approval will be processed by the Fiscal Specialist/designee and items transferred to a designated county location.
   g. County Board equipment assigned to staff for work purposes shall be documented on the Blanchard Valley Center Assigned Equipment form. These forms will be maintained in a binder in the Operations Department. Any assigned equipment changes will be noted on this form.
   h. Staff leaving employment with Blanchard Valley Center shall be required to return assigned equipment per documentation on the Assigned Equipment form.

Board Approved: 7/21/05
Revised: 12/15/05; 9/28/15; 8/26/19
Reviewed: 3/19/19

Lockout/Tagout of Hazardous Energy

Purpose

The purpose of this policy is to establish guidelines for the lockout/tagout of hazardous energy in order to protect the health and safety of employees working on a machine or equipment that is
being serviced, or who work in an area where such service or maintenance is being performed in the facilities of the Hancock County Board of Developmental Disabilities (HCBDD).

Policy

Employees who may work on machines or equipment that are subject to lockout/tagout will do so only after following every step or action necessary to be compliant with prescribed procedures to ensure health and safety.

Procedure

This procedure is intended to protect employees and others from injury caused by the sudden startup of machines or other equipment during maintenance or servicing. Machinery must be rendered inoperable by a lock. If the machine cannot be locked, then a prominent warning tag shall be used in accordance with standard procedure to indicate that the equipment may not be operated until the tag is removed.

Definitions:

*Hazardous energy source:* A hazardous energy source may be classified as mechanical, electrical, pneumatic, hydraulic, chemical, thermal, or gravity sources

*Zero energy state:* Machine movement is either locked off, blocked, or pinned. Every power source that can produce a machine member movement has been locked, vented, or bled leaving the kinetic energy of members at its lowest practical value.

*Lock out device:* A warning tag that can be attached to critical areas to communicate why an energy source should not be re-energized. The tag must contain the name of the employee, the date and time the tag was initiated, and a brief description of work to be performed.

*Tag out device:* A warning tag that can be attached to critical areas to communicate why an energy source should not be re-energized. The tag must contain the name of the employee, the date and time the tag was initiated, and a brief description of work to be performed.

*Authorized employee:* A person who locks out or tags out in order to perform the maintenance or service task.

*Affected employee:* A person who is exposed to lock out/tag out procedures.

The following steps shall be taken by an authorized employee when working on electrical, hydraulic, or pneumatic systems:

1. Must identify the type and magnitude of the energy, the hazards of the energy to be controlled, and the methods to control the energy.
2. Notify all affected departments and employees that a lock out or tag out system is going to be utilized and the reason.
3. If the machine or equipment is operating, shut it down by the normal stopping procedure.
4. Make a survey to locate and identify all devices to be certain which switch or other devices apply to the equipment to be locked out/tagged out. More than one source of power may be involved.
5. Lock out or tag out the power source devices with assigned individual lock(s) or tag(s).
6. After ensuring that no personnel are exposed and as a check on having disconnected the power source, operate the controls to make certain the equipment will not operate. Check
all incoming power sources with appropriate meter to determine that all power is deenergized.

7. After the servicing and/or maintenance is complete and equipment is ready for normal operations, check the area around the machine or equipment to ensure that no one is exposed, remove all tools, etc.

8. Each lock out/tag out device shall be removed from energy isolating device by the employee who applied the device.

9. Operate the equipment to see if it is functioning normally.

Board approved: 5/20/19

**Petty Cash / Fiscal Control**

**Purpose**

The Hancock County Board of DD will establish and maintain petty cash accounts within the BVC departments outlined in the Petty Cash Procedure.

**Policy**

Petty cash accounts exist for daily or incidental transactions requiring direct payment. Proper management of these accounts will comply with state, county, and internal audit controls and are outlined in the Petty Cash Procedure.

Board Approved: 5/15/08
Revised: 12/15/05, 5/15/08; 3/23/15
Reviewed: 5/23/16

**Procedure**

1. Hancock County Board of DD has established a petty cash in the Operations Department-Fiscal Services and these funds shall be kept in locked storage.

2. The petty cash account shall have a locked designation and one designated employee, Fiscal Specialist, shall be responsible for control and management of the petty cash.

3. All petty cash expenditures must be approved by the Superintendent or his/her designee.

4. The Fiscal Specialist will insure that when petty cash is given to an employee that employee will sign a receipt saying the amount of funds he/she received, and the date the funds were received and the purpose for the purchase. Once the item is purchased, the employee must provide the Fiscal Specialist with a copy of the receipt from the vendor for the item purchased and any change within 10 days of the purchase. The Fiscal Specialist will maintain an electronic tracking of log for receipts and expenses on the “fiscal” network drive.
5. At least monthly, the petty cash account shall be monitored and reconciled through the Fiscal Office.

6. The Fiscal Office shall obtain authorized approval for reimbursements and process paperwork to provide for adequate cash balances. These processes shall comply with Hancock County Auditor voucher processing and check issuance deadlines. The Fiscal Office designee shall extend monetary reimbursement to designated employee responsible for each petty cash account for which the individual signs and dates the receipt of cash.

7. Annually the Board, or Superintendent or Fiscal Officer Designee, will review and identify if the petty cash account warrant existence.

Board Approved: 5/15/08
Revised: 3/23/15, 3/12/19
Reviewed: 5/23/16
Political Activity – Classified/Unclassified Employees

Purpose

The purpose of this policy is to list the specific political activities legally permitted and prohibited to all classified/unclassified employees, including employees on authorized leave of absence from their positions. Employees are encouraged to exercise their constitutional rights to vote.

Policy

Employees of the Hancock County Board of DD will comply with Ohio Revised Code, Ohio Administrative Code, and Ohio Ethics Law as outlined in the procedure to this policy.

Procedure

Activities Permitted to Classified Employees

1. Registration and voting.
2. Expressing opinions, either orally or in writing.
3. Voluntary financial contributions to political candidates or organizations.
4. Circulation of nonpartisan petitions or petitions stating views on legislation.
5. Attendance at political rallies. Employees may attend political rallies that are open to the general public.
6. Nominating petitions. Employees may sign nominating petitions in support of individuals.
7. Political pictures. Employees may display political signs in/on their homes/yards.
8. Badges, buttons and stickers. Employees may display political stickers on their private automobiles or may wear political badges or buttons. (Wearing of same may not interfere with job safety).
9. Serving as a precinct election official under O.R.C. §3501.22.

Activities Prohibited to Classified Employees

1. Participating in a partisan election as a candidate for office.
2. Declaring candidacy for an elected office that is filled by partisan election.
4. Filing of petitions meeting statutory requirements for partisan candidacy to elective office.
5. Holding an elected or appointed office in any political organization.
6. Accepting appointment to any office normally filled by partisan election.
7. Campaigning by writing for publications, by distributing political material or by making speeches on behalf of a candidate for elective office.
8. Soliciting, either directly or indirectly, any assessment, contribution, or subscription for any party or candidate.
9. Soliciting the sale of or selling political party tickets, materials or other political matter.
10. Engaging in activities at the political polls, such as soliciting votes.
11. Acting as recorder, checker, watcher, judge, poll worker, or challenger for any party or partisan committee.
12. Engaging in political caucuses.
13. Participation in a political action committee that supports partisan activity.

**Unclassified Employees**

Unclassified employees are subject to the Ohio Ethics Law.


Board approved: 10/23/17, 4/22/19
Purpose

The purpose of this policy is to establish guidelines for the dissemination of public information regarding the Hancock County Board of Developmental Disabilities (HCBDD) programs to the news media and general public.

This policy also establishes guidelines for the appropriate use of social media by Board employees, independent contractors, volunteers and interns.

Policy

The HCBDD encourages and supports activities designed to increase the public's awareness and understanding of people who have developmental disabilities.

This public awareness policy will adhere to the HCBDD’s Mission Statement to provide resources and supports that empower people with DD to live lives with meaning and purpose. The HCBDD shall ensure that communications with individuals with disabilities and families are as effective as its communications with others.

Board Approved: 6/24/02; 9/28/15; 2/26/18

Revised: 12/15/05, 9/28/15; 4/23/18

Procedure

Media Inquiries

Media inquiries will be directed to the Public Information Officer and/or the Superintendent. The Public Information Officer and/or the Superintendent may designate the appropriate staff member to respond to the media inquiry.

Media Releases

Media releases are not routinely issued on a daily or weekly basis, but will be disseminated whenever special events occur of interest to the community. Any staff member who prepares a media release will forward a copy to the Public Information Officer for approval and distribution of the release.

Social Media

For purposes of this policy, social media are works of user-created video, audio, text or multimedia that are published and shared through a computer, cell phone or other device to the general public or anyone who can access the social media site including but not limited to Facebook, Instagram, LinkedIn, Twitter. The appropriate use of social media can assist the Board in achieving the following objectives:

1. promoting a positive image within the community;
2. reaching a larger audience to promote and increase awareness of the Hancock CBDD mission, core values, services, successes and individuals supported;

3. providing quality service and satisfaction of individuals, families, visitors, and officials;

4. gaining input;

5. enhancing communication.

The Hancock CBDD respects the right of privacy of its employees, independent contractors, volunteers and visitors, but must have some guidelines regarding off-duty use of social media.

1. Be careful to protect what personal information is shared online.

2. Know and follow all the Hancock CBDD policies and procedures, including but not limited to: Discrimination, Corporate Compliance Plan, Electronic Communication Systems, Employee Conduct, Harassment, Privacy, and HIPAA Compliance.

3. Do not share any identifying and/or confidential information about individuals supported or their families, guardians or caregivers.

4. Do not use Board logos or materials without first obtaining permission. Do not post images of individuals supported, their families, caregivers, Board employees or the workplace on personal social media accounts.

5. Staff should refrain from posting negative comments on any social media outlet about co-workers, the Board, administration, or individuals supported. Staff doing so may be subject to discipline.

6. Make it clear to your readers that the views you express are yours alone and that they do not reflect the view of the Hancock CBDD. Only the Board, Superintendent, authorized designees have authority to speak on behalf of the Hancock CBDD. On social media/online communication sites, write in the first person and always use your personal email address so it does not appear that you are representing the Hancock CBDD. To help reduce the potential for confusion, it is requested that you put the following notice in a reasonably prominent place on your site:

   The views expressed are mine alone and do not necessarily reflect the views of my employer.

7. Respect copyright laws. If you do use someone else’s material, do it with his/her permission and give them credit.

8. Make sure you comply with the Terms of Service of each site used.

9. Use your best judgment. Remember that there are always consequences to what you publish. If you are about to publish something that makes you even the slightest bit uncomfortable, review the suggestions above and think about why that is. If you’re still unsure and it is related to the Hancock CBDD, discuss it with your supervisor. Ultimately, however, you have sole responsibility for what you post to your site. Special
care should be taken when considering communicating with individual served on social media sites.

10. Contact the Human Resource Manager if you become aware of a posting on social media that may be problematic for an individual we support.

11. Remember that once something is posted on the internet, it can never be fully deleted.

12. Staff should use discretion when voicing personal opinions about political and social matters. No communication posted on social media outlets should reflect negatively on the Hancock CBDD or harm its reputation in the community.

13. Staff should maintain a high degree of privacy and discretion concerning personal matters when posting on any social media outlet.

Questions about these guidelines or any matter related to site/postings that these guidelines do not address may be directed to department supervisors or the Human Resource Manager.

**Electronic Marquee**

The electronic marquee located on the front lawn of the BVC campus will be updated by the Information Technology Coordinator as needed. Names of award winners, upcoming events, and other pertinent information will be listed on the display board.

**Digital Signage in Lobbies**

The digital display boards located in the departmental lobbies on the BVC campus shall be updated by the Information Technology Coordinator as needed. Information to be displayed, such as upcoming events, news articles, etc., may be scanned or emailed to the Information Technology Coordinator.

**Website**

The BVC website is updated by the Information Technology Coordinator. Photos, upcoming events, links to resources, etc. may be emailed to the Information Technology Coordinator.

**Newsletters and Other Print Media**

The monthly BVC newsletter is compiled and distributed through the Quality Services Department. Articles and photos for newsletters should be submitted to the Quality Services Director.

Failure to adhere to this policy will result in disciplinary action, up to and including termination.

Board Approved: 6/24/02, 9/28/15; 4/23/18

Revised: 12/15/05; 9/28/15; 4/23/18, 3/8/19
Purchasing Authorization

Purpose
The purpose of this policy is to establish purchasing guidelines for the Hancock County Board of Developmental Disabilities (HCBDD).

Policy
County Board employees shall purchase supplies, equipment, or services according to local, state, and federal guidelines.

Reference: ORC 307.86

Board Approved: 6/17/02

Revised: 3/23/15

Reviewed: 5/23/16, 3/8/19, 8/26/19

Procedure
Purchasing

All purchases must go through the purchase requisition process.

The purchase requisition process is as follows: 1) an employee will make a request to purchase a product or service as approved by the Department Director or designee; 2) a purchase order (PO) request will be entered into the Infallible software system; 3) the fiscal office will approve and create the PO; 4) the hard copy will be created by the fiscal office in the MUNIS software system used by the Courthouse and email it to the originating department; 5) Directors shall be responsible to verify purchases within their departments by signature or initial on the bill/invoice. If the department Director is not available, the department designee must provide verification within their department of the purchase by signature or initial. If a Director is the originator of the
purchase, any Director or Manager must provide verification of the purchase by signature or initial. If the Superintendent is the originator of the purchase, any Director or Manager must provide verification of the purchase by signature or initial; 6) after the product or service is received, the original invoices/receipts for purchase shall be submitted by the department to the fiscal office together with the appropriate PO; 7) the fiscal office shall consider receipt of the above as authorization to process payment through the Courthouse.

Contracts should be considered a purchase of service. Funding for contracts must be certified by the County Auditor. In such instances, the Courthouse will create and issue a PO to the County Board. Services under this category should not begin prior to the issuance of a PO. Only the Superintendent shall be authorized to sign contracts for the County Board. Anyone signing a contract which obligates the County Board to pay for goods or services shall be subject to discipline.

**PO’s must be in place prior to purchase of service or goods unless there is an emergency.** This is a legal requirement with the Auditor of State. Failure to do so results in a “then and now” situation at the County level and may require certification and approval by the County Commissioners in order to process payment. A “then and now” status will result in the delay of payment to the vendor. Repeated offenses that are not considered to be unavoidable may result in discipline.

Purchases over $500 must have Superintendent or designee approval prior to purchase. The County Board recognizes the following spending approval limits for staff:

<table>
<thead>
<tr>
<th>Title</th>
<th>Amount Authorized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superintendent</td>
<td>$50,000</td>
</tr>
<tr>
<td>Department Director</td>
<td>$1,000</td>
</tr>
<tr>
<td>Board (public bid)</td>
<td>Amount as indicated by ORC 307.86</td>
</tr>
</tbody>
</table>

Non-emergency purchases over the limit designated by ORC 307.86:

The Superintendent shall request Board approval for purchases exceeding the authorized limit in code. Purchases exceeding this limit require competitive bidding unless exceptions by O.R.C. 307.86.

Emergency purchases over the limit designated by ORC 307.86:

Purchases exceeding the authorized limit which constitute a real and present emergency or meet other criteria under ORC 307.86 are exempt from public bidding and shall be reported to the Board Chairman and the Chairman of the Board’s Finance Committee. In
accordance with ORC 307.86, emergency purchases exceeding the authorized limit require the unanimous approval of the Board of County Commissioners.

Reference: ORC 307.86

Board Approved: 6/17/02

Revised: 11/17/03, 3/18/04, 12/15/05, 5/26/11; 3/23/15, 3/6/19; 8/26/19

Reviewed: 5/23/16

Qualifications for Employment by the County Board

Purpose

The purpose of this policy is to clarify qualifications for employment by the county board.

Policy
The Hancock County Board of Developmental Disabilities (HCBDD) shall ensure that each employee meets the required qualifications for employment by the County Board.

Board Approved: 8/28/17
Reviewed: 3/19/19

Procedure

All individuals must meet the following qualifications as terms of employment:

1. Be a Citizen of the United States of America. Employee must be able to completely fill out the I-9 form with all forms of identification.
2. Have a Valid Ohio Driver's License and be insurable by our carrier.
3. Have a High School Diploma or GED
4. Pass a Pre-Employment Physical and Drug Screen
5. Have a BCI Background with no disqualifying offenses
6. Have a verified and cleared Automated Registry Check System (ARCS) report.

Individuals disqualified from employment by the Board 5126.0221: Except as provided in division (C) of section 5126.033 of the Revised Code, none of the following individuals may be employed by a county board of developmental disabilities:

1. An employee of an agency contracting with the county board;
2. An immediate family member of an employee of an agency contracting with the county board unless the county board adopts a resolution authorizing the immediate family member's employment with the county board or the employment is consistent with a policy adopted by the board establishing parameters for such employment and the policy is consistent with Chapter 102. and sections 2921.42, 2921.421, and 2921.43 of the Revised Code;
3. An individual with an immediate family member who serves as a county commissioner of any of the counties served by the county board unless the individual was an employee of the county board before October 31, 1980;
4. An individual who is employed by, has an ownership interest in, performs or provides administrative duties for, or is a member of the governing board of an entity that provides specialized services, regardless of whether the entity contracts with the county board to provide specialized services.

Board Approved: 8/28/17
Reviewed: 3/19/19
Records

Purpose

To ensure proper filing, retrieval, confidentiality, and public access of records, and to outline the procedure for destruction of any records, as applicable by statute.

Policy

A county board shall adopt written policies and procedures which address confidentiality, access, duplication, dissemination, and destruction of personnel records, as well as records of individuals served in accordance with the Health Insurance Portability and Accountability Act, 42 U.S.C. 1320d, as in effect on the effective date of this rule and as applicable, the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g, as in effect on the effective date of this rule. Records shall be kept in accordance to O.R.C. § 149.43 and the Personal Information Systems Act, O.R.C. Chapter 1347.

Board Approval: 6/17/02, 4/23/15
Revised: 8/18/05, 12/15/05, 3/25/15, 7/12/18
Reviewed: 5/23/16

Procedure

Retention and Destruction of Records

All records will be retained and/or transferred to a digital image dependent on the Records Retention Schedule (RC-2). Records will be destroyed per the retention schedule in place. This process includes audit reviews for consideration of readable digital images.

Definition of Record

In accordance with the Ohio Revised Code, the HCBDD defines records as: Any documents, device, or item as, regardless of physical form or characteristic, including an electronic record such as e-mail, that is created or received by, or comes under the jurisdiction of the HCBDD, which documents the organization, functions, policies, decisions, procedures, operations, or other activities of the HCBDD.

No person is to remove information or material, except if authorized by the by the Superintendent, IT Coordinator, and/or Records Manager.

General Storage Rules
1. Maintain records in an appropriate storage form (i.e. paper, tape, CD, hard drive, network) for the approved length of time indicated by the Retention Schedule.
2. Records are to be organized in a manner consistent with standard record keeping systems (alphabetical, chronological, etc.).
3. Scanned records will be audited for clarity and completeness. Original paper documents will be shredded according to the retention schedule.
4. Store all records in a manner that permits the efficient retrieval of stored records and the efficient return of records borrowed from storage. Hard copy documents must be kept in a container created for storage such as a Bankers Box or filing cabinets. Boxed records must be labeled with type of records, department, destruction date (if applicable), record inclusion date(s), and schedule number. If the box contains multiple types of records, then an inventory of the enclosed records must be in each container.
5. Restrict access to stored records to those individuals who have an appropriate need and permission to retrieve the records. Use passwords for electronic records. IT will maintain backed up electronic records for disaster recovery purposes.
6. Computerized records shall be protected with a password and backed up. Contact IT Department for assistance.
7. When possible, format stored data to any new hardware or software system that will replace an old system to allow for future retrieval of information. When not possible, make arrangements to store data in another form for the full retention period.
8. Duplicate materials can be destroyed once they no longer serve an administrative or clerical function.
9. Records no longer needing to be retained will be destroyed by shredding; electronic records will be permanently removed from software.
10. A county board shall ensure that information about individuals served, including the individual’s living arrangements and address, guardianship status, and guardian’s address and contact information, is updated in the department’s information systems within fifteen calendar days of the change.
11. A county board shall keep on file the documents used to determine eligibility for county board services of all persons who apply after July 1, 1991, whether or not such persons are found to be eligible. Information on persons found to be ineligible shall be maintained for five years after such determination is made.
12. A county board shall maintain fiscal records that are in compliance with county and state auditor’s requirements pursuant to section 149.38 of the Revised Code.

Record Destruction
Records in any storage media form shall be destroyed when the record retention period is met. Hardcopy records will be destroyed by means of shredding until there is no possibility of reconstruction in order to protect privacy and confidentiality. Records with sensitive information needing to be shredded upon destruction date will not be placed in common trash receptacles.

Process
The following process shall be adhered to when destroying records:

1. The Ohio History Connection – LGRP will indicate on the Records Retention Schedule (RC-2) which records will require a Certificate of Records Disposal form (RC-3) prior to disposal. Items not requiring an RC-3 form will be reviewed by the Records Administrator.
2. After a One-Time Disposal of Obsolete Records (RC-1) has been reviewed by the Ohio History Connection – LGRP and approved by the Auditor of State, you will no longer be required to send in an RC-3 prior to disposal.

3. Please contact the Ohio History Connection – LGRP if you wish to dispose of a record that is more than 50 years old, even if the RC-2 does not require an RC-3. While the age of the record is not the only factor that determines historical value, in general, records that are 50 years old or older are more likely to have historical value.

4. After approval from the Records Administrator, the records can be destroyed. Proper method of destruction is shredding, either using an agency shredder or by an outside company.

5. All electronic records scheduled for destruction will be deleted from all Board programs by the Records Administrator and/or IT.

Board Approved: 6/17/02, 4/23/15, 5/23/16, 4/22/19

Revised: 8/18/05, 12/15/05, 3/25/15, 5/23/16, 7/12/18
Solicitation and Distribution

Purpose
The Board has adopted this solicitation and distribution policy to establish guidelines and outline restrictions for solicitation and distribution at the Hancock County Board of DD.

Policy
Blanchard Valley Center is committed to ensuring that the workplace is free from solicitation and distribution in all work areas during work time.

Procedure

Solicitation
Solicitation by an employee to another employee is only permitted while the employee doing the soliciting and the employee being solicited are on their non-work time in a non-work area.

Distribution of Materials
Distribution of materials by an employee to another employee is only permitted while the employee doing the distributing and the employee being distributed to are on their non-work time in a non-work area.

No Trespass Rule
Solicitation and/or distribution of literature or trespassing by non-employees is prohibited. The only exception to this policy is the regular business activities of the Parent/Teacher Association.

Employee No Access Rule
Employees are not permitted to enter a Board facility on an unassigned workday (for example: vacation or personal leave day) for the purpose of solicitation or distribution as defined below.

Definitions
*Solicitation* means an act of requesting an individual to purchase goods, materials or services, sign anything or plea for financial contribution or support of any other kind.

*Distribution* means an act of distributing goods, materials and/or written materials.

*Non-Work Area* means areas not normally used for daily program or other designated activities. Non-work areas to be designated by administrator in charge.

*Non-Work Time* means time when staff is not assigned to clients or pupils, classroom or work area or any other work assignment.

Distribution of Material Not Related to Program Activity
The use of Board facilities, including mailboxes, bulletin boards, walls and tables for the
distribution of literature, hand-outs, cards, notices, newsletters and memoranda relating to personal and private matters, is prohibited.

Distribution of literature by means of Board facilities, including mailboxes, bulletin boards, walls and tables, shall be limited to official Board program information and material pertinent thereto.


Board Approved: 1/27/2020
Superintendent Designee Policy

Purpose
The purpose of this policy is to allow the delegation of the Superintendent’s duties to direct the operations of Blanchard Valley Center during those times when the Superintendent may be unavailable as a result of illness, vacation, or the need to conduct business off of the Blanchard Valley Center campus.

Policy
The Board permits the Superintendent to choose a designee. The Superintendent Designee shall function in a proper and lawful manner when the Superintendent is not available. The Superintendent Designee shall continue the plans, philosophy, and program direction as established by the Board. The Superintendent Designee is authorized to sign all reports, documents, etc. that fall within the Superintendent’s authority.

Procedure
The Superintendent will designate the appropriate staff to act as designee in their absence, as appropriate.

Board Adoption: 3/24/14; 5/18/15
Revision: 3/24/14; 5/18/15; 4/4/19
Reviewed: 4/26/16

Telecommuting Policy

Purpose
It is the intent of the Hancock County Board of Developmental Disabilities (HCBDD) to provide a supportive work environment for HCBDD business. Telecommuting is a voluntary arrangement in which an eligible employee with prior approval “works one or more days from home instead of commuting to a workplace.” It is HCBDD’s obligation to maintain a safe and healthy environment for employees, individuals, and the general public, and to protect HCBDD’s property, equipment, and public image.

Policy
Telecommuting may be full-time or part-time, such as one or two days a week or parts of each workday. This level of telecommuting requires a formal agreement between the employee and HCBDD.

The Superintendent and/or Designee will determine whether telecommuting is appropriate based upon work requirements. Those who previously had a Telecommuting Agreement are not assured of a Telecommuting Agreement as a condition of continued employment or when returning from a leave of absence or after a job transfer. HCBDD may terminate the Telecommuting Agreement at its discretion, with or without reason and upon written notice to the employee.

Adopted: 4/27/2015
Revised: 3/25/2019

Procedure

The Superintendent is responsible for managing the affairs and operations of HCBDD and has sole discretion to:

- Designate positions for telecommuting
- Approve and disapprove individual employee applications to telecommute

HCBDD may take appropriate disciplinary or adverse action against the telecommuter for failing to comply with the provisions of the Telecommuting Agreement

Eligibility

In order for employees to participate in the Telecommuting Program, a Telecommuting Application and all Appendices must be completed, and the following conditions met:

- The immediate supervisor, Department Director (if applicable) and the Superintendent must approve the Telecommuting Application.
- Needs of the Department must always be the top priority. HCBDD will always consider the health and safety of the individuals we serve and the support needed for the Department when considering an application for Telecommuting.
- The position the employee is currently holding has been approved for the Telecommuting Program
- The Department Director will consider the employees’ probationary status
- Discipline issued to an employee will be reviewed prior to final approval
- Employee’s attendance history will be reviewed
- Employee shall demonstrate that they can work effectively with minimal supervision
- Employee is able to establish priorities and has demonstrated effective time management habits
- Employee pursues high-quality work production
- Employee is reachable by phone during assigned work hours
- Other criteria specific to the department and approved by the Superintendent may also be applied

Process for Initiating Telecommuting

Either the employee or HCBDD may propose a telecommuting work option for the employee.

A. The employee completes a Telecommuting Application and submits it to their supervisor.

B. Upon receipt of the application, the employee and supervisor assess the feasibility of telecommuting and determine telecommuting parameters.

C. The supervisor approves or disapproves the application and routes it to the department director, if applicable. Note: If there is no department director, the supervisor follows the steps outlined below.

D. The department director considers the proposal to implement telecommuting and approves or disapproves the application.
   1. Items for consideration are the following:
      a. Functions, tasks, responsibilities of the employee under consideration
b. Departmental staffing needs, space, and budgetary consideration
c. Consultation with the Human Resource Department is required.

2. If the application is unapproved, the employee will be notified as soon as feasible after the decision has been made.
3. If the application is approved, the department director and Human Resource department will recommend the employee for telecommuting and will forward the application to the HR department.

E. The Superintendent reviews and considers the telecommuting application.
   1. If the application is unapproved, the Superintendent returns the application to the department director and/or supervisor indicating the reason for the decision (employee will be notified as soon as feasible after the decision has been made).
   2. If the application is approved, the Superintendent forwards the application to the Human Resource Manager who sends notification of approval to all parties involved.

F. The supervisor gives the employee the following documents to be completed:
   a. Hancock County Board of Developmental Disabilities Telecommuting Policy and Procedure
   b. Signed Telecommuting Agreement (retain a copy and send to HR)
   c. Supplementary materials, as appropriate

G. All documents are completed by the employee and/or supervisor. If not complete and approval given from HR, the employee may not begin the telecommuting.

H. The Department Director and HR notifies the employee(s) to begin telecommuting, and monitors the arrangement(s), maintains open communications and discusses concerns or issues with the employee, as needed.

I. Either HCBDD or the employee may terminate telecommuting with or without reason, at any time. The termination will be in writing with a copy of the notification placed in the employee’s personnel file.

**Hours of Work**
The total number of hours and the schedule employees are expected to work will not change, regardless of the work location. Employees will clock in/out for the scheduled work hours.

All approved telecommuting schedules are discretionary and require Department Director approval. Telecommuters are required to select a work schedule in accordance with the options offered by the telecommuter’s primary workplace. The arrangement to telecommute shall be documented in advance and reflected on the employee’s calendar system. In the event the telecommuter’s schedule deviates from what is detailed in the Telecommuting Agreement, there must be advanced supervisor approval and official notification to all employees at the primary workplace.

Telecommuting is not intended to serve as a substitute for child, adult, or pet care. The telecommuter must continue to make arrangements for child or dependent care to the same extent as if the telecommuter was working in their primary workplace. Absent such arrangements, the Telecommuting Agreement will automatically terminate.

The employee must be available to respond to their primary workplace during regular business hours, if necessary to respond to an emergency situation that cannot be handled at their alternate workplace.

**Workers’ Compensation Liability**
Telecommuting is covered under the County’s Worker’s Compensation policy for injuries occurring in the course and arising out of the performance of official duties of HCBDD. Should an accident or injury occur while telecommuting, the employee shall follow the HCBDD Policy and procedure Titled Workers Compensation. HCBDD is not liable for damages to the telecommuter’s personal or real property except to the extent adjudicated under Ohio law.

**Equipment and Supplies**
During the workday, the telecommuter must be able to be reached by phone (residential or cell) at all times, and have a designated workspace with appropriate equipment and supplies to do the assigned work at the alternate work location.

HCBDD will not provide or reimburse costs including but not limited to the following: installation upgrades, overages of data or any fees associated with the connection or use of all telephone and/or internet services, software and hardware, personal computers or damages, including normal wear and tear to a telecommuter’s personal computer, landline phones, cellular phones, desks, chairs, lights or storage containers. The telecommuter will also be required to have surge protectors for the work related electrical equipment. Standard office supplies will be available from the employee’s department and the supplies provided to an employee remain the property of HCBDD and shall be returned to HCBDD upon the termination of an employee’s participation in the Telecommuting Program. The use of equipment, software, data, and supplies, if provided by HCBDD, is limited to use by authorized persons and for purposes related to HCBDD business only.

**Network/Computer Settings**

Network, internet and computer access shall be secured with a password. All telecommuter computer settings shall be set to never automatically save passwords. The network connection settings will also be set to log-off and/or disconnect after a period of inactivity. These settings are controlled by group policy from the network administrator and shall not be changed. The HCBDD Information Technology Department or designee, through on-site or remote access, will review HCBDD computers to ensure the necessary hardware, software and network security protocols needed are installed and properly operating and updating to allow staff to perform their usual job duties. A fully operational and actively updating antivirus program is required on all HCBDD computers.

**Costs Associated with Telecommuting**

HCBDD is not obligated to assume responsibility for operating costs, home maintenance, or other costs incurred by employees in the use of their homes as telecommuting alternate work locations.

**Agency Information**

Telecommuters must safeguard HCBDD information used or accessed while telecommuting. The telecommuter will be responsible for the security and confidentiality of all items and information related to HCBDD.

**Maintenance, Repair and Replacement of Equipment**

HCBDD is responsible for maintaining, repairing, and replacing HCBDD-owned equipment issued to telecommuters. In the event of equipment malfunction, the telecommuter must notify his/her immediate supervisor immediately. If repairs will take some time, the department will find an alternative means to continue the telecommuter’s work including asking the telecommuter to report to the primary workplace until the equipment is available.

**Workspace**

Telecommuting employees are responsible for setting aside a home work space that is ergonomically sound, clean, safe, and free of obstructions and hazardous materials. The alternate workspace shall be free of hazards that might endanger the employee or agency information. The designated workplace must be separate from other home interactions to avoid distractions. The telecommuter must ensure that their home complies with all health and safety requirements. Failure to do so, as determined by HCBDD, provides cause for terminating and employee’s Telecommuting Agreement.

**Termination of Agreement**

HCBDD may terminate the Telecommuting Agreement at its discretion, with or without reason and upon written notice to the employee. HCBDD reserves the right to take possession of any HCBDD purchased equipment and/or supplies without advance warning.

The option to implement telecommuting in a department is at the sole discretion of HCBDD. HCBDD or the employee may terminate an employee’s Telecommuting Agreement at any time. If an employee requests to terminate telecommuting, the supervisor will arrange for the employee to begin working at the primary workplace immediately.

The Superintendent and/or Designee determine whether telecommuting is appropriate based upon work requirements. Those who previously had a Telecommuting Agreement are not
assured of a Telecommuting Agreement as a condition of continued employment or when returning from a leave of absence or after a job transfer.

**Discipline**

All expectations of compliance with existing HCBDD policies and procedures are unaffected by the Telecommuting Agreement. HCBDD may take appropriate disciplinary or adverse action against the telecommuter for failing to comply with the provisions of the Telecommuting Agreement.

Adopted: 4/27/2015
Revised: 3/25/2019
Title XX

Purpose

The purpose is to assure compliance with the Federal Title XX Assistance Program.

Policy

The Hancock County Board of Developmental Disabilities (HCBDD) elects to participate in the federal Title XX Federal Assistance Program through a contract agreement with the Ohio Department of Developmental Disabilities (the Department) and thereby agrees to the terms and conditions set forth in the contract/grant agreement and respective attachments. The County Board maintains procedures that govern use of Title XX funds and complies with all applicable state and federal Title XX statutes and rules.

The HCBDD and the Department agree to work together to carry out the grant program objectives for Early Intervention services, to maximize use of the Title XX Federal Assistance program, to ensure services to children of Hancock County who have developmental disabilities.

Administration of the Title XX contract shall include compliance with all aspects of the signed agreement between the HCBDD and the Department, including documentation for billing and reporting which shall incorporate records for each recipient showing the number of units provided for the delivery of service for the grant.

Board Approved: 11/19/01 retroactive to 7/1/2001
Revised: 11/25/02, 1/27/03, 12/15/05, 9/16/13, 1/26/15 6/25/18
Reviewed: 5/23/16

Procedure

General

The Hancock County Board of Developmental Disabilities (HCBDD) will consider and authorize, as presented by the Superintendent, and/or designee, the applications for any State and Federal Grants for which it deems itself eligible and the evaluation of the Federal and State funded programs including their requirements, regulations, reporting and benefits to those individuals enrolled in the programs provided by the HCBDD. Upon applying for and accepting the referenced grant funds, the HCBDD agrees to comply with all requirements of the grant in regards to planning, application processes, the receipt and expenditures of funds, and the reporting of such outlined in the guidelines of the grant.

Eligibility

Individual eligibility for participation in the Federal Title XX program will follow those specific processes and procedures set forth in appropriate sections of the Ohio Revised Code which is the same process utilized by the HCBDD for program eligibility. Individuals determined eligible under this process shall be “without regard to income” in accordance with Title XX eligibility criteria.
Redetermination of eligibility will be completed during the annual program review for each individual. This eligibility redetermination process will also include a review of continued eligibility for HCBDD provided Title XX services and participation in Early Intervention services in accordance with the Individual Family Service Plan.

**Record Keeping and Reporting**

Records for documenting the eligibility of individuals and the delivery and billing of services under the Title XX program shall be maintained in an orderly and systemic manner in the respective records storage areas. All records that are pertaining to the application for and renewal of Title XX funding including unit of service rate computation worksheets, documentation of direct and indirect costs, and the signed/approved Title XX contract shall be maintained in the Administrative Offices of the HCBDD. All costs reported in the Title XX rate computation worksheets shall be derived from official records of the Hancock County Auditor’s Office, which shall be in accordance with generally accepted accounting principles.

All records shall be maintained for a period of at least five (5) years provided audited according to the HCBDD RC-2 schedule.

**Quality Assurance**

The board will maintain a monitoring process to review and ensure all requirements are upheld and errors are corrected when requirements are not implemented appropriately. This shall be part of the organization wide Quality Control Plan.

The County Board will complete an annual self-audit using the Department’s designated format to evaluate its compliance with Department Standards.

The Quality Control Plan will include reviews of compliance with Title XX requirements as part of routine file reviews.

Upon request, the HCBDD shall respond to any and all requests from external auditors for the Title XX documentation and data regarding expenditures, eligibility, billing and/or other areas relating to the administration and operation of the Title XX program. Subsequent to providing such documentation, the HCBDD agrees to receive, reply, and/or comply with any audit exception discovered in an audit of the Title XX program and to develop a written plan of action to resolve such audit exceptions within the time frame allowed by OMD Circular A-133.

Board Approved: 11/19/01 retroactive to 7/1/2001
Revised: 11/25/02, 1/27/03, 12/15/05, 9/16/13, 1/26/15 6/25/18
Reviewed: 5/23/16; 3/8/19
Timekeeping/Work Time

Purpose

The purpose of this policy is to establish specific guidelines and procedures for timekeeping and worktime for non-exempt employees.

Policy

Non-Exempt employees are expected to report to work on time, accurately record all time worked, have prior approval to work outside of their scheduled hours and not engage in off-the-clock work.

Procedure

Non-exempt employees are required to utilize the Touch Screen System to enter all time worked by clocking in and clocking out in the system. Each employee shall accurately record all time worked, regardless of when and where the work is performed. All work time shall be recorded properly and will be paid accordingly.

Non-exempt employees are required to have prior approval when working outside of their scheduled hours and should not be requested, required or authorized to work without compensation.

Engaging in off-the-clock work (reading/responding to email, finishing up projects, arriving to work more than seven minutes prior to your start time or departing more than seven minutes after your departure time, etc.) is prohibited.

Board Approved: 1/28/19, 5/20/19
Tuition Reimbursement

Purpose
The purpose of the Tuition Reimbursement policy is to assist employees that are pursuing continuing education.

Policy
The Hancock County Board of Developmental Disabilities will budget, based on annual availability and negotiated bargaining unit agreement, funding for tuition assistance for employees pursuing continuing education.

Procedure

Authorization
Employees are only approved for reimbursement when eligibility criteria have been met and the supervising Department Director, Fiscal Office, and Superintendent have approved in writing a Request for Tuition Reimbursement.

All coursework must have the Superintendent’s final approval no earlier than 90 days prior to the start of the term for the course and no later than 14 days prior to the first day of the class. Failure to receive advance approval will result in forfeiture of eligibility for reimbursement.

A Request for Tuition Reimbursement form must be completed entirely and will be considered on a first request basis or according to the union contract until the annual fund allocations are exhausted. A waiting list will be maintained for those employees desiring assistance with tuition reimbursement if designated funds have been requested.

Eligibility
Tenure with the HCBDD must be at least one year of full-time employment and the permanent employee must be working at least 70 hours bi-weekly.

In order to qualify for tuition reimbursement, the course must enhance the Employee’s knowledge, abilities, skills or techniques for work with individuals with developmental disabilities or be specifically related to the Employee’s current job assignment.

Courses must be successfully completed with a grade of A, B, or Satisfactory. Materials, registrations, labs fee, etc. are not included in the reimbursement plan.

The employee being reimbursed must remain an eligible employee for two years after completion of the course. Failure to complete two years of employment as specified will result in the employee being required to repay funds initially reimbursed. If necessary, the Board may seek reimbursement of funds owed through Small Claims Court if the employee terminates employment prior to completing the requirement of two years of employment after completion of the course.

Reimbursement

Associate’s Coursework
The maximum allowance shall be one hundred twelve dollars and fifty cents ($112.50) per semester hour up to 6 semester hours ($675) of Associate level classes annually per employee.

Bachelor's Coursework
The maximum allowance shall be one hundred fifty dollars ($150) per semester hour up to 6 semester hours ($900) of Bachelor level classes annually per employee.
allowance shall be one hundred dollars ($100) per quarter hour up to 9 quarter hours ($900) of Bachelor level classes annually per employee.

Master’s Coursework

The maximum allowance shall be one hundred eighty-seven dollars and fifty cents ($187.50) per semester hour up to 6 semester hours ($1,125) of Master level classes annually per employee. The maximum allowance shall be one-hundred twenty-five dollars ($125) per quarter hour up to 9 quarter hours ($1,125) of Master level classes annually per employee.

The amount reimbursed to the eligible employee will not exceed the amount initially paid for tuition.

To receive final reimbursement, the employee must provide:

1. Original proof of payment;
2. Proof of successful completion with a grade of A, B, or S; and
3. Completed Tuition Reimbursement form.

The above items must be submitted to the Fiscal office within 15 days after the receipt of the final grade.

Board Approved: 4/22/19
Use of Hancock County Board of Developmental Disabilities Facilities

Purpose

The purpose of this policy is to establish guidelines for use of Hancock County Board of Developmental Disabilities facilities.

Policy

The Superintendent may authorize the use of facilities (specifically the gymnasium) and equipment by organized sporting groups from the community. Any staff member using board-owned, leased or rented property for personal use or for other than board-sponsored services and business or events, other than that use as authorized by the Superintendent, may be subject to disciplinary action up to and including termination. The Board reserves the right to prosecute any person for theft or misuse of County property.

Community Use of Facilities

The facilities of the Hancock County Board of DD are provided by the taxpayers of this county for the use and benefit of children and adults with disabilities. The purpose should be mission driven and no other use will have precedence. The Board recognizes, however, that from time to time the facilities may be available, and that organized sporting groups from the community may benefit from their use. These policies and procedures govern the conditions and circumstances under which such groups may have access to our facilities.

Facilities will not be used to conduct an activity for any money-raising activity unless the proceeds are for approved charitable, educational, character-building, or other community welfare purpose as approved by the superintendent/designee. To the extent that facilities are made available, they are available to Hancock County residents only.

It is our preference that facility use be limited to one time slot per week, but special arrangements may be requested.

Approval of Requests

All requests for use of facilities must be approved by the Superintendent or his/her designee.

No request shall be approved when there is reason to believe, based upon previous history or upon facts contained in the application that damage may occur to the facility as a result of the proposed activity.

Board programs and activities shall have first claim to the use of facilities at all times. All other agreements are subject to cancellation if the facilities are needed for program-related activities.

Board Approved: 7/21/03

Revised: 7/15/04, 12/15/05, 1/28/13, 6/22/15; 7/23/18
Reviewed: 4/25/16, 3/8/19

Procedure

Application

A request for the use of Board facilities (specifically the gymnasium) should be made to the Planning and Event Coordinator or designee in writing at least two (2) weeks in advance using the Application for Facility/Equipment Use Form. The application must be signed by an authorized representative (18 years of age or older) of the organization making the request. Such representative shall assume full responsibility for the use of the facilities in accordance with applicable rules and regulations.

Facilities are not available on regularly scheduled holidays or when the facilities have been closed temporarily due to emergencies or inclement weather.
General Rules

The general rules listed below shall be followed by participants of sponsored events:

1. Gambling and the use of alcohol and controlled substances in facilities and on the grounds is prohibited.
2. Sponsored events should not be scheduled to end later than 10:00 pm and the facility should be cleared and secured by the user no later than 11pm.
3. The person representing the sponsor will be the last to leave the facility before the building is secured.
4. Use of tables and chairs is prohibited.

Sponsor Responsibilities

Responsibilities of the sponsor include the following:

1. The sponsoring organization assumes all responsibility for the facility used and for all participants in the event.
2. The sponsor is responsible for general cleaning and restoring facility space and equipment to its original state following the event.
3. Damage, theft or loss of supplies and equipment will be charged against the sponsor and may be just cause for canceling or prohibiting future events sponsored by that person or group.
4. Sponsors will be requested to evaluate the use of facilities following each event.
5. Sponsor will complete the Building Checklist at the conclusion of the event and place it in the marked box prior to leaving the facility.

Board Approved: 7/21/03

Revised: 7/15/04, 12/15/05, 1/28/13, 6/22/15, 4/25/16; 7/26/18, 3/8/19
Volunteers

Purpose

This policy establishes guidelines for volunteer oversight including requirements by the Board and by the volunteer. This oversight includes supervision, hours of volunteering, training, background checks, volunteer records and dismissal of volunteers.

Policy

1. A county board may engage volunteers to provide supplementary services. A county board shall not submit claims for Medicaid reimbursement for services provided by volunteers.
2. A county board shall ensure that volunteers are at all times under supervision of paid supervisory staff of the county board.
3. A county board shall ensure that volunteers who provide more than forty hours of service working directly with individuals served by the county board during a calendar year receive training in:
   a. The role and responsibilities of the agency provider with regard to services including person-centered planning, community participation and integration, self-determination, and self-advocacy.
   b. The rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code;
   c. The requirements of rule 5123:2-17-02 of the Administrative Code including a review of health and welfare alerts issued by the department; and
d. An overview of emergency procedures.
4. The county board shall ensure that volunteers who provide more than forty hours of service working directly with individuals served by the county board during a calendar year undergo background investigations.
   a. The background investigation for a volunteer shall include:
      i. Requiring the volunteer to submit a statement to the county board with the volunteer’s signature attesting that he or she has not been convicted of or pleaded guilty to any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code.
      ii. Requiring the volunteer to sign an agreement under which the volunteer agrees to notify the county board within fourteen calendar days if the volunteer is formally charged with, is convicted of, or pleads guilty to any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code. The agreement shall provide that failure to make the notification may result in termination of the volunteer’s services. 
      iii. Establishing the volunteer is not included in any of the databases described in paragraph (C)(2) of rule 5123:2-2-02 of the Administrative Code.
      iv. Obtaining a criminal records check conducted by the Ohio bureau of criminal identification and investigation. If the volunteer does not present proof that he or she has been a resident of Ohio for the five-year period immediately prior to the date upon which the criminal records check is requested, the criminal records check shall include information from the federal bureau of investigation.
   b. The county board shall, at a frequency of no less than once every five years, conduct a background investigation in accordance with paragraph (M)(4)(a) of this rule for each volunteer.
   c. The county board shall not engage or continue to engage a volunteer who:
      i. Is included in one or more of the databases described in paragraph (C)(2) of rule 5123:2-2-02 of the Administrative Code; or
      ii. Has a conviction for any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code if the corresponding exclusionary period as specified in paragraph (E) of rule 5123:2-2-02 of the Administrative Code has not elapsed.

Procedure

The following volunteer records shall be maintained by Volunteer Coordinator:

1. Volunteer Application;
2. Volunteer Checklist;
3. Emergency notification data;
4. Record of all cleared background checks.

Dismissal

If the volunteer fails to abide by the guidelines of the BVC Mission/Vision/Values or HCBDD policies, HCBDD reserves the right to dismiss the volunteer from his/her role as a volunteer.

References: ORC 5123.62 - 5123.64, 109.572

OAC 5123:2-2-02, 5123:2-17-02,

Board Approved: 5/29/02; 4/27/15; 8/27/18, 5/20/19

Revised: 3/17/05, 12/15/05, 4/6/15, 5/23/16, 11/27/17, 8/27/18
Purpose

Blanchard Valley Center is committed to providing a safe, weapon-free, violence free environment for our employees, customers, volunteers and visitors. Blanchard Valley Center has adopted the following guidelines to deal with intimidation, harassment or other threats of or actual violence that may occur onsite or during off-site during Blanchard Valley Center related activities.

Policy

The HCBDD shall comply with all aspects of the Ohio Revised Code 2923.122

Procedure

All employees, customers, volunteers and visitors should be treated with courtesy and respect at all times. Conduct that threatens, intimidates or coerces another employee, customer, volunteer or visitor will not be tolerated.

Indirect or direct threats, incidents of actual violence and suspicious individuals must be reported as soon as possible to a supervisor, human resources, the Superintendent or any member of management. When reporting a threat or incident of violence, the employee should be as specific and detailed as possible. Employees should not place themselves in peril, nor should they attempt to intercede during an incident.

Blanchard Valley Center will promptly and thoroughly investigate all reports of threats of violence or incidents of actual violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as possible. Blanchard Valley will not retaliate against employees making a good faith reports of violence, threats or suspicious individuals or activities. In order to maintain workplace safety and the integrity of the investigation, Blanchard Valley Center, may suspend employees suspected of workplace violence or threats of violence, either with or without pay, pending investigation.

Anyone found to be responsible for threats of, actual violence, or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including termination of employment, as well as being prosecuted to the full extent of the law.

Employees should promptly inform the HR Department of any protective or restraining order that they have obtained that lists the workplace as a protected area.

Blanchard Valley Center prohibits the possession of weapons in the buildings at all times, including company vehicles. Additionally, while on duty, employees may not carry a weapon of any type. Weapons include, but are not limited to, handguns, rifles, automatic weapons, and knives that can be used as weapons (excluding utility knives, and other instruments that are used to open packages, cut string or other miscellaneous tasks), martial arts paraphernalia, stun guns, mace or tear gas. Any employee violating this policy is subject to discipline up to and including termination for the first offense.

As per ORC 2923.122 the Board cannot prohibit an employee or visitor with a valid license to carry a concealed handgun (CHL) from storing a firearm in his/her motor vehicle while parked in the Board’s parking lot, provided the employee/visitor complies with the law with respect to such storage. The person possessing the firearm must keep the gun and its ammunition in the vehicle, and, when the person is not physically present in the vehicle, the firearm and ammunition must be locked in the trunk, glove box, or other container. Also, the vehicle itself must be locked and be properly parked in a properly authorized location.

Blanchard Valley Center reserves the right to inspect all belongings of employees on its premises, including briefcases, purses, handbags, gym bags and personal vehicles on company property.

Reference: Ohio Revised Code 2923.122

Board Approved: 4/24/2017
Citizen Participation at Board Meetings

Purpose

The purpose of this policy is to provide an avenue for any citizen to address questions, concerns, complaints, or recommendations to the Board.

Policy

The agenda for regularly scheduled Board meetings will afford an opportunity for citizens to address matters related to the Board’s conduct of programs and services.

The Board encourages and promotes citizen input in the process of planning, developing, implementing and evaluating services for persons with developmental disabilities in Hancock County.

Procedures for citizen participation at Board meetings will be made available upon request.

Attached: Procedure for Citizen Participation at Board Meetings Policy

Board Approved: 1/20/05; 4/27/15

Revised: 9/15/05, 12/15/05; 4/25/15

Procedure

The following procedures have been established to facilitate the process of hearing questions, concerns and complaints and to allow citizens to address questions, concerns, complaints and recommendations to the Board.

1. Questions, concerns or complaints regarding a specific service or facility should be presented first to supervisors and then to Department Directors, and, finally to the Superintendent for review and resolution prior to addressing the Board. Complaints about staff members will not be proper subject for comment during open board meetings. Such issues may be addressed in Executive Session provided the regular chain of authority and responsibility have been followed, as indicated above.

2. Other issues should be presented to the Superintendent, in writing, stating the topic and purpose for which the citizen wishes to address the Board, at least five (5) working days before the scheduled Board meeting. Copies will be presented to Board members before the Board meeting.

3. The Superintendent will have the authority to place the citizen’s presentation on the agenda of the next regularly scheduled board meeting or to investigate and provide a written response to citizen concerns prior to seeking board resolution. Concerns should be addressed to the Board when proper channels have not produced satisfactory results.

4. The Board President will recognize duly scheduled citizens following approval of minutes during an open board meeting.

5. Citizens recognized will give their name and identify the topic to be addressed prior to presenting the questions, concern, complaint or recommendation.

6. Generally, individual presentations will be limited to five (5) minutes, unless changed by unanimous overrule by the Board at the meeting.

7. There shall be a total time allowance of 30 minutes for guest comments, unless changes by unanimous overrule by the Board at the meeting or a special Board meeting is scheduled to address concerns.

8. The Board President reserves the right to recognize speakers, enforce time limits, to maintain order, to limit the number of speakers and to direct the manner of response from the Board.
9. The purpose it to provide a forum for public input for the Board. Any question not previously submitted in writing, per policy, will be answered either in the next scheduled Board meeting or referred to the proper person for immediate written response.

Board Approval: 1/20/05
Revised: 9/15/05, 12/15/05, 6/26/08; 4/27/15; 4/25/16
Reviewed: 3/12/19
Ethics Council

Purpose

The Hancock County Board of Developmental Disabilities (HCBDD) supports the belief that membership of a person on, or employment of a person by a County Board of DD, does not affect the eligibility of any member of his family for services provided by the Board or by any entity under contract with the Board. Therefore, The HCBDD has created an Ethics Council to review all direct services contracts, meaning, any legally enforceable agreement with an individual, agency, or other entity that, pursuant to it’s operation, may result in a payment from the HCBDD to an eligible person or to a member of the family of an eligible person for services rendered to the eligible person. Direct services contract includes a contract for supported living, family support services, and reimbursement for transportation expenses.

Policy

The HCBMRDD shall insure, through the Ethics Council, that there will be no conflict of interest in the award of any direct services contract. This policy shall be implemented in full compliance with the mandates of Sections 5126.03, 5126.031, 5126.032, and 5126.033 of the Ohio Revised Code.

References: Sections 5126.03, 5126.031, 5126.032, and 5126.033 of the Ohio Revised Code

Board Approved: 5/2/02, 6/24/02, 12/15/05, 8/24/15, 7/22/19

Procedure

1. The Chairperson of the Hancock County Board of DD (HCBDD) shall appoint three members of the Board to an Ethics Council. The Chairperson may be one of those appointed and the Superintendent shall be a non-voting member of the Council. The Chairperson shall not appoint a Board member to the Ethics Council if the member, or any member of his/her family, will have any interest in the direct services contract under review by the Council while the member serves on the Council or during the twelve month period after completion of their council services.

2. The role of the Ethics Council shall be to review all supported living, Family Support Services, and other direct services contracts which may result in direct payment to an eligible person or to a member of the eligible person’s family according to this policy and develop for recommendation to the Board policies regarding ethical standards, contract audit procedures and grievance procedures with respect to the award and reconciliation of the direct services contract.

3. The Ethics Council shall meet monthly, or as needed, prior to Board meetings, to perform its function. The official minutes will be taken at all Ethics council meetings shall be considered as those minutes that are part of the public records of the HCBDD.

4. All contracts and information provided to the Ethics Council shall be sent by the Superintendent, or a designee, with appropriate certification that the contracts that can be funded with available resources and appropriations. The Ethics Council, during its regular meeting, shall determine whether the amount to be paid under the contract is appropriate and based on actual expenses or reasonable and allowable projections. The Ethics Council shall also determine whether the eligible person who would receive services under the contract stands to receive any preferential treatment or any unfair advantage over the other eligible persons.

5. If the amount to be paid is not acceptable or the contract would result in preferential treatment or unfair advantage, the Ethics Council shall recommend the Board not enter into a contract or shall suggest acceptable, specific revisions. The Board shall not enter into any contract to which revisions are suggested if the contract does not contain the specific revisions.

6. The Board, by resolution, shall enter into each direct services contract that the Ethics Council recommends or recommends with specified revisions. The Board may request
the Prosecuting Attorney to prepare legal review of recommended direct services contracts to determine compliance with the law.

7. The Ethics Council shall not allow a member or employee of the Board of DD to authorize or use the authority of his/her office or employment to secure authorization of a direct services contract that he/she may benefit from in any way.

References: Sections 512603, 5126.0031, 5126.032, and 5126.033 of the Ohio Revised Code

Board Approved: 5/2/02, 7/22/19
Revised: 6/24/02, 12/15/05, 8/24/15
Mandatory Public Notice of Meetings

Purpose

The purpose of this policy is to provide a reasonable method for notice to the public of meetings.

Policy

The HCBDD will identify notification of all regularly, special and emergency meetings held by the HCBDD Board.

Board Approved: 7/22/19

Procedure

The HCBDD Board will determine annually the date and time of regular meetings. In the event of a special meeting, which is held outside of the board’s regular meetings, it will be posted on the HCBDD website and the local newspaper will be contacted at least twenty-four (24) hours in advance. When an emergency requires immediate official action, the board may hold an “emergency meeting”. In an emergency where it is not reasonable to give twenty-four (24) hours’ notice, the board must notify the news media (that have requested such notification) immediately of the time, place, and purpose of the meeting.

The county board will provide reasonable advanced notice of meetings at which a specific type of business is to be discussed to all persons who have requested such notice and have paid a reasonable fee.

Board Approved: 7/22/19
**Video Surveillance**

**Purpose**
This purpose of this policy is to establish procedural guidance delineating the surveillance methods and use of those results for the Hancock County Board of DD.

**Policy**
This policy shall apply to the buildings of the Hancock County board of Developmental Disabilities (HCBDD). HCBDD may utilize surveillance to provide reasonable monitoring of the health and welfare of all individuals, employees, volunteers, and visitors while on the grounds of Blanchard Valley Center.

Board Approved: 10/30/08

Revised: 9/28/15

**Procedure**
1. Video surveillance will be conducted in a professional, ethical, and legal manner. Personnel involved in video surveillance will be appropriately trained and supervised in the responsible use of this technology.
2. Footage from the camera is continuously recorded 24 hours a day, 7 days a week when movement is detected.
3. Video and/or audio footage will be stored until the hard drive storage is full, will then be erased and overwritten by the system, unless retained as part of an investigation, disciplinary process, or other bona fide use as approved by the Superintendent.
4. Information obtained through the video monitoring will be used exclusively to monitor the health and welfare of the individuals, disciplinary process, and policy enforcement. Information obtained through video monitoring will only be released when authorized by the Superintendent in accordance with the procedures established in this policy.
5. Video monitoring will be conducted in a manner consistent with all existing policies, including the facility’s non-discrimination policy, sexual harassment policy, and other relevant policies. Camera monitors will not monitor individuals based on characteristics of race, gender, ethnicity, sexual orientations, disability, or other classifications, protected by the facility’s non-discrimination policy.
6. Video cameras will be placed in general access areas only. No cameras will be installed in any private or unlawful area.

Storage/Location: Video footage will be stored in a secure location with access by authorized personnel only.

Access to video: Access to video monitoring footage is limited only to the Administrative staff, and any other staff authorized by the Superintendent. Video monitoring will be conducted in a professional, ethical, and legal manner.

Release: No recording of camera activity will be released without the authorization by the Superintendent and all individuals receiving supports / guardians involved.

Revised: 9/28/15
Reviewed: 4/22/2019
Anti-Harassment/Bullying

Purpose

The purpose of the Anti-harassment/Bullying policy is to ensure a safe school environment and support compliance components for Ohio Department of Education approval of the Hancock County Board of DD/Blanchard Valley School (HCBDD/BVS) Emergency Operations Plan.

Policy

The Blanchard Valley School is committed to a physically safe, emotionally secure and consistently positive school climate free from harassment, intimidation or bullying for all students, staff, volunteers and patrons. The HCBDD further defines a positive climate as one which evokes non-violence, cooperation, teamwork, understanding and acceptance toward all students and staff in, and in transit to and from, the school environment.

Procedure

1. Harassment, intimidation or bullying means any intentional written, verbal, or physical act that physically harms a student or damages the student’s property; or
   a. Has the effect of substantially interfering with a student’s education; or
   b. Is severe, persistent, or pervasive that it creates an intimidating or threatening educational environment; or
   c. Has the effect of substantially disrupting the orderly operation of the school.

   Harassment, intimidation or bullying between students, groups of students or school personnel may take forms such as: slurs, rumors, jokes, innuendoes, demeaning comments, drawing cartoons, pranks, gestures, physical attacks, threats, or other written, oral or physical actions. Behaviors that do not rise to the level of harassment or bullying may also be prohibited by program or classroom rules.

2. Counseling/Discipline

   Counseling, corrective discipline, and/or referral to law enforcement will be used to change the behavior of the perpetrator and remediate the impact on the victim. This includes appropriate intervention(s), restoration of a positive climate, and support for victims and others impacted by the violation. False reports or retaliation for harassment or bullying also constitutes violations of this policy.

3. Informal Complaint Process

   An Informal Complaint Process may be used to report and resolve complaints of harassment or bullying. Complaints must be investigated and handled consistent with due process requirements. Informal reports may be made to any school staff member. Staff shall inform complainant(s) of the right to, and the process for, filing a formal complaint. Staff shall direct complainants to the appropriate staff who can explain the informal and formal complaint process. Informal remedies include an opportunity for the complainant(s) to explain in writing or face-to-face to the alleged perpetrator that the conduct is unwelcome, disruptive, or inappropriate or a statement from a staff member to the alleged perpetrator that the alleged conduct is not appropriate and could lead to discipline if proven or repeated.

4. Formal Complaint Process

   The formal complaint process may be initiated even if the informal complaint process is being utilized. Student complainants and witnesses may have a parent or adult with them during any investigatory activities. All disputes shall be resolved by following Board Policy on Grievance/Due Process.

5. Training

   Annually, staff will be trained in acceptable student and staff behaviors conducive to a positive school climate; informal and formal complaint data will be reviewed and responded to as needed; and this policy will be reviewed and revised as recommended.

6. Information

   Students will be provided with age-appropriate information on the recognition and prevention of harassment, intimidation, bullying, and their rights/responsibilities under this and other county board policies. Parents shall also be provided with copies of this policy and procedure on the recognition and prevention of harassment, intimidation and bullying.

Board Approved: 10/27/19
Behavioral Support Strategies and the Human Rights Committee

Philosophy:
A behavioral support strategy that includes restrictive measures shall be designed in a manner that promotes healing, recovery, and emotional wellbeing and based on understanding and consideration of the individual’s history of traumatic experience as a means to gain insight into origins and patterns of the individual’s actions.

Purpose:
This policy sets forth requirements for the development and implementation of behavioral support strategies that include restrictive measures to ensure that:

- Restrictive measures are used only when necessary to keep people safe;
- Individuals with developmental disabilities are supported in a caring and responsive manner that promotes dignity, respect, and trust and with recognition that they are equal citizens with the same rights and personal freedoms granted to Ohioans without developmental disabilities.
- Services and supports are based on an understanding of the individual and the reasons for his or her actions; and
- Effort is directed at creating opportunities for individuals to exercise choice in matters affecting their everyday lives and supporting individuals to make choices that yield positive outcomes.

Scope:

a. This policy applies to persons and entities that provide specialized services regardless of source of payment, including but not limited to County Boards; licensed residential facilities including Intermediate care facilities; providers of supported living services; and providers of services funded by Medicaid home and community based service waivers administered by the Department of Developmental Disabilities.

b. Individuals receiving services in a setting governed by Ohio Department of Education shall be supported in accordance with administrative rules and policies of the Ohio Department of Education.

Prohibited Interventions: These interventions are never to be used or approved by a local Human Rights Committee.

c. Prone restraint: a method of intervention where an individual’s face and/or frontal part of his or her body is placed in a downward position touching any surface for any amount of time.

d. Use of a manual restraint or mechanical restraint that has the potential to inhibit or restrict an individual’s ability to breathe or that is medically contraindicated.

Use of manual restraint or mechanical restraint that causes pain or harm to an individual.

e. Disabling an individual’s communication device.

f. Denial of breakfast, lunch, dinner, snacks, or beverages.

g. Placing an individual in a room with no light.

h. Subjecting an individual to damaging or painful sound.

i. Application of electric shock to an individual’s body.

j. Subjecting an individual to any humiliating or derogatory treatment.

k. Squirting an individual with any substance as an inducement or consequence for behavior.

l. Using any restrictive measure for punishment, retaliation, instruction or teaching, convenience of providers, or as a substitute for specialized services.

Restrictive Measures: These measures may be used but only as a means of last resort when necessary to keep people safe and with prior approval by the human rights committee.

m. Manual Restraint:

i. Use of a hands-on method, but never in a prone restraint, to control an identified action by restricting the movement or function of an individual’s head, neck, torso, one or more limbs, or entire body, using sufficient force to cause the possibility of injury;

ii. Includes holding or disabling an individual’s wheelchair or other mobility device.
iii. An individual in a manual restraint shall be under constant visual supervision by staff.

iv. Manual restraint shall cease immediately once risk of harm has passed.

v. Manual restraint does not include a method that is routinely used during a medical procedure for patients without developmental disabilities.

n. Mechanical restraint:
   i. Use of a device, but never in a prone restraint, to control an identified action by restricting an individual's movement or function.
   ii. Mechanical restraint shall cease immediately once risk of harm has passed.
   iii. Mechanical restraint does not include:
      1. A seatbelt of a type found in an ordinary passenger vehicle or an age-appropriate child safety seat;
      2. A medically necessary devices (such as a wheelchair seatbelt or a gait belt) used for supporting or position an individual's body; or
      3. A device that is routinely used during a medical procedure for patients without developmental disabilities.

o. Time-out:
   i. Confining an individual in a room or area and preventing the individual from leaving the room or area by applying physical force or by closing a door or constructing another barrier including placement in such a room or area when a staff person remains in the room or area.
      1. Time-out shall not exceed 30 minutes for any one incident or one hour in any 24 hour period.
      2. A time-out room or area shall not be key-locked, but the door may be held shut by a staff person or by a mechanism that requires constant physical pressure from a staff person to keep the mechanism engaged.
      3. A time-out room or area shall be adequately lighted and ventilated and provide a safe environment for the individual.
      4. An individual in a time-out room or area shall be protected from hazardous conditions including but not limited to sharp corners and objects, uncovered light fixtures, or unprotected electrical outlets.
      5. An individual in a time-out room or area shall be under constant visual supervision by staff.
      6. Time-out shall cease immediately once risk of harm has passed or if the individual engages in self-abuse, becomes incontinent, or shows other signs of illness.
      7. Time-out does not include periods when an individual, for a limited and specified time, is separated from others in an unlocked room or area for the purpose of self-regulating and controlling his or her own behavior and is not physically restrained or prevented from leaving the room or area by physical barrier.

p. Chemical Restraint:
   i. Medication prescribed for the purpose of modifying, diminishing, controlling or altering a specific behavior.
   ii. Chemical restraint does not include medications prescribed for the treatment of a diagnosed disorder identified in the "Diagnostic and Statistical Manual of Mental Disorders" (fifth edition) or medications prescribed for treatment of a seizure disorder.
   iii. Chemical restraint does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.

q. Rights restrictions: as enumerated in section of 5123.62 of the Revised Code.

Development of behavioral support strategies:

r. The focus of a behavioral support strategy shall be creation of supportive environments that enhance the individual’s quality of life. Effort is directed at:
   i. Mitigating risk of harm or likelihood of legal sanction;
   ii. Reducing and ultimately eliminating the need for restrictive measures; and
   iii. Ensuring individuals are in environments where they have access to preferred activities and are less likely to engage in unsafe actions due to boredom, frustration, lack of effective communication or unrecognized health problems.
s. A behavioral support strategy that includes restrictive measures shall:
  i. Be designed in a manner that promotes healing, recovery, and emotional wellbeing.
  ii. Be based on understanding and consideration of the individual's history of traumatic experience as a means to gain insight into origins and patterns of the individual's actions.

Recognize the role environment plays in behavior.

 t. Persons conducting assessments and developing behavior support strategies that include restrictive measures must:
   i. Hold professional license or certification issued by the Ohio board of psychology; the state medical board of Ohio; or the Ohio counselor, social worker, and marriage and family therapist board; or
   ii. Hold a certificate to practice as a certified Ohio behavior analyst pursuant to section 4783.04 of the Revised Code; or
   iii. Hold a bachelor's or graduate-level degree from an accredited college or university and have at least 3 years of paid, full-time (or equivalent part time) experience in developing and/or implementing behavioral support and/or risk reduction strategies or plans.

u. A behavioral support strategy may include manual restraint, mechanical restraint, time-out or chemical restraint only when the individual's actions pose a risk of harm.
   i. Risk of harm means there exists a direct and serious risk of physical harm to the individual or another person.
   ii. For risk of harm, the individual must be capable of causing physical harm to self or others and the individual must be causing physical harm or very likely to being causing physical harm.

v. A behavioral support strategy may include restriction of an individual's rights only when the individual's actions pose a risk of harm or are very likely to result in the individual being the subject of a legal sanction such as eviction, arrest or incarceration. Absent risk of harm or likelihood of legal sanction, an individual's rights shall not be restricted (i.e., imposition of arbitrary schedules or limitation on consumption of food, beverages or tobacco products).

Required elements of a behavior support strategy include:

w. Documentation that demonstrates that positive and non-restrictive measures have been employed and have been determined ineffective;

x. An assessment conducted within the past 12 months that clearly describes:
   i. The behavior that poses risk of harm or likelihood of legal sanction;
   ii. The level of harm or type of legal sanction that could reasonably be expected to occur with the behavior;
   iii. When the behavior is likely to occur;
   iv. The individual's interpersonal, environmental, medical, mental health and emotional needs and other motivational factors that may be contributing to the behavior.

y. A data driven process with the goal of improving outcomes for the individual over time and describing behaviors to be increased or decreased in terms of baseline data about behaviors to be increased or decreased.

z. Capitalizing on the individual's strengths to meet challenges and needs.
   aa. Delineating measures to be implemented and identify those who are responsible for implementation.
   bb. Specifying steps to be taken to ensure the safety of the individual and others;
   cc. As applicable, identify needed services and supports to assist the individual in meeting court-ordered community controls such as mandated sex offender registration, drug-testing, or participating in mental health treatment; this would include reviewing court ordered restrictions.
   dd. As applicable, outline necessary coordination with other entities (courts, prisons, hospitals, and law enforcement) charged with the individual's care, confinement, or reentry to the community.

Responsibilities:

ee. Service and Support Administrator:
   i. Ensure the strategy is developed in accordance with the principles of person-centered planning and incorporated as an integral part of the individual service plan.
   ii. Submit to the human rights committee documentation based upon the assessment that clearly indicates risk of harm or likelihood of legal
sanction described in observable and measureable terms and ensure the strategy is reviewed and approved by the human rights committee in accordance with this policy and prior to implementation and whenever the behavioral support strategy is revised to add restrictive measures, but no less than once per year.

iii. Secure informed consent of the individual or the individual’s guardian, as applicable. Informed consent includes:
1. Documented written agreement to allow a proposed action, treatment, or service after full disclosure provided in a manner the individual or his or her guardian understands, of the relevant facts necessary to make the decisions.
2. Risks and benefits of the action, treatment or service.
3. The risks and benefits of the alternatives to the action, treatment, or service.
4. The right to refuse the action, treatment or service.
5. The individual or his or her guardian, as applicable, may revoke informed consent at any time.

iv. Provide an individual or the individual’s guardian, as applicable with written notification and explanation of the individual’s or guardian’s right to seek administrative resolution if he or she is dissatisfied with the strategy or the process used for its development.

v. Ensure the strategy is reviewed by the individual and the team at least every 90 days to determine and document the effectiveness of the strategy and whether the strategy should be continued, discontinued, or revised. A decision to continue the strategy shall be based upon review of up-to-date information which indicates risk of harm or likelihood of legal sanction is still present. These reviews will be submitted to the Human Rights Committee.

ff. Human rights committee:

i. Composition:
1. Comprised of at least 4 persons;
2. Includes at least one individual who receives or is eligible to receive specialized services;
3. Includes a qualified person who has either experience or training in contemporary practices for behavioral support; and
4. Reflects a balance of representatives from both individuals or family members of individuals who receive or are eligible to receive specialized services; and county boards or providers.

ii. Balanced representation:
1. Balanced representation will not only include numbers of people in each required category but will also include how the members are participating in the process. It is not enough to just have people with disabilities or families at the table if they cannot participate. All efforts will be made to assist committee members with understanding the strategies they are approving and their role as a committee member.
2. Each county will continually seek interested potential members should vacancies occur.
3. If a committee member is chronically absent from the meeting (more than 2 times in a year), the chair or designee will have a conversation about their desire to continue to serve. If necessary, they may share their position with an alternate. This conversation will allow the committee to maintain an overall balance.
4. Given unavoidable circumstances (sickness, etc.), there will not be an expectation of equal balance at each individual meeting.

iii. Confidentiality: All information and documents provided to the human rights committee and all discussions of the committee shall be confidential and shall not be shared or discussed with anyone other than the individual and his or her guardian and the individual's team.

iv. The committee(s) will meet monthly, with the two committees meeting on alternate months, in an effort to create ample opportunities to get strategies approved in a timely manner.

v. A quorum (at least half of the members) must be present in order to approve or deny restrictive measures.
vi. Review, approve or reject, monitor, and reauthorize strategies that include restrictive measures.
   1. Ensure the planning process outlined in this policy has been followed and that the individual or their guardian, as applicable, has provided informed consent and been afforded due process;
   2. Ensure that the proposed restrictive measures are necessary to reduce risk of harm or likelihood of legal sanction;
   3. Ensure that the overall outcome of the behavior support strategy promotes the physical, emotional, and psychological wellbeing of the individual while reducing risk of harm or likelihood of legal sanction;
   4. Ensure that the restrictive measure is temporary in nature and occurs only in specifically defined situations based on risk of harm or likelihood of legal sanction;
   5. Verify that any behavioral support strategy that includes restrictive measures also incorporates actions designed to enable the individual to feel safe, respected, and valued while emphasizing choice, self-determination and an improved quality of life;
   6. Review legal sanctions that may be restrictive and document review on the RMN; and
   7. Communicate the committee’s determination in writing to the service and support administrator submitting the request for approval.

vii. Members of the human rights committee shall receive department-approved training within 3 months of appointment to the committee in:
   rights of individuals as enumerated in section 5123.62 of the Revised Code; person-centered planning; informed consent; confidentiality; and the requirements of this rule.

viii. Members of the human rights committee shall annually receive department-approved training in relative topics which may include but are not limited to: self-advocacy and self-determination; role of guardians and section 5126.043 of the Revised Code; effect of traumatic experiences on behavior; and court-ordered community controls and the role of the court, the county board, and the human rights committee.

gg. Provider of Service:
   i. Use of a restrictive measure including use of a restrictive measure in a crisis situation (i.e., to prevent an individual from running into traffic), without prior approval by the human rights committee shall be reported as “unapproved behavior support” in accordance with rule 5123: 2-17-02 of the Administrative Code.
   ii. Nothing in this policy shall be construed to prohibit or prevent any person from intervening in a crisis situation as necessary to ensure a person’s immediate health and safety.
   iii. Providers shall maintain a record of the date, time, duration, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (i.e., bed alarm or locked cabinet). The provider shall share the record with the individual and the individual’s team whenever the individual’s behavioral support strategy is being reviewed or reconsidered.

hh. County Boards/Intermediate Care Facility:
   Data shall be compiled and analyzed regarding behavioral support strategies that include restrictive measures and furnished to the human rights committee. Data compiled and analyzed shall include but are not limited to:
   ii. Nature and frequency of risk of harm or likelihood of legal sanction that triggered development of strategies that include restrictive measures;
   jj. Nature and number of strategies reviewed, approved, rejected, and reauthorized by the human rights committee;
   kk. Nature and number of restrictive measures implemented;
   ll. Duration of strategies that include restrictive measures implemented; and
   mm. Effectiveness of strategies that include restrictive measures in terms of increasing or decreasing behaviors as intended.

Data and analyses will be made available to the department upon request.

nn. Department of Developmental Disabilities:
i. The department will take immediate action as necessary to protect the health and welfare of individuals which may include but is not limited to: suspension of a behavioral support strategy not developed, implemented, documented, or monitored in accordance with this policy or where trends and patterns of data suggest the need for further review; provision of technical assistance in development or redevelopment of a behavior support strategy; and referral to other state agencies or licensing bodies as indicated.

ii. Compile and analyze data regarding behavioral support strategies for purposes of determining methods for enhancing risk reduction efforts and outcomes, reducing the frequency of restrictive measures, and identifying technical assistance and training needs.

iii. May periodically select a sample of behavioral support strategies for review.

iv. Shall conduct reviews of county boards and providers as necessary to ensure the health and welfare of individual and compliance with rules and regulations.

oo. Interim Approvals

i. In order to ensure the health and safety of individuals in need of restrictive measures, HRC will utilize an interim approval process in cases of emergency. Such situations could include but would not be limited to, significant changes in natural supports, transitioning from one waiver to another, and significant changes in health and safety.

ii. Ensure the strategy is developed in accordance with the principles of person-centered planning and incorporated as an integral part of the individual service plan.

iii. Submit to the human rights committee documentation based upon the assessment that clearly indicates risk of harm or likelihood of legal sanction described in observable and measurable terms and ensure the strategy is reviewed and approved by the human rights committee in accordance with this policy and prior to implementation and whenever the behavioral support strategy is revised to add restrictive measures, but no less than once per year.

iv. Secure informed consent of the individual or the individual's guardian, as applicable. Informed consent includes:

   1. Documented written agreement to allow a proposed action, treatment, or service after full disclosure provided in a manner the individual or his or her guardian understands, of the relevant facts necessary to make the decisions.
   2. Risks and benefits of the action, treatment or service.
   3. The risks and benefits of the alternatives to the action, treatment, or service.
   4. The right to refuse the action, treatment or service.

v. The individual or his or her guardian, as applicable, may revoke informed consent at any time. Provide an individual or the individual’s guardian, as applicable, with written notification and explanation of the individual’s or guardian's right to seek administrative resolution if he or she is dissatisfied with the strategy or the process used for its development.

vi. The strategy will be submitted to the HRC committee via email with an electronic vote within 24 hours of submission. The approval will be considered initial and limited to the net regularly scheduled HRC meeting in the region. The committee will utilize the RMN to ensure the completion of an assessment, strategy requested, informed consent, and training before implementation.

Ohio Administrative Code: 5123:2-2-06 and 5123:2-3-04

Board Approved: 5/1/02; 5/18/15
Revised: 6/24/02, 12/15/05, 5/18/15, 3/27/17, 2/26/18
Reviewed: 3/8/19
Blanchard Valley School Wellness Policy

Purpose

The purpose of the Wellness policy is to ensure each student is challenged, prepared and empowered for his or her future by way of an excellent prekindergarten-grade 12 education, through alignment with Ohio’s strategic plan for education titled Each Child, Our Future. With the passage of House Bill 166 (July 2019), Ohio’s schools can succeed by meeting the needs of the whole child; the physical, social, emotional, and intellectual aspects of the child’s well-being. The Hancock County Board of DD supports Ohio’s student wellness initiative.

Policy

The Hancock County Board of DD, Blanchard Valley School (hereo referred to as BVS) is committed to the optimal development of every student. This policy outlines BVS’s approach to ensuring environments and opportunities for all students to practice healthy eating and physical activity behaviors throughout the school day while minimizing commercial distractions. Specifically, this policy establishes goals and procedures to ensure that:

1. Students in BVS have access to healthy foods throughout the school day in accordance with federal and state nutrition standards;
2. Students receive functional application nutrition education that helps them develop lifelong healthy eating behaviors;
3. Students have opportunities to be physically active during and after school;
4. Students engage in nutrition, physical activity promotion, and other activities that promote student wellness;
5. School staff are encouraged and supported to practice healthy nutrition and physical activity behaviors in and out of school; and
6. BVS establishes and maintains an infrastructure for management, oversight, implementation, communication about, and monitoring of the policy and its established goals and objectives.

Procedure

Nutrition

School Meals

BVS in conjunction with Findlay City Schools is committed to serving healthy meals to children, with plenty of fruits, vegetables, whole grains, and fat-free and low-fat milk; moderate in sodium, low in saturated fat, and zero grams trans-fat per serving (nutrition label or manufacturer’s specification); and to meet the nutrition needs of school children within their calorie requirements. The school meal programs aim to improve the diet and health of school children, help mitigate childhood obesity, model healthy eating to support the development of lifelong healthy eating patterns and support healthy choices while accommodating cultural food preferences and special dietary needs.

BVS participates in USDA child nutrition programs, including the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). BVS is committed to offering school meals through the NSLP and SBP programs, and other applicable Federal child nutrition programs, that:

1. Are accessible to all students;
2. Are appealing and attractive to children;
3. Are served in clean and pleasant settings;
4. Meet or exceed current nutrition requirements established by local, state, and Federal statutes and regulations. (BVS offers reimbursable school meals that meet USDA nutrition standards). BVS child nutrition program will accommodate students with special dietary needs.
Water
To promote hydration, free, safe, unflavored drinking water will be available to all students throughout the school day. BVS will make drinking water available where school meals are served during mealtimes and snack times. In addition, students will be allowed to bring and carry (approved) water bottles filled with only water with them throughout the day.

All water sources and containers will be maintained on a regular basis to ensure good hygiene standards. Such sources and containers may include drinking fountains, water jugs, hydration stations, water jets, and other methods for delivering drinking water.

Nutrition Education
BVS aims to teach, model, encourage, and support healthy eating by students. Students will receive nutrition education and engage in nutrition promotion that:

1. Is designed to provide students with the knowledge and skills necessary to promote and protect their health;
2. Is part of not only health education classes, but also integrated into other classroom instruction through subjects such as math, science, language arts, social sciences, and elective subjects;
3. Include enjoyable, developmentally appropriate, culturally relevant, and participatory activities, such as cooking demonstrations or lessons, promotions, taste-testing, farm visits, and school gardens;
4. Promote fruits, vegetables, whole-grain products, low-fat and fat-free dairy products, and healthy food preparation methods;

Essential Healthy Eating Topics in Health Education
BVS will include the following essential topics on healthy eating within the instructional content for health education:

1. The relationship between healthy eating and personal health and disease prevention
2. Eating a variety of foods every day
3. Eating more fruits, vegetables, and whole grain products
4. Eating more calcium-rich foods
5. Preparing healthy meals and snacks
6. Food safety
7. Importance of water consumption
8. Importance of eating breakfast

Physical Activity
Physical activity during the school day (including but not limited to recess, physical activity breaks, or physical education) will never be withheld as punishment for any reason.

To the extent practicable, BVS will ensure that its grounds and facilities are safe, and that equipment is available to students to be active. BVS will conduct necessary inspections and repairs.

Physical Education
BVS will provide students with physical education, using an age-developmentally appropriate, sequential physical education curriculum consistent with Ohio’s state content standards for Physical Education. The physical education curriculum will promote the benefits of a physically active lifestyle and will help students develop skills to engage in lifelong healthy habits, as well as incorporate essential health education concepts.

All students will be provided equal opportunity to participate in physical education activities. BVS will make appropriate accommodations and content modifications to allow for equitable
participation for all students and will adapt physical education activities and equipment as necessary.

**Essential Physical Activity Topics in Health Education**

BVS will include the following essential topics on physical activity when student is participating in health or physical education.

1. The physical, psychological, or social benefits of physical activity
2. How physical activity can contribute to a healthy weight
3. How physical activity can contribute to the academic learning process
4. How an inactive lifestyle contributes to illness
5. Differences between physical activity, exercise, and fitness
6. Phases of an exercise session, that is, warm up, workout, and cool down
7. Overcoming barriers to physical activity
8. Decreasing sedentary activities
9. Opportunities for physical activity in the community
10. Preventing injury during physical activity
11. Weather-related safety, for example, avoiding heat stroke, hypothermia, and sunburn while being physically active
12. Developing an individualized physical activity and fitness plan

**Recess (Elementary)**

Elementary students will be offered at least 20 minutes of recess on all or most days during the school year. *This procedure may be waived on early dismissal or late arrival days.* If recess is offered before lunch, BVS will ensure appropriate hand-washing facilities and/or hand-sanitizing mechanisms to ensure proper hygiene prior to eating and students are required to use these mechanisms before eating. Hand-washing time, as well as time to put away coats/hats/gloves, will be built into the recess transition period/timeframe before students enter the cafeteria.

Outdoor recess will be offered when weather is feasible for outdoor play. Students will participate outside for recess except when outdoor temperature is below 50 degrees and inclusive of wind chill factors, during storms with lightning or thunder, or at the discretion of the building administrator based on his/her best judgment of safety conditions. Preschool students will participate in outdoor play unless the temperature and/or windchill is below 20 degrees.

If BVS must conduct indoor recess, teachers and staff will follow the indoor recess guidelines that promote physical activity for students, to the extent practicable. Recess will complement, not substitute, physical education class. Instructional staff will encourage students to be active and will serve as role models by being physically active alongside the students whenever feasible.

**Physical Activity Breaks (Elementary and Secondary)**

BVS recognizes that students are *more attentive and ready* to learn if provided with periodic breaks when they can be physically active or stretch. Thus, students will be offered periodic opportunities to be active or to stretch throughout the day on all or most days during a typical school week. BVS recommends teachers provide short (3-5 minute) physical activity breaks to students during and between classroom time. These physical activity breaks will complement, not substitute, for physical education class, recess, and class transition periods.

**Active Learning**

Teachers will incorporate movement and kinesthetic learning approaches into “core” subject instruction when possible (e.g., science, math, language arts, social studies, and others) and do their part to limit sedentary behavior during the school day.

BVS will support classroom teachers incorporating physical activity and employing kinesthetic learning approaches into core subjects by providing annual professional development opportunities and resources, including information on leading activities, activity options, as well as making available background material on the connections between learning and movement.
Instructional and support staff will serve as role models by being physically active alongside the students whenever feasible.

**Before and After School Activities**

BVS offers opportunities for students to participate in physical activity after the school day through Special Olympics.

**Other Activities that Promote Student Wellness**

BVS will integrate wellness activities across the entire school setting, not just in the cafeteria, other food and beverage venues, and physical activity facilities. BVS will coordinate and integrate other initiatives related to physical activity, physical education, nutrition, and other wellness components so all efforts are complementary, not duplicative, and work towards the same set of goals and objectives promoting student well-being, optimal development, and strong educational outcomes.

BVS will coordinate content across curricular areas that promote student health, such as teaching nutrition concepts in mathematics, etc. All school-sponsored events will adhere to the wellness policy. All school-sponsored wellness events will include physical activity opportunities.

**Community Partnerships**

BVS will enhance relationships with community partners in support of this wellness policy's implementation. Existing and new community partnerships and sponsorships will be evaluated to ensure that they are consistent with the wellness policy and its goals.

**Community Health Promotion and Engagement**

BVS will promote to parents/caregivers, families, and the general community the benefits of and approaches for healthy eating and physical activity throughout the school year. Families will be informed and invited to participate in school-sponsored activities and will receive information about health promotion efforts at the annual *Back to School Rally*.

BVS will use electronic mechanisms (such as text alerts or displaying notices on BVS’s website), as well as non-electronic mechanisms, (such as newsletters, presentations to parents, or sending information home to parents), to ensure that all families are actively notified of opportunities to participate in school-sponsored activities and receive information about health promotion efforts.

**Professional Learning**

When feasible, BVS will offer annual professional learning opportunities and resources for staff to increase knowledge and skills about promoting healthy behaviors in the classroom and school (e.g., increasing the use of kinesthetic teaching approaches, incorporating nutrition lessons into math class, using Motor Labs/Active Learning strategies, etc.). Professional learning will help instructional and support staff understand the connections between academics and health and the ways in which health and wellness are integrated into ongoing district reform or academic improvement plans/efforts.

Board Approved: 10/28/19
Employment First Policy

Purpose

The purpose of this policy is to establish the method in which the Hancock County Board of DD (HCBDD) will implement the employment first policy in accordance with section 5123.022 of the Revised Code.

Policy

The HCBDD shall comply with all the requirements set forth in the Ohio Administrative Code 5123:2-2-05, issued from the Ohio Department of Developmental Disabilities (ODDD). The HCBDD supports the Executive Order signed by the Governor March 19, 2012 for the Employment First Initiative.

Reference: OAC 5123:2-2-05

Board Approved: 09/28/15, 07/23/18

Revised: 07/23/18

Procedure

Participation in the Person-centered planning process

(1) Each individual of working age and each individual approaching completion of a program or service under Chapter 3323 of the Revised Code shall participate in a person-centered planning process in accordance with rule 5123:2-1-11 or 5123:2-3-03 of the Administrative Code, as applicable, to identify the individual's unique strengths, interests, abilities, preferences, 5123:2-2-05 resources, and desired outcomes as they relate to community employment. The person-centered planning process shall begin with a review of available information to determine what additional information is needed and what supplemental situational and/or other formal or informal evaluations are needed to discover this information and culminate in informed consent. For individuals who receive public assistance, the importance of obtaining a benefits analysis shall be emphasized to enable the individual to make informed decisions regarding employment. Resources available for obtaining a benefits analysis shall be identified for the individual prior to job development.

(2) The person-centered planning process shall include identification and documentation of:

(a) The individual's place on the path to community employment, that is:

(i) The individual is already engaged in community employment and needs support for job stabilization, job improvement, or career advancement;

(ii) The individual expresses a desire to obtain community employment but is not currently employed and needs support to obtain employment or identify career options and employment opportunities;

(iii) The individual is unsure about community employment and needs support to identify career options and employment opportunities and the economic impact for the individual of the decision to work; or

(iv) The individual does not express a desire to work and needs support to learn more about careers and employment opportunities and the economic impact for the individual of the decision not to work.

(b) When the individual's place on the path to community employment is described in paragraph (D)(2)(a)(i) or (D)(2)(a)(ii) of this rule, the individual's desired community employment outcome.
(c) When the individual's place on the path to community employment is described in paragraph (D)(2)(a)(iii) or (D)(2)(a)(iv) of this rule, the activities that will occur to advance the individual on his or her path to community employment.

(d) Clearly defined activities, services, and supports necessary for the individual to achieve or maintain community employment, job improvement, or career advancement. 5123:2-2-05

(3) The results of the person-centered planning process, including the individual's desired outcomes as they relate to community employment, shall be integrated into the individual plan or individual service plan, as applicable.

(4) The results of the person-centered planning process shall be reviewed at least once every twelve months and whenever a significant change in employment, training, continuing education, services, or supports occurs or is proposed.

(E) Requirements for county boards

(1) The county board shall adopt and implement a local policy to implement the employment first policy which clearly identifies community employment as the desired outcome for every individual of working age.

(2) In its strategic plan, the county board shall outline and periodically update its strategy and benchmarks for increasing the number of individuals of working age engaged in community employment.

(3) The county board shall collaborate with workforce development agencies, vocational rehabilitation agencies, and mental health agencies in the county to support individuals to obtain community employment.

(4) The county board shall collaborate with school districts in the county to ensure a framework exists for individuals approaching completion of a program or service under Chapter 3323. of the Revised Code such that the county board and school districts in the county use similar methods to support students with developmental disabilities to obtain community employment. Through this collaboration, the county board shall identify and attempt to resolve any duplication of efforts.

(5) The county board shall disseminate information to individuals served, families, schools, community partners, employers, and providers of services about resources and opportunities, including Medicaid buy-in for workers with disabilities and other work incentive programs, that facilitate community employment.

(6) The county board shall collect and submit to the department individual-specific data regarding the cost of non-Medicaid employment services, employment outcomes for individuals who receive non-Medicaid employment services, and employment outcomes for individuals who do not receive paid employment services but who are engaged in competitive employment or community employment.

Requirements for providers

(1) Providers of employment services shall submit to each individual's team at least 5123:2-2-05 4 once every twelve months, or more frequently as decided by the team, a written progress report that demonstrates that employment services provided are consistent with the individual's desired community employment outcome and that the individual receiving employment services has obtained community employment or is advancing on the path to community employment. The written progress report shall identify the anticipated time-frame and tangible progress made toward achievement of each desired outcome of the employment services provided as set forth in the individual plan or individual service plan. If no progress is reported, the individual plan or individual service plan shall be amended to identify the barriers toward achieving desired outcomes and the action steps to overcome the identified barriers.

(2) Providers of employment services shall collect and submit to the department individual-specific data regarding employment services and employment
outcomes including but not limited to, type of employment services provided, how individuals obtained employment, hours worked, wages earned, and occupations. The data shall be submitted through a web-based employment tracking system maintained by the department.

(3) Providers of employment services shall disseminate aggregate data regarding employment services and employment outcomes including but not limited to, type of services provided, how individuals obtained employment, hours worked, wages earned, and occupations, to individuals seeking employment services and others upon request. The data shall be disseminated in a manner that does not disclose confidential information regarding individuals receiving employment services.

Reviewed: 3/8/19
Community Recreation

Purpose

The Hancock County Board of Developmental Disabilities offers Community Recreation to promote socialization, community inclusion, and to allow individuals receiving supports to be an active part of their community.

Policy

To be eligible for Community Recreation, an individual shall:

1. Be eighteen (18) years of age or older;
2. Be a resident of Hancock County;
3. Receive SSA Services from the Hancock County Board of DD; and
4. Receive a Level One waiver, SELF waiver, Supported Living, IO Range 1 waiver, or no waiver at all. All other circumstances will be considered on a case-by-case basis.

Procedure

People who are served by the County Board, who are eligible and want to participate in Community Recreation, will inform their SSA. The SSA will ensure that the person has been added in Gatekeeper to receive the Recreation calendar.

Each month, Community Recreation calendars are distributed to all who have expressed interest. Registration is on a first come, first serve basis. The number of people that may be registered for an activity may depend on the level of supervision of those who register. Transportation will be provided by a County Board employee, to and from Community Recreation activities.

If a person’s support level changes a letter may be mailed to the person informing them that due to the change in support, they will no longer receive the Community Recreation calendar.

Board Approved: 7/24/17; 2/25/19

Revised: 2/25/19
Early Intervention

Purpose

The purpose of this policy is to establish guidelines for the administration of Early Intervention service delivery in meeting the needs of families and their eligible children in a safe and equitable manner, adhering to Part C Federal Regulations, the Ohio Department of Developmental Disabilities Rule 5123-4-01, and evidence-based practices in Early Intervention program/service delivery.

Policy

Early Intervention Eligibility

Part C service eligibility criteria:

1. The child has a developmental delay in one or more of the following areas, as measured by the Bayley Scales of Infant and Toddler Development IV and/or informed clinical opinion as defined by the Ohio Department of Health:
   a. Cognitive Development;
   b. Physical Development, including vision, hearing, and nutrition;
   c. Communication;
   d. Social Emotional Development;
   e. Adaptive Development (self-help)
or
2. The child has a diagnosed physical or mental condition with a likelihood of resulting in a developmental delay or disability that is based on a written medical report; or
3. The child has already been determined Part C eligible in the state of Ohio.

Reference: OAC 5123-4-01

Board Approved: 8/27/18, 8/26/19

Revised: 8/23/18

Procedure

Early Intervention Services

The County Board shall provide early intervention services in accordance with Part C and rules promulgated by the department.

The County Board shall provide early intervention services on a year-around basis to eligible children and their families as part of the early intervention service delivery system. Primary funding sources allocated to the Early Intervention Program include local levy funds in conjunction with a contract with the local Job & Family Services (JFS) for service coordination components (Help-Me-Grow).

The County Board will ensure the following components of Ohio’s Early Intervention Program in Hancock County:

1. Public awareness/child find activities will include outreach to referral sources, community screenings, dissemination of informational material, billboards, newspaper advertisements, community events, and other public relation activities;
2. The County Board will ensure the provision of a developmental evaluation team, which includes the parents and at least two, professional(s) with different licenses to complete evaluations to determine eligibility and redeterminations for eligibility. The Bayley Scales of Infant and Toddler Development will be used to
determine eligibility and/or informed clinical opinion;

3. The County Board will complete the Routine Based Interview with all consenting Part C families. In addition, Section V of the Individual Family Service Plan (IFSP) will be completed to document the family’s routines, activities, strengths, needs and the need for Early Intervention services and supports;

4. The County Board will provide service coordination to all Part C eligible families;

5. County Board early intervention services (Occupational Therapy, Speech Therapy, Physical Therapy, Developmental Specialist and Service Coordination) will be provided in everyday routines, activities, and places as developed through the individualized service plan development process;

6. Ongoing assessments for program planning are completed every 180 calendar days by qualified personnel (Early Intervention Developmental Specialist and therapists), summarized, and provide detailed strength-oriented information on the child’s abilities and recommended approaches for future interventions. This information is documented in Section III of the IFSP and provided to parents and other team members as identified in the parental consent.

7. Assurances for procedural safeguards will be met as required by Part C and rules promulgated by the Department of Developmental Disabilities.

Exit

Eligible children and their families who cannot be located to complete visits and provided services according to their Individual Family Service Plan will be exited using the following procedure:

1. The Early Intervention Service Coordinator will contact the families a minimum of 2 times per the telephone and at least one time per a mailed correspondence within 45 days prior to exiting the family from Ohio’s Early Intervention;

2. The correspondence will include a letter that allows the family a minimum of ten calendar days to respond to the Service Coordinator to schedule a visit and include information regarding the family’s ability to re-enter Ohio’s Early Intervention Program and a statement informing the parents that the child’s record may be destroyed after six years from the date of being exited from the Program and a Parent’s Rights brochure;

3. If the family does not respond within the minimum of ten calendar days, then the family will be exited from Ohio’s Early Intervention and Early Intervention services; and

4. The Service Coordinator will exit the family from EIDS.

Children reaching the age of three will be exited in accordance with the Children may also be exited for the following reasons:

1. The child’s IFSP outcomes have been met and the child’s IFSP team members agree the child does not need additional outcomes;

2. The child is determined eligible, but not in need of early intervention services, or the child does not complete the required re-determination of eligibility or annual child assess procedures;

3. The child does not meet the eligibility requirements;

4. The parent terminates services; or

5. The child moves out of the State of Ohio.

Revised: 8/23/18, 3/8/19, 8/26/19
Eligibility Requirements

Purpose

The purpose of this policy is to set forth eligibility requirements for services and supports provided by the Hancock County Board of DD.

Policy

The HCBDD shall comply with all the requirements set forth in the Ohio Administrative Code 5123:4-01(D), issued from the Ohio Department of Developmental Disabilities (ODDD), in the assessments of individuals to determine if they meet the established eligibility requirements that must be met in order for subsidized service payments from the ODDD.

Reference: OAC 5123:2-4-01(D)
Board Approved: 6/17/02
Revised: 12/15/05, 11/24/14; 5/18/15; 8/27/18

Procedure

Eligibility determination for county board services

1. Except as provided in paragraph (H) of 5123-4-01, a county board shall make eligibility determinations for county board services in accordance with the definition of "developmental disability" in paragraph (B)(5) of this 5123-4-01.

2. For persons age sixteen or older, a substantial functional limitation in a major life area is determined through completion of the Ohio eligibility determination instrument (available at http://dodd.ohio.gov) or an alternative instrument issued by the department for use in determining eligibility for county board services and application of criteria found therein.

3. For persons age six through fifteen, a substantial functional limitation in a major life area is determined through completion of the children's Ohio eligibility determination instrument (available at http://dodd.ohio.gov) or an alternative instrument issued by the department for use in determining eligibility for county board services and application of criteria found therein. The children's Ohio eligibility determination instrument or an alternative instrument issued by the department for use in determining eligibility for county board services is used in the eligibility determination process for the county board for all services and supports other than special education services.

4. The Ohio eligibility determination instrct, the children’s Ohio eligibility determination instrument, and any alternative instrument issued by the department for use in determining eligibility for county board services shall be administered by person employed by county board services shall be administered by persons employed by county boards or regional councils of governments formed under section 5123-.13 of the Revised Code by two or more county boards and authorized to do so by the department.

5. A county board may establish eligibility for county board services for any preschool child with a disability eligibility for services under section 3323.02 of the Revised Code whose disability is not attributable solely to mental illness as defined in section 5122.01 of the Revised Code.

6. A county board shall complete eligibility determination within forty-five calendar days of the request for services or after all necessary information has been received from the referring party or applicant except that: 5123-4-01 5

   a. For children birth through age two, the eligibility report completed by or for the early intervention system shall be used for eligibility determination; and

   b. For children age three through five, the evaluation completed by or for the school district for preschool special education may be used for eligibility determination.

7. A county board shall keep on file the documents used for determine eligibility for county board services of all persons who apply after July 1, 1991, whether or not such persons are found to be eligible. Information on persons found to be ineligible shall be maintained for five years after such determination is made.

8. When a person who has been determined eligible for county board services after July 1, 1991 moves or wants to move to another county in Ohio that person shall be deemed eligible by the new county board. The new county board, however, may review the person’s eligibility. During the review, the person continues to be eligible to receive services according to the new county boards strategic plan and priorities.

9. All persons who were eligible for county board services and receiving county board services pursuant to Chapter 5126 of the Revised Code on July 1, 1991, shall continue
to be eligible for those services and to receive services as long as they are in need of
services.
10. All persons who are eligible for case management services and receiving case
management services pursuant to Chapter 5126 of the Revised Code on January 10,
1992, shall continue to be eligible for those services and to receive services as long as
they are in need of services.
11. All persons determined ineligible for county board services shall be referred, with their
consent, to other agencies or sources of services.
12. All persons determined ineligible for county board services shall be informed of the
process for resolution of complaints and appeals of adverse action in accordance with
rule 5123:2-1-12 of the Administrative Code.

Reference: OAC 5123:2-1-02(C)
Board Approved: 6/17/02
Revised: 12/15/05, 11/24/14; 5/18/15; 8/27/18
Payment to Individuals Supported

Purpose

The purpose of this policy is to set guidelines for payment to individuals who are asked to present at speaking engagements, host a podcast or assist at events.

Policy

The following has been established as a guideline for payment of services.

- STIR Masters speaking engagements, event assistance, attending trainings, interviewing and podcast hosting will be paid at the following rates:
  - Less than four hours will be paid at $25 per event or training attended.
  - Four hours or more will be paid at $50 per event or training attended.
- No payment will be made for presentation practices.

Procedure

Individuals who plan to engage with the County Board to provide a service will become a vendor by completing appropriate paperwork required for fiscal purposes. The individual will complete a 'Commitment of Service' prior to each service they plan to provide. Once the service has been rendered, the individual will complete an invoice and submit it to the County Board for payment processing.

Board Approved: 2/25/19
I. **Policy Rationale and Philosophy:**

Every effort should be made to prevent the use of restraint and the use of seclusion. A non-aversive effective behavioral system such as *Positive Behavioral Interventions and Supports (PBIS)* shall be used to create a learning environment that promotes the use of evidence-based behavioral interventions, thus enhancing academic and social behavioral outcomes for all students. The County Board of DD encourages family involvement as an integral part of its PBIS system.

Blanchard Valley School believes that the school environment should be one that ensures the care, safety, and welfare of all students and staff members. Efforts to promote positive interactions and solutions to potential conflict should be exhaustive. In the event that an individual’s behavior presents a threat of imminent harm to self or others the use of approved physical intervention or seclusion strategies to maintain a safe environment may be used as a last resort. The County Board of DD policy for the Blanchard Valley School states:

II. **Definitions:**

a. **Positive Behavior Interventions and Support (PBIS)**
   i. A school-wide systematic approach to embed evidence-based practices and data driven decision making to improve school climate and culture in order to achieve improved academic and social outcomes, and increase learning for all students, and
   ii. Encompasses a wide range of systemic and individualized positive strategies to reinforce desired behaviors, diminish recurrences of challenging behaviors and teach appropriate behavior to students.

b. **Physical Restraint**
   i. The use of physical contact that immobilizes or reduces the ability of a student to move their arms, legs, body, or head freely. Such term does not include a physical escort, mechanical restraint, or chemical restraint.
   ii. Physical restraint may be used only when there is an immediate risk of physical harm to the student or others and no other safe and effective intervention is possible, and only in a manner that is age and developmentally appropriate.
   iii. Physical restraint does not include brief, but necessary physical contact for the following or similar purposes:
      1. To break up a fight;
      2. To knock a weapon away from a student’s possession;
      3. To calm or comfort;
      4. To assist a student in completing a task/response if the student does not resist the contact;
      5. To prevent an impulsive behavior that threatens the student’s immediate safety (i.e. running in front of a car).
c. **Seclusion:**
The involuntary isolation of a student in a room, enclosure or space from which the student is prevented from leaving by physical restraint or by a closed door or other physical barrier. It does not include a timeout. The room must not be locked.

d. **Time out:**
A *behavioral intervention* in which a student, for a limited and specified time, is separated from the class within the classroom or in a non-locked setting for the purpose of *self-regulating and controlling his or her own behavior*. In a timeout, the student is not physically restrained or prevented from leaving the area by physical barriers.

### III. Requirements for the use of Restraint:
Given an immediate risk of physical harm to the student or others and no other safe and effective intervention is possible, if physical restraint is applied the staff must;

a. Implement in a manner that is age and developmentally appropriate;
b. Ensure safety of other students and protect the dignity and respect of the student involved. Combine use with other approaches (non-physical interventions are always preferred) that will diminish the need for physical intervention in the future;
c. Use the least amount of force necessary, for the least amount of time necessary;
d. be appropriately-trained, using approved non-violent crisis prevention techniques (CPI);
e. continually observe the student in restraint for indications of physical or mental distress;
f. Contact appropriate emergency entities according to district crisis policy if at any point the staff assesses that the intervention is insufficient to maintain safety of all involved;
g. Remove the student from physical restraint immediately when the immediate risk of physical harm to self or others has dissipated;
   i. Following the use of physical restraint, the individual will be assessed for injury or psychological distress and monitored as needed following the incident.
h. Complete all County Board of DD (CBDD) required reports and document staffs’ observations of the student.
   i. The CBDD Unusual Incident Report (UIR) shall be completed upon occurrences of physical restraint or seclusion.
   ii. Completion of the UIR must occur by the close of the work day.
   iii. A copy must be made available to parent/guardian within 24 hours.
   iv. Additionally, staff will contact parent/guardian during the same day of incident.
i. De-brief, include all involved staff, student and parents; evaluate the trigger for the incident, staff response including prevention strategies, and methods to address the student’s behavioral needs;
   i. Debrief utilizing the CBDD UIR form.
ii. A copy of the form must be sent to the school Principal immediately after completion and processed accordingly following the CBDD UIR procedures.

iii. During the debrief, if this behavior is noted as a pattern of dangerous behavior that leads to the use of restraint and/or seclusion, a Functional Behavior Assessment, and/or a Behavior Intervention Plan must be completed. Time limits and required visual supervision will be incorporated in each individualized Behavior Intervention Plan in conjunction with the plan of action should the time limit expire during an intervention.

IV. **Prohibited Practices for Use of Restraints:**
Staff members are not to use any physical restraints for which they have not been trained by the CBDD organization.

Staff members are not to use any unauthorized physical restraints.

This includes but is not limited to:

a. Prone restraint;
b. Any form of physical restraint that involves the intentional, knowing, or reckless use of any technique that involves the use of pinning down a student by placing knees to the torso, head, and or neck of the student;
c. Using any method that can cause loss of consciousness or harm to the neck or restricting respiration in any way;
d. Uses pressure point, pain compliance, or joint manipulation techniques;
e. Corporal punishment;
f. Dragging or lifting of the student by the hair or ear or by any type of mechanical restraint;
g. Child endangerment, as defined in section 2919.22 of the Revised Code, Child Endangering;
h. Deprivation of basic needs;
i. Seclusion or restraint of preschool children in violation of paragraph (D) of Rule 3301-37-10 of the Revised Code, Behavior Management;
j. Chemical restraint;
k. Mechanical restraint (that does not include devices used by trained school personnel, or by a student, for the specific and approved therapeutic or safety purposes for which such devices were designed and, if applicable, prescribed);
l. Using other students or untrained staff to assist with the hold or restraint;
m. Securing a student to another student or fixed object;
n. Aversive behavioral interventions; or
o. Seclusion in a locked room or area.

V. **Requirements for Use of Seclusion**
Given a threat of immediate risk of physical harm to the student or others, as outlined in Board Policy, the following principles must always be applied:

a. A room or area used for seclusion must:
   i. Provide for adequate space, lighting, ventilation, clear visibility and the safety of the student; and
   ii. Not be locked.

b. Staff must:
   i. Implement in a manner that is age and developmentally appropriate;
   ii. Ensure safety of other students and protect the dignity and respect of the student involved;
   iii. The least amount of time necessary;
iv. Be appropriately-trained;
c. Staff must continually observe the student for the duration of the seclusion;
d. If at any point the staff assesses that the intervention is insufficient to maintain safety of all involved, emergency personnel will be contacted.
e. Seclusion ceases when the immediate risk of physical harm to self or others has dissipated:
   i. Upon each use of seclusion, the student shall be assessed for injury or psychological distress and monitored as needed following the incident.
   ii. Should the immediate risk of physical harm to self or others fail to dissipate beyond a 30-minute period, administration (including the position of RN) will determine next steps, which may include the option of parent notification to provide student transportation to the home setting).
f. Complete all required reports and document staff’s observations of the student;
g. Conduct a de-briefing, utilizing CBDD UIIR, include all involved staff, to evaluate the trigger for the incident, staff response including prevention strategies, and methods to address the student’s behavioral needs. (This may also include a debriefing with the student and parent.)
   i. During the debrief, if this behavior is noted as a pattern of dangerous behavior that leads to the use of restraint and/or seclusion, a Functional Behavior Assessment, and Behavior Intervention Plan must be completed. Time limits and required visual supervision will be incorporated in each individualized Behavior Intervention Plan in conjunction with the plan of action should the time limit expire during an intervention.
h. The Incident Report is to be completed upon occurrences of physical restraint or seclusion.
   i. Completion of the form including submission to the school Principal must occur by the close of the workday.
   ii. A copy must be made available to parent/guardian within 24 hours.
   iii. Additionally, staff will contact parent/guardian during the same day of incident and before the student arrives home.

VI. **Prohibited Practices for Use of Seclusion:**
   a. Use of seclusion in any environment that does not meet the above criteria.
   b. Child endangerment, as defined in section 2919.22 of the Revised Code;
   c. Deprivation of basic needs;
   d. Seclusion or restraint of preschool children in violation of paragraph (D) of Rule 3301-37-10 of the Revised Code;
   e. Seclusion shall not be used:
      i. As a form of discipline/punishment;
      ii. As a means to coerce, retaliate or in a manner that endangers a student;
      iii. For the convenience of staff;
      iv. As a substitute for an educational program;
      v. As a substitute for less restrictive alternatives;
      vi. As a substitute for inadequate staff; and/or
      vii. As a substitute for positive behavior supports or other crisis prevention.

VII. **Reporting and notification**
   a. Any incident of seclusion or restraint shall be immediately reported to the school Principal and the parent.
b. Any incident of seclusion or restraint shall be documented in a written report that is made available to the parent within twenty-four hours and that is maintained by the school and CBDD, in the student file.

c. The CBDD, Blanchard Valley School (BVS) shall annually report information regarding its use of restraint and seclusion to the Ohio Department of Education in the form and manner as prescribed by the department.

VIII. Training and professional development

a. The CBDD will ensure that an appropriate number of personnel in each building are trained in crisis management and de-escalation techniques.

b. The CBDD, BVS will maintain written or electronic documentation on training provided and lists of participants in each training.

c. All student personnel shall be trained annually on the requirements of this policy, Ohio Adm. Code 3301-35-15, and the CBDD’s policies and procedures regarding restraint and seclusion.

d. The district will have a plan regarding training student personnel as necessary to implement positive behavior intervention and supports (PBIS) on a system-wide basis.

IX. District Monitoring

a. The CBDD/BVS shall monitor the implementation of this policy and procedures.

b. The policy and procedures shall be accessible on the CBDD’s website.

c. The organization shall be responsible for notifying all parents annually of its policy and procedures concerning seclusion and restraint.

X. Complaint Procedure

a. Parents will present written complaints to the Superintendent of the CBDD to initiate a complaint investigation by the BVS regarding an incident of restraint or seclusion; and

b. The CBDD will respond to the parent’s complaint in writing within thirty (30) days of the filing of a complaint regarding an incident of restraint or seclusion.

c. The parent of a student with a disability may choose to file a complaint with the Ohio Department of Education, Office for Exceptional Children, in accordance with the complaint procedures available concerning students with disabilities.

d. In accordance with the consent order entered in Doe v. State of Ohio, complaints alleging the improper use of restraint or seclusion on a student with a disability will be investigated by the Ohio Department of Education, Office for Exceptional Children, if the complaint otherwise falls within the procedures concerning state complaints under IDEA as set forth in Ohio Adm. Code Rule 3301-51-05(K) (4)-(6).

e. Complaints alleging injuries to a student with a disability or the use of restraints or seclusion shall not be deemed insufficient on the face of the complaint if they are framed within the context of IDEA, including:

   i. A pattern of challenging behaviors that are related to the student’s disability;
   ii. Whether the student has had or should have had a functional behavioral assessment (FBA) and a positive behavior support plan (PBSP);
   iii. Whether the FBA and PBSP are appropriate;
   iv. Whether the student’s behavior and interventions are addressed or should have been addressed in the IEP; and
   v. Whether staff has been sufficiently trained in de-escalation and restraint techniques.
Resolution of Complaints and Due Process Rights

Purpose

It is the policy of the Hancock County Board of Developmental Disabilities (HCBDD) to provide due process protections to individuals, families, guardians or complainants in the resolution of complaints involving programs, services, policies or administrative practices of the Board or any entities acting under contract with the Board. The purpose of this policy is to set forth the process for resolution of complaints involving the programs, services, policies, or administrative practices of the HCBDD or an entity under contract with the HCBDD. This policy also sets forth the process for individuals to appeal adverse actions proposed or initiated by the HCBDD or an entity under contract with the HCBDD, and establishes the requirement to give notice of the process to be followed for resolution of complaints and appeals of adverse action.

The Board shall adhere to the administrative resolution of complaint’s process as outlined in the section 5123:2-1-12 Administrative Code. Blanchard Valley School shall follow procedures set forth in section 3301-51-05 Administrative Code for pre-school age and school age children.

Policy

While we hope that most complaints can be addressed and resolved informally, any person, other than an employee of the Board, unless that employee is invoking this policy concerning service issues of an eligible individual (i.e., a Board employee might also be a parent/guardian of an individual) may file a complaint using this policy prior to commencing a civil action regarding said complaint. The appeal of any action of a county board or its employees shall begin at the level in which the decision or action was made.

Medicaid related procedures or other processes for appeal, specific to the service or support, may be utilized independent of, or in addition to, the Board administrative resolution of complaints and informal grievance procedures for resolving disputes of individuals, families, guardians or complainants.

Reference:  5123:2-1-12
Board Approved: 4/15/02, 6/22/15
Revised: 5/25/02, 11/25/02, 5/17/05, 12/15/05, 6/22/15

Procedure

Definitions

Adverse Actions: means any of the following:

(a) Denial of a request for a non-Medicaid service.
(b) Reduction in frequency and/or duration of a non-Medicaid service.
(c) Suspension of a non-Medicaid service.
(d) Termination of a non-Medicaid service (except when the recipient of that service is deceased).
(e) The outcome of an eligibility determination

Advocate: means any person selected by an individual to act and/or communicate as authorized by the individual

Contracting Entity: means any person selected by an individual to act and/or communicate as authorized by the individual.

County Board: means a county board of developmental disabilities including a county board when acting through a council of governments.

Denial: to refuse an initial request to receive a Medicaid service; to refuse to increase the frequency and/or duration of delivery of an existing Medicaid service.
**Department:** means the Ohio department of developmental disabilities.

**Director:** means the director of the Ohio department of developmental disabilities or his or her designee.

**Hearing:** means the opportunity to present one's case regarding a complaint or appeal of adverse action.

**Individual:** a person applying for, determined eligible for, denied eligibility, or enrolled in the programs, services, and supports provided or arranged in accordance with Chapter 5126 of the Revised Code and includes the parents of an individual who is a minor, any guardian, or any other legally appointed representative acting in a legal capacity on the individual's behalf.

**Intermediate Care Facility:** means an intermediate care facility for individuals with intellectual disabilities as defined in rule 5123:2-7-01

**Notice:** means and is deemed to have occurred upon:

(a) For an individual who has selected email as his or her preferred method of communication, electronic confirmation that the individual has read the email;

(b) **Personal delivery** to an individual; or

(c) The date of certified mailing to an individual unless:

   (i) The original certified mailing is refused, in which case notice is deemed to have occurred on the date the notice is resent by ordinary mail to the individual; or

   (ii) The original certified mailing is unclaimed, in which case notice is deemed to have occurred on the date the notice is resent by ordinary mail to the individual unless within thirty days after the date the notice is resent, the resent notice is returned for failure of delivery.

**Person** has the same meaning in section 1.59 of the Revised Code.

**General provisions**

1. Complaints and appeals of adverse action shall be filed in writing. When an individual or person expresses dissatisfaction with an outcome subject to complaint or appeal in accordance with this rule, the county board shall, to the extent necessary, assist the individual or person in filing a complaint or appeal.

2. At all times throughout the resolution of complaints and appeals of adverse action process, the county board shall maintain the confidentiality of the identities of individuals unless an individual gives written permission to share information.

3. An advocate may assist an individual at any time during the resolution of complaints and appeals of adverse action process.

4. The county board shall make all reasonable efforts to ensure that information regarding resolution of complaints and appeals of adverse action, including all notices and responses made pursuant to this rule, is presented using language and in a format understandable to affected individuals and persons. All notices and responses made pursuant to this rule shall include an explanation of the individual’s or person’s opportunity to file a complaint with or appeal to a higher authority, as applicable.

5. The time lines set forth in this rule may be extended if mutually agreed upon in writing by all parties involved.

6. Initiation of the formal process set forth in this rule does not preclude the resolution of a complaint or an appeal of adverse action at any point, as long as the outcome is mutually agreed upon in writing by all parties involved.
Notification of Policy for Due Process Rights

1. On an annual basis the HCBDD shall provide notification of the availability of the policy for administrative resolution of complaints and due process rights to individuals, families, guardians and any entity in the county that serves persons or provides or desires to provide services and/or supports under contract with the HCBDD. The notice shall be incorporated into the individual annual planning process. Notifications may occur upon request or receipt of any complaint. The HCBDD incorporates such notice in the annual plan for the individual.

2. When an individual applies for Medicaid services, the applicant is notified of his/her right to a state hearing as part of the comprehensive notification process of the Board.

3. If the HCBDD believes the individual may have difficulty understanding the Board procedures the HCBDD will assist the individual in identifying an authorized representative.

4. The HCBDD shall publicly post the “How to Resolve a Complaint” chart on the HCBDD website and will provide copies in the administrative building.

Providing Notice upon Receipt of Complaint:

1. Upon receipt of any complaint subject to this policy, the HCBDD shall provide written notice of the right to use the HCBDD administrative resolution of complaints and due process rights policy, to the individuals, families, guardians, or complainants. The HCBDD shall inform the individual that a representative of the HCBDD is available to assist the individual with utilization of the grievance or administrative resolution of complaint processes outlined in the policy.

2. Where circumstances permit, due process rights shall be given at least ten (10) days prior to any action being taken. Such notice shall be written in terms and easily understood by the individuals, families, guardians, or complainants and shall include the following:
   a. A written detailed description of the proposed action;
   b. A clear statement of the reasons for the proposed actions, including the specification of any evaluative instruments or reports upon which such action is proposed;
   c. A statement that the complainant or individual has the right to seek administrative resolution regarding complaints about such decision; and
   d. A copy of the administrative resolution of complaints and due process policy.

Upon notice of an individual, family, guardian or complainant’s intent to evoke their due process rights, all proposed actions shall halt until the issue is fully resolved to the satisfaction of all parties involved.

Special Notice of Adverse Action

1. Except when it is necessary to suspend an individual’s services without delay to ensure the health and safety of the individual or other individuals, the county board shall provide written notice to the affected individual of the county board’s decision to deny, reduce, suspend, or terminate services at least fifteen calendar days prior to the effective date of such action. The notice shall include:
   a. An explanation of the county board’s policy and/or authority for taking the adverse action;
   b. A description of the specific adverse action being proposed or initiated by the county board;
   c. The effective date for the adverse action;
d. A clear statement of the reasons for the adverse action including a description of the specific assessments and/or documents that are the basis for the adverse action;
e. An explanation of the individual's right to appeal the adverse action;
f. An explanation of the steps the individual must take to appeal the adverse action;
g. A statement that the individual has ninety calendar days to appeal the adverse action;
h. A statement that the individual must file his or her appeal prior to the effective date for the adverse action to keep his or her services in place during the appeal process;
i. The name and contact information for the staff member of the county board who can assist the individual with his or her appeal; and
j. The "Complaint or Appeal of Adverse Action Explanation Form" contained in the appendix to this rule.

2. The county board shall retain written evidence of the date the notice is personally delivered or sent by certified mail to the individual or for an individual who has selected email as his or her preferred method of communication, the date of electronic confirmation that the individual has read the email.

3. Specific notice of adverse action when it is necessary to suspend an individual's services without delay to ensure the health and safety of the individual or other individuals.
   a. When it is necessary to suspend an individual's services without delay to ensure the health and safety of the individual or other individuals, the county board shall:
   i. Determine what immediate steps are necessary to ensure the health and safety of the individual and other individuals; and
   ii. Provide written notice to the affected individual immediately.
   iii. The notice shall include:
       1. An explanation of the county board's policy and/or authority for suspending the individual's services;
       2. A description of the specific services being suspended;
       3. The effective date for the suspension of services;
       4. A clear statement of the reasons for the suspension of services including a description of the specific circumstances that jeopardize the health and safety of the individual or other individuals;
       5. An explanation that the county board shall arrange for appropriate alternative services and a description of the specific alternative services available to the individual; (f) An explanation of the steps the county board shall take in accordance with paragraphs (E)(3)(c) and (E)(3)(d) of this rule;
       6. The name and contact information for the staff member of the county board who can answer questions about the suspension of services; and
       7. The "Complaint or Appeal of Adverse Action Explanation Form" contained in the appendix to this rule.

4. The county board shall retain written evidence of the date the notice is personally delivered or sent by certified mail to the individual or for an individual who has selected email as his or her preferred method of communication, the date of electronic confirmation that the individual has read the email.

5. Within five calendar days of the notice of suspension of services, the county board shall convene a team meeting to identify measures that may be implemented to eliminate the circumstances that jeopardize the health and safety of the individual or other individuals.

6. Within five calendar days of the team meeting, the county board shall:
   a. With the consent of the individual, implement measures to eliminate the circumstances that jeopardize the health and safety of the individual or other individuals as necessary and restore the suspended services; or
   b. With the consent of the individual, continue to arrange for appropriate alternative services; or
   c. Provide written notice that includes the components described in this rule to the individual of the county board's decision to terminate the individual's services at least fifteen calendar days prior to the effective date of such action. If the individual files an appeal prior to the effective date of the termination of services, the county
board shall keep the individual's alternative services in place until the appeal process is completed.

Resolving Complaints Using the Informal Grievance Process

Although the HCBDD has made provision in policy for a formal process to resolve complaints, it is hoped that many complaints can be resolved informally. This section describes the process by which the Board will attempt to informally resolve disputes.

1. When possible, disputes should be resolved by the parties closest to the issue through direct communication or through communication facilitated by a third party chosen by those involved in the dispute. This third party may be a person from outside the Blanchard Valley Center or someone affiliated with the Center.

2. If it is not possible to resolve the complaint with the above procedure, a trained mediator may be brought in. Any expense associated with this process must be prior approved by the Superintendent.

3. If a mediator is not successful, or if the parties decline the assistance of a mediator, the superintendent may appoint one or more persons to conduct an informal hearing to resolve the issue within a time frame of not more than 30 days.

4. None of the above procedures shall affect the rights of the complainant or individual to file an appeal through the Administrative Resolution of Complaints procedures.

Resolving Complaints Using the Administrative Resolution of Complaints Process:

While we hope that most complaints can be addressed and resolved informally, any person, other than an employee of a county board, may file a complaint using the administrative resolution process established under this policy, and shall use this process prior to commencing a civil action regarding the complaint. The appeal of any action of a county board or its employees shall begin at the level in which the decision or action was made.

1. **Step one:** Filing a complaint or appeal of adverse action with the supervisor or manager responsible for the program, service, policy, or administrative practice of the county board.
   a. An individual or person must file a complaint with the supervisor or manager of the county board within ninety calendar days of becoming aware of the program, service, policy, or administrative practice that is the subject of the complaint.
   b. An individual must file an appeal of adverse action with the supervisor or manager of the county board within ninety calendar days of notice of the adverse action or within ninety calendar days of conclusion of the informal process set forth in paragraph (F) of this rule. If the individual appeals an adverse action within the prior notice period (i.e., the period of time between notice of the intended adverse action and the effective date of the adverse action), the individual's services shall not be reduced, suspended, or terminated until the appeal process is completed or the appeal is withdrawn by the individual. An individual who appeals during the prior notice period may voluntarily consent in writing to the reduction, suspension, or termination of services during the appeal process.
   c. The supervisor or manager of the county board shall conduct an investigation of the complaint or appeal which shall include meeting with the individual or person who filed the complaint or appeal.
   d. Within fifteen calendar days of receipt of the complaint or appeal, the supervisor or manager of the county board shall provide and thereafter be available to discuss a written report and decision with the individual or person who filed the complaint or appeal. The written report and decision shall include the rationale for the decision and a description of the next step in the process if the individual or person is not satisfied with the decision of the supervisor or manager.

2. **Step two:** Filing a complaint or appeal of adverse action with the superintendent of the county board.
a. If the individual or person filing the complaint or appeal of adverse action is not satisfied with the outcome of the process, the individual or person may file a complaint or appeal with the superintendent of the county board.

b. The complaint or appeal of adverse action must be filed with the superintendent of the county board within ten calendar days of notice of the decision of the supervisor or manager of the county board. If no decision is provided by the supervisor or manager of the county board within fifteen calendar days, the complaint or appeal of adverse action must be filed with the superintendent of the county board within twenty-five calendar days of filing the complaint or appeal with the supervisor or manager.

c. The superintendent of the county board or his or her designee shall, within ten calendar days of receipt of the complaint or appeal, meet with the individual or person and conduct an administrative review.

d. As part of the administrative review, the superintendent of the county board or his or her designee may ask questions to clarify and review the circumstances and facts related to the supervisor's or manager's decision and shall provide the individual or person the opportunity to present reasons why the supervisor's or manager's decision should be reconsidered.

e. Within fifteen calendar days of receipt of the complaint or appeal, the superintendent of the county board or his or her designee shall send by certified mail, a copy of his or her decision to the individual or person who submitted the complaint or appeal. Such decision shall include the rationale for the decision and a description of the next step in the process if the individual or person is not satisfied with the decision of the superintendent of the county board or his or her designee.

3. **Step three:** filing a complaint or appeal of adverse action with the president of the county board.

a. If the individual or person filing the complaint or appeal of adverse action is not satisfied with the outcome of the process, the individual or person may file a complaint or appeal with the president of the county board.

b. The complaint or appeal of adverse action must be filed with the president of the county board within ten calendar days of notice of the decision of the superintendent of the county board or his or her designee. If no decision is provided by the superintendent of the county board or his or her designee within fifteen calendar days, the complaint or appeal of adverse action must be filed with the president of the county board within twenty-five calendar days of filing the complaint or appeal with the superintendent.

c. The president of the county board shall ensure that a hearing is conducted within twenty calendar days of receipt of the complaint or appeal at a time and place convenient to all parties. At such hearing:

   i. The county board may hear the complaint or appeal;

   ii. A committee of two or more county board members appointed by the president of the county board with agreement of the county board, may hear the complaint or appeal. The committee shall issue a report and recommendation to the county board within ten calendar days of the conclusion of the hearing; or

   iii. A hearing officer appointed by the county board may hear the complaint or appeal. The hearing officer shall have the same powers and authority in conducting the hearing as granted to the county board. The hearing officer need not be an attorney, but shall possess qualifications to be able to make neutral and informed decisions about the complaint or appeal. The county board may ask the department to decide if a person is qualified to be a hearing officer. The hearing officer shall issue a report and recommendation to the county board within ten calendar days of the conclusion of the hearing.

d. Upon request, the individual or person filing the complaint or appeal shall be provided access to all records and materials related to the complaint or appeal no less than ten calendar days before the hearing.

e. To the extent permitted by law, the hearing shall be private unless the individual or person requesting the hearing wants it open to the public.

f. During the hearing, both parties may present evidence to support their positions.

g. The individual or person requesting the hearing and the county board have the right to be represented by an attorney.
h. The individual or person requesting the hearing shall have the right to have in attendance at the hearing and question any official, employee, or agent of the county board who may have evidence upon which the complaint or appeal is based.

i. Evidence presented at the hearing shall be recorded by stenographic means or by use of an audio recorder at the option of the county board. The record shall be made at the expense of the county board and, upon request, one copy of a written transcript shall be provided, at no cost, to the individual or person requesting the hearing.

j. In making its decision, the county board may request or consider additional information with notice to all affected parties, may request a presentation in writing and/or in person from each party, or take other action necessary to make a determination.

k. Within fifteen calendar days of conclusion of a county board hearing or the county board's receipt of the report and recommendation from a county board-appointed committee or a hearing officer, the president of the county board shall send by certified mail, a copy of the county board's decision to the individual or person who requested the hearing. Such decision shall include the rationale for the decision and a description of the next step in the process if the individual or person is not satisfied with the decision of the county board.

4. **Step four:** filing a complaint or appeal of adverse action with the director.
   a. If the individual filing the complaint or appeal of adverse action is not satisfied with the outcome of the process set forth in paragraph (G)(3) of this rule, the individual may file a complaint or appeal with the director.
   b. The complaint or appeal of adverse action must be filed with the director within fifteen calendar days of notice of the decision of the county board. If no decision is provided by the president of the county board within fifteen calendar, the complaint or appeal of adverse action must be filed with the director within fifty-five days of filing the complaint with the president of the county board.
   c. The director shall send a copy of the complaint or appeal of adverse action to the superintendent and president of the county board.
   d. The president of the county board shall send the director the written transcript of the county board hearing, copies of any exhibits, and a copy of the county board’s decision within twenty calendar days of receiving the copy of the complaint or appeal of adverse action from the director.
   e. Upon request by an affected party or at the director's initiation, the director may request or consider additional information with notice to all affected parties, may request a presentation in writing and/or in person from each party, or take other action necessary to make a determination.
   f. Within forty-five calendar days of receipt of the written transcript of the county board hearing, copies of any exhibits, and a copy of the county board's decision from the president of the county board, the director shall send by certified mail, a copy of his or her decision to all affected parties. The director shall uphold the decision of the county board if the director determines that the decision is in accordance with applicable statute and administrative rule. The director's decision shall include the rationale for the decision.

Other remedies

After exhausting the administrative remedies required by this rule, an individual or person may commence a civil action if the complaint or appeal of adverse action is not resolved to his or her satisfaction. This rule is not intended to provide any right or cause of action that does not exist absent this rule.

Confidentiality

The Board shall at all times maintain confidentiality concerning the identities of individuals, families, guardians, complainants, witnesses or other involved parties who provide information unless an authorized release of information is obtained.

Board Approved: 4/15/02, 6/22/15

Revised: 5/25/02, 11/25/02, 5/17/05, 12/15/05, 6/22/15, 4/4/19
Homeless Children

Purpose

In supporting school districts within Hancock county, the Hancock County Board of Developmental Disabilities, Blanchard Valley School is responsible for creating and maintaining a system that supports students who are experiencing homelessness. Targeted activities include identifying homeless students, appointing a local liaison, and maintaining dispute resolution procedures.

Policy

The Hancock County Board of Developmental Disabilities, Blanchard Valley Center, shall meet the requirements of the McKinney-Vento Homeless Act to ensure that homeless children and youth are identified by school personnel and through coordination with local school districts and other entities and agencies. The Superintendent shall designate the Director of Educational Services to develop procedure(s) to address obligations under the Act.

Procedure

If a child enrolled in Blanchard Valley Center becomes homeless, the Director of Educational Services will contact the placing district and coordinate services to ensure that data is reported in the Educational Management Information System (EMIS) report.

The Director of Educational Services shall ensure that:

1. The SSA Director is notified to ensure applicable coordination of support services (Health, Dental, Mental health, and Substance abuse);
2. Families are informed of school choices, including public preschool;
3. Students are enrolled in a timely fashion;
4. All IEP services provided, including transportation; and
5. If the family so chooses, the student shall remain in the current placement until the end of the school year.

School staff shall be provided information annually to heighten awareness of the specific needs of homeless children and youths. Awareness raising activities will be designed to raise the understanding and sensitivity of personnel to the needs of homeless children and youth, their rights, and their specific educational needs [42 U.S.C. – 11433(d)(3)].

Families shall be advised annual of the Rights of Homeless Parents and their Children. Brochures shall be posted in the school. All disputes shall be resolved by following Board Policy on Grievance/Due Process.

Initial Board Approval: 7/22/10, 4/22/19
Rights of Individuals with Development Disabilities

Purpose

The purpose of this policy is to affirm the rights of people with developmental disabilities in accordance with 5123:62 and 5123.65 of the Ohio Revised Code at the Hancock County Board of Developmental Disabilities (HCBDD).

Policy

The rights of persons with developmental disabilities include, but are not limited to those rights as listed in the Ohio Revised Code 5123.62 and 5123.65.

References: ORC 5123.62; ORC 5123.65

Board Approved: 4/30/02

Revised: 5/29/02, 12/15/05, 4/20/06, 7/27/15

Reviewed: 4/25/16

Procedure

Annually, the individual’s Service and Support Administrator (SSA), will review with the individual and guardian, if appointed, the list of rights, per the Ohio Revised Code 5123:62 and 5123.65. The explanation from the SSA at this meeting should be such that a simplified explanation may need to be done, dependent upon the level of understanding of the individual.

The SSA will document the annual review of Rights of Individuals with DD.

References: ORC 5123:62; ORC 5123.65

Attached: Bill of Rights

Board Approved: 4/30/02

Revised: 5/29/02, 12/15/05, 4/20/06, 7/27/15, 3/8/19

Reviewed: 4/25/16
Bill of Rights

The rights of persons with developmental disabilities include, but are not limited to:

A. The right to be treated at all times with courtesy and respect and with full recognition of their dignity and individuality;

B. The right to an appropriate, safe, and sanitary living environment that complies with local, state and federal standards and recognizes the person’s need for privacy and independence;

C. The right to food adequate to meet accepted standards of nutrition;

D. The right to practice the religion of their choice or to abstain from the practice of religion;

E. The right to timely access to appropriate medical or dental treatment;

F. The right of access to necessary ancillary services including, but not limited to, occupational therapy, physical therapy, speech therapy, and behavior modification and other psychological services;

G. The right to receive appropriate care and treatment in the least intrusive manner;

H. The right to privacy, including both periods of privacy and places of privacy;

I. The right to communicate freely with persons of their choice in any reasonable manner they choose;

J. The right to ownership and use of personal possessions so as to maintain individuality and personal dignity;

K. The right to social interaction with members of either sex;

L. The right of access to opportunities that enable individuals to develop their full human potential;

M. The right to pursue vocational opportunities that will promote and enhance economic independence;

N. The right to be treated equally as citizens under the law;

O. The right to be free from emotional, psychological, and physical abuse;
P. The right to participate in appropriate programs of education, training, social development, and habilitation and in programs of reasonable recreation;

Q. The right to participate in decisions that affect their lives;

R. The right to select a parent or advocate to act on their behalf;

S. The right to manage their personal financial affairs, based on individual ability to do so;

T. The right to confidential treatment of all information in their personal and medical records;

U. The right to voice grievances and recommend changes in policies and services without restraint, interference, coercion, discrimination, or reprisal;

V. The right to be free from unnecessary chemical or physical restraints;

W. The right to participate in the political process;

X. The right to refuse to participate in medical, psychological, or other research or experiments; and

Y. The right to self-administer medication or receive assistance with the self-administration of medication, for those individuals who can safely self-administer medication or receive assistance with self-administration of medication.

If you have any questions about your rights, you may contact any of the below:

Hancock CBDD (419) 422-6387
Ohio Department of DD (614) 466-5990
Disability Rights Ohio (800) 282-9181

The above rights have been explained to me in a way that I can understand.

_______________________________________  ____________________
Signature                                      Date
Person Centered Planning and Enhanced Monitoring

Purpose

To assure quality services are being delivered and to enhance the quality of life for people receiving support from the Hancock County Board of DD.

Policy

BVC will implement a continuous review process throughout all programs to ensure satisfaction with County Board supports. Scope, type and frequency of reviews will be specific to the program in which the person participates.

Procedure

PCP Procedures

1. The Person Centered Plan (PCP) requires that there be active participation of the individual for whom Medicaid Waiver Services are to be provided, and when a provider has previously been selected by the individual, the participation of the provider who will provide such Medicaid Waiver Services. The PCP shall be developed, modified and executed in accordance with applicable requirements.

2. The PCP shall be approved by the County Board and submitted to the provider(s) and Individual/Guardian at least 15 calendar days prior to the commencement of Medicaid Services. The SSA or designee shall keep documentation in the individual's official file that show how this information was conveyed. Prior to the implementation of Medicaid Waiver Services, the provider and the Individual/Guardian shall sign the PCP.

3. The County Board may authorize the addition of new services or modify a PCP at any time with the approval of the Individual in accordance with applicable requirements. The provider who will provide the Medicaid Waiver Services shall participate in the discussions related to the authorizations and modifications of such Medicaid Waiver Services. The County Board will authorize payment to reflect the changes within thirty (30) days of authorizing the new/amended(s).

4. The provider shall promptly notify the Board if the provider believes that a change in an individual's needs or condition may require an expedited or emergency authorization or modification to the Individual's PCP. The County Board may initially authorize such requests verbally. An addendum to the PCP is sufficient if both parties agree to provide the emergency service. The provider will be reimbursed for all authorized Medicaid Waiver Services provided on an expedited or emergency service authorization.

5. Any provider training specific to the Individual's needs and above provider certification standards (i.e. specialized diets, behavior training, therapy orders, lifts, etc.) that are required by the County Board shall be written into the PCP. The provider's signature on the PCP denotes agreement to the required training. The provider agrees to complete all training that is required by Applicable Requirements and the PCP. The provider shall maintain records to document the receipt of such training. Training costs, if any, shall be borne as agreed up by the parties.
SSA Monitoring of the PCP

The SSA will implement a continuous review process to ensure person centered plans are developed and implemented according to 5123:1-01. The continuous review process will be tailored to the individual and based on information provided by the individual and the team. The scope, type and frequency of the reviews will be specified in the person centered plan and will include face-to-face visits that occur at a time and location that is convenient to the individual, at least annually or more frequently as needed by the individual and contact via telephone, email, or other appropriate means as needed.

The frequency of the reviews may be increased when the individual has intensive behavioral or medical needs, experiences an interruption of services of more than thirty (30) calendar days, encounters a crisis or multiple less serious but destabilizing events within three (3) month period, transitions from an intermediate care facility to a community setting within the past twelve (12) months, transitions to a new provider of homemaker/personal care within the past twelve (12) months, receives services from a provider that has been notified of the department’s intent to suspend, or revoke the provider’s certification or license, or when requested by the individual, the individual’s guardian, or the adult whom the individual has identified, as applicable.

The SSA will share the results of the reviews in a timely manner with the individual, the individual’s guardian, and/or the adult whom the individual has identified, as applicable, and the individual’s providers, as appropriate.

If the individual is on a waiver and not receiving services at least monthly, then the SSA is to make monthly contact with the individual and/or their guardian to ensure they still want their waiver and they are receiving all of the services that they need to ensure the individual’s health, welfare, and safety.

In the event the Board verifies that a deficiency or violation of Applicable Requirements by the provider has occurred that has not resulted in, and is not reasonably likely to result in, a risk to the individual’s health, safety, or welfare the SSA will reach out to the provider to offer assistance in finding a resolution.

In the event a number of deficiencies are found, (i.e. medical appointments not current, etc.), the County Board SSA Director will consult with the Quality Services Director and/or Superintendent to determine the proper course of action.

If the SSA has reason to believe that an alleged, suspected or actual occurrence may or has resulted in harm, risk, health and welfare of the individual, the SSA is mandated to follow the MUI rule. The County Board will ensure law enforcement, the Investigative Agent for the County DD Board and Public Children’s Services Agency (if appropriate) have been contacted.

Enhanced Monitoring of County Board Services
A. An open-ended survey will be utilized across all departments to collect information regarding satisfaction of supports received from the Hancock County Board of DD. This survey will be conducted in a face-to-face interview.

B. Frequency and sample size are as follows:
   1. Early Intervention-A random sample of families will be selected each month for the review.
   2. Pre-School/School-Anually, parents of all students will participate in the survey prior to or following the students’ Individualized Education Program (IEP) meeting.
   3. SSA- On a biennial basis the survey will completed with all people supported by the SSA department.

C. Additional Methods of Monitoring

1. The Quality Services Director develops a schedule that outlines the assigned reviews for the year in a center wide quality control plan. This schedule will include the areas that are scheduled to be reviewed and the corresponding part of the accreditation tool. In addition to this schedule, semi-annual mock accreditations will occur.

2. Compliance Reviews will be scheduled Semi-Annually with the Clearwater COG. This will include a random sample of 5% of individuals who receive Supported Living services or are on a waiver. The COG will be reviewing the following:
   a. PCP structure and timelines
   b. Medication Administration Compliance
   c. Behavior Support Compliance
   d. Waiver Administration Compliance
   e. Potential Rights Restrictions

3. Prior to the DODD accreditation, the Clearwater COG will conduct a complete mock accreditation utilizing the DODD tool.

4. Provider Compliance reviews will occur as directed by the DODD or as problems occur that warrant special provider compliance reviews.

5. SSAs meet with each new certified independent provider within sixty days of the provider being selected to provide services to an individual, for the purposes of confirming the provider understands the PCP and the provider’s responsibilities and ensuring the provider has contact information for the county board.

6. Each person receiving supports from the County Board will have a Medication Administration Quality Assurance review as determined by the person and his/her team at least every 3 years.
7. A sample of unusual incident report logs are reviewed quarterly to determine if trends or patterns exist. If either is identified, prevention plans are developed and implemented.

8. MUI investigations will be conducted. Appropriate prevention measures will be developed and implemented.

9. A MUI Stakeholder's report is completed and reviewed for trends and patterns. The Stakeholder's review committee will meet at least annually to review the report. If trends and patterns are identified, the appropriate measures will be developed and implemented.

10. The Hancock County Board participates in the Clearwater COG Humans Rights Committee to ensure that individual's rights are not restricted.

11. Utilization reports are reviewed to ensure that services are being provided as projected.

Board Approved: 4/22/19
Family Support Services

Purpose

To establish guidelines for the administration of Family Support Services program that meets criteria as established in County Board Administration Rule (OAC 5123-4-01). Family Support Services shall support families by assisting them to meet unique needs of individuals as they provide care for individuals in the home.

Policy

Family Support Services shall be available to eligible individuals in Hancock County who reside in their homes and their families. Annually, the HCBDD will assess and establish the availability of funding as well as the amount to be provided to individuals and the maximum amount available to families with more than one eligible individual. Family Support Services shall be accessible to as many individuals as possible within Board established limits.

The Hancock County Board of Developmental Disabilities shall not use an income-based fee schedule in determining eligibility for Family Support Services funds. Board established funding shall be available on a first come first served basis. When funding is exhausted, no additional money shall be available until the following program year which runs from July to June.

Definitions of family members, eligible goods and services, and other processes are more fully defined in the accompanying procedures to this policy. The Hancock County Board of Developmental Disabilities reserves the right to use Family Support Services funding as match for Medicaid Waivers.

Reference: ORC 5126.11

Board Approved: 5/16/08

Revised: 3/17/05, 12/15/05, 5/18/08, 5/18/15, 05/21/18; 8/14/18

Procedure

Family Members

1. Family members for this policy includes parent(s), brother(s), sister(s), spouse(s), son(s), daughter(s), grandparent(s), aunt(s), uncle(s), cousin(s), or guardian(s) of the individual with developmental disabilities and includes the individual with developmental disabilities.

2. Family also means person(s) acting in a role similar to those specified in the above paragraph even though no legal or blood relationship exists if the individual with developmental disabilities lives with the person(s) and is dependent on the person to the
extent that if the supports were withdrawn another living arrangement would have to be found.

Eligible Services for Goods through Family Support Services

Services and goods which are permissible for Family Support Services as administered by Hancock County include:
1. Respite care for the individual in the home or out of the home
2. Counseling, supervision, training and education of the individual, the individual’s caregivers, and the members of the individual’s family that aid the family in providing proper care for the individual
3. Special dietary needs or other basic care items of the individual
4. Home modifications
5. Support necessary for the individual’s continued skill development, including such services as development of interventions to cope with unique problems that may occur within the complexity of the family, enrollment of the individual in special summer programs, provision of appropriate leisure activities, and other social skills development activities
6. Any other services or goods that are consistent with the purposes specified in the purpose of this policy, specified in the individual’s service plan, and specific solely to the benefit of the eligible individual

Administration of Family Support Services

The County Board may choose to administer Family Support Services or to contract that administration out to an independent party as it deems appropriate. The County Board may use funds allocated for the family support services program as match for Medicaid home and community-based services waivers.

Eligibility and Process

Only individuals determined eligible for services with the Hancock County Board of Developmental Disabilities shall be qualified to receive Family Support Services funding.

Annually, eligible individuals and families must apply for Family Support Services to the Board or its agent. At the time of application, the applicant shall indicate for the Board or its agent’s consideration and approval, the services and goods for which funding is requested.

Upon eligibility determination and approval, the Board or its agent shall issue a check to the appropriate vendor for the purchase of the item/s that have been approved. If the approved item is respite, the individual/family will receive a voucher for the amount of respite that has been approved. Upon completion of the respite the individual/family will provide documentation that the respite has been completed and a check will be issued for the approved amount.
Free Choice of Provider for HCBS Waiver Services

Purpose

The purpose of this rule is to establish the responsibilities of a county board of developmental disabilities for assuring an individual's right to obtain home and community-based services from any qualified and willing provider in accordance with 42 C.F.R. 431.51 as in effect on the effective date of this rule and sections 5123.044 and 5126.046 of the Revised Code.

Policy

This policy and procedure applies to the HCBDD; to all persons responsible for service and support administration when assisting individuals/guardians who may be eligible for services through the HCBDD to select home and community-based service providers; and to qualified providers of home and community-based services. This policy and procedure is applicable to qualified providers of home and community-based services when these services are provided in a facility licensed by the department.

The SSA will follow the provider choice process of this policy and procedure for each service specified in an ISP, at the time of an individual's enrollment in a home and community-based services program, annually at the time of re-determination, and at any other time the individual/guardian expresses an interest in or makes a request to choose a new, different or additional provider.

Board Approved: 1/19/06
Reviewed: 11/24/14, 3/8/19
Revised: 9/28/15

Procedure

Definitions

Adult day support has the same meaning as in rule 5123:2-9-17 of the Administrative Code.

Agency provider means an entity that employs persons for the purpose of providing services for which the entity must be certified under rules adopted by the department.

County board means a county board of developmental disabilities.

Department means the Ohio department of developmental disabilities.

Home and community-based services has the same meaning as in section 5123.01 of the Revised Code.

Homemaker/personal care has the same meaning as in rule 5123:2-9-30 of the Administrative Code.

Independent provider means a self-employed person who provides services for which he or she must be certified under rules adopted by the department and who does not employ, either directly or through contract, anyone else to provide the services.
Individual means a person with a developmental disability or for purposes of giving, refusing to give, or withdrawing consent for services, his or her guardian in accordance with section 5126.043 of the Revised Code or other person authorized to give consent.

Integrated employment has the same meaning as in rule 5123:2-9-44 of the Administrative Code.

Non-medical transportation has the same meaning as in rule 5123:2-9-18 of the Administrative Code.

Service and support administrator means a person, regardless of title, employed by or under contract with a county board to perform the functions of service and support administration and who holds the appropriate certification in accordance with rule 5123:2-5-02 of the Administrative Code.

Supported employment-community has the same meaning as in rule 5123:2-9-15 of the Administrative Code.

Supported employment-enclave has the same meaning as in rule 5123:2-9-16 of the Administrative Code.

Vocational habilitation has the same meaning as in rule 5123:2-9-14 of the Administrative Code.

Notification of free choice of providers, assistance with the provider selection process, and procedural safeguards

1. The county board will notify each individual at the time of enrollment in a home and community-based services waiver and at least annually thereafter, of the individual's right to choose any qualified and willing provider of home and community-based services. The notification will specify that:
   a. The individual may choose agency providers, independent providers, or a combination of agency providers and independent providers;
   b. The individual may choose providers from all qualified and willing providers available statewide and is not limited to those currently providing services in a given county;
   c. The individual may choose to receive services from a different provider at any time;
   d. An individual choosing to receive homemaker/personal care in a licensed residential facility is choosing both the place of residence and the homemaker/personal care provider, but maintains free choice of providers for all other home and community-based services and the right to move to another setting at any time if a new homemaker/personal care provider is desired; and
   e. The service and support administrator will assist the individual with the provider selection process if the individual requests assistance.

2. A service and support administrator will assist an individual enrolled in a home and community-based services waiver with one or more of the following, as requested by the individual:
a. Accessing the department's website to conduct a search for qualified and willing providers;
b. Providing the individual with the department's guide to interviewing prospective providers;
c. Sharing objective information with the individual about providers that may include outcomes of provider compliance reviews of services provided, number of individuals currently served, and any information about services offered by the provider to meet the unique needs of a specific group of individuals such as aging adults, children with autism, or individuals with intense medical or behavioral needs;
d. Utilizing the statewide, uniform format to create a profile of the type of services and supports the individual requires, hours of services and supports required, the individual's essential service preferences, the funding source of services, and any other information the individual chooses to share with prospective providers;
e. Making available to all qualified providers in the county that have expressed an interest in serving additional individuals, the individual-specific profile created in accordance with paragraph (C)(2)(d) of this rule to identify willing providers of the service;
f. Contacting providers on the individual's behalf;
g. Developing provider interview questions that reflect the characteristics of the individual's preferred provider; and
h. Scheduling and participating as needed in interviews of prospective providers. If the individual chooses to interview the county board as a prospective provider, the service and support administrator will disclose to the individual that the service and support administrator is employed by the same agency. The service and support administrator may participate in this interview as directed by the individual.

3. The county board will document the alternative home and community-based services settings that were considered by each individual and ensure that each individual service plan reflects the setting options chosen by the individual.

4. The county board will document that each individual has been offered free choice among all qualified and willing providers of home and community-based services.

5. If a county board receives a complaint from an individual regarding the free choice of provider process, the county board will respond to the individual within thirty days and provide the department with a copy of the individual's complaint and the county board's response. The department will review the complaint and the county board's response and take actions it determines necessary to ensure that each individual has been afforded free choice among all qualified and willing providers of home and community-based services.

Additional requirements that apply when a county board provides home and community-based services

So long as a county board is a provider of home and community-based services, the county board will:
1. Ensure administrative separation between county board staff doing assessments and service planning and county board staff delivering direct services; and 5123:2-9-11 3(2) Implement a process and establish annual benchmarks for recruitment of sufficient providers of adult day support, integrated employment, supported employment-community, supported employment-enclave, and vocational habilitation.

2. Establish and implement annual benchmarks for recruitment of sufficient providers of adult day support, integrated employment, non-medical transportation, supported employment-community, supported employment-enclave, and vocational habilitation. Benchmarks are subject to approval by the department. The county board will report progress on achieving benchmarks to the department twice per year in accordance with the schedule and format established by the department.

3. Establish and implement annual benchmarks for reducing the number of individuals for whom the county board provides adult day support, integrated employment, non-medical transportation, supported employment-community, supported employment-enclave, and vocational habilitation. Benchmarks are subject to approval by the department. The county board will report progress on achieving benchmarks to the department twice per year in accordance with the schedule and format established by the department.

Commencement of services

The county board will adopt written procedures to ensure that home and community-based services begin in accordance with the date established in the individual service plan. The procedures will include a requirement for the county board to monitor the service commencement process and implement corrective measures if services do not begin as indicated.

Department training and oversight

1. The department will periodically provide training and assistance to familiarize county boards and individuals with the rights and responsibilities set forth in this rule.

2. The department will investigate or cause an investigation when an individual alleges that he or she is being denied free choice of providers for home and community-based services.

3. The department will utilize the accreditation process in accordance with rule 5123:2-1-02 of the Administrative Code to monitor county board compliance with requirements of this rule.

Due process and appeal rights

1. Any recipient of or applicant for home and community-based services may utilize the process set forth in section 5101.35 of the Revised Code, in accordance with division 5101:6 of the Administrative Code, for any purpose authorized by that statute and the rules
implementing the statute, including being denied the choice of a provider who is qualified and willing to provide home and community-based services. The process set forth in section 5101.35 of the Revised Code is available only to applicants, recipients, and their lawfully authorized representatives.

2. Providers will not utilize or attempt to utilize the process set forth in section 5101.35 of the Revised Code. Providers will not appeal or pursue any other legal challenge to a decision resulting from the process set forth in section 5101.35 of the Revised Code.

3. The county board will inform the individual, in writing and in a manner the individual can understand, of the individual's right to request a hearing in accordance with division 5101:6 of the Administrative Code.

4. The county board will immediately implement any final state hearing decision or administrative appeal decision relative to free choice of providers for home and community-based services issued by the Ohio department of Medicaid, unless a court of competent jurisdiction modifies such a decision as the result of an appeal by the Medicaid applicant or recipient.

Review: 3/8/19
Major Unusual Incidents and Unusual Incidents to ensure health, welfare, and continuous quality improvement.

Purpose

This rule establishes the requirements for addressing major unusual incidents and unusual incidents and implements a continuous quality improvement process to prevent or reduce the risk of harm to individuals.

Policy

The Investigative Agent is responsible for establishing a system by which MUIs will be addressed in Hancock County and answers directly to the Superintendent. This policy does not relieve any person of the responsibility to comply with ORC 5123:61

Board Approved: 3/27/17; 8/27/18; 1/28/19
Revised: 2/26/18; 8/27/18; 1/28/19

Procedure

(B) Scope

This rule applies to county boards, developmental centers, and providers of services to individuals with developmental disabilities.

(C) Definitions

For the purposes of this rule, the following definitions shall apply:

1. "Administrative investigation" means the gathering and analysis of information related to a major unusual incident so that appropriate action can be taken to address any harm or risk of harm and prevent recurrence. There are three administrative investigation procedures (category A, category B, and category C) that correspond to the three categories of major unusual incidents.

2. "Agency provider" means a provider, certified or licensed by the department that employs staff to deliver services to individuals and who may subcontract the delivery of services. "Agency provider" includes a county board while the county board is providing specialized services.

3. "At-risk individual" means an individual whose health or welfare is adversely affected or whose health or welfare may reasonably be considered to be in danger of being adversely affected.

4. "Common law employee" has the same meaning as in rule 5123-9-32 of the Administrative Code.

5. "County board" means a county board of developmental disabilities as established under Chapter 5126. of the Revised Code or a regional council of governments as established under Chapter 167. of the Revised Code when it includes at least one county board.
(6) "Department" means the Ohio department of developmental disabilities.

(7) "Developmental center" means an intermediate care facility for individuals with intellectual disabilities under the managing responsibility of the department.

(8) "Developmental disabilities employee" means:

(a) An employee of the department;

(b) A superintendent, board member, or employee of a county board;

(c) An administrator, board member, or employee of a residential facility licensed under section 5123.19 of the Revised Code;

(d) An administrator, board member, or employee of any other public or private provider of services to an individual with a developmental disability; or

(e) An independent provider.

(9) "Incident report" means documentation that contains details about a major unusual incident or an unusual incident and shall include, but is not limited to:

(a) Individual's name;

(b) Individual's address;

(c) Date of incident;

(d) Location of incident;

(e) Description of incident;

(f) Type and location of injuries;

(g) Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals;

(h) Name of primary person involved and his or her relationship to the individual;

(i) Names of witnesses;

(j) Statements completed by persons who witnessed or have personal knowledge of the incident;

(k) Notifications with name, title, and time and date of notice;

(l) Further medical follow-up; and

(m) Name and signature of person completing the incident report.

(10) "Incident tracking system" means the department's web-based system for reporting major unusual incidents.

(11) "Independent provider" means a self-employed person or a common law employee who provides services for which he or she must be certified in accordance with rules
promulgated by the department and does not employ, either directly or through contract, anyone else to provide the services.

(12) "Individual" means a person with a developmental disability.

(13) "Individual served" means an individual who receives specialized services.

(14) "Intermediate care facility for individuals with intellectual disabilities" has the same meaning as in section 5124.01 of the Revised Code.

(15) "Investigative agent" means an employee of a county board or a person under contract with a county board who is certified by the department to conduct administrative investigations of major unusual incidents.

(16) "Major unusual incident" means the alleged, suspected, or actual occurrence of an incident described in paragraph (C)(16)(a), (C)(16)(b), or (C)(16)(c) of this rule when there is reason to believe the incident has occurred. There are three categories of major unusual incidents that correspond to three administrative investigation procedures delineated in appendix A, appendix B, and appendix C to this rule:

(a) Category A

(i) Accidental or suspicious death. "Accidental or suspicious death" means the death of an individual resulting from an accident or suspicious circumstances.

(ii) Exploitation. "Exploitation" means the unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit, profit, or gain.

(iii) Failure to report. "Failure to report" means that a person, who is required to report pursuant to section 5123.61 of the Revised Code, has reason to believe that an individual has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse, neglect, misappropriation, or exploitation that results in a risk to health and welfare of that individual, and such person does not immediately report such information to a law enforcement agency, a county board, or, in the case of an individual living in a developmental center, either to law enforcement or the department. Pursuant to division (C)(1) of section 5123.61 of the Revised Code, such report shall be made to the department and the county board when the incident involves an act or omission of an employee of a county board.

(iv) Misappropriation. "Misappropriation" means depriving, defrauding, or otherwise obtaining the real or personal property of an individual by any means prohibited by the Revised Code, including Chapters 2911. and 2913. of the Revised Code.

(v) Neglect. "Neglect" means when there is a duty to do so, failing to provide an individual with medical care, personal care, or other support that consequently results in serious injury or places an individual or another person at risk of serious injury. Serious injury means an injury
that results in treatment by a physician, physician assistant, or nurse practitioner.

(vi) Physical abuse. "Physical abuse" means the use of physical force that can reasonably be expected to result in physical harm to an individual. Such physical force may include, but is not limited to, hitting, slapping, pushing, or throwing objects at an individual.

(vii) Prohibited sexual relations. "Prohibited sexual relations" means a developmental disabilities employee engaging in consensual sexual conduct or having consensual sexual contact with an individual who is not the employee's spouse, and for whom the developmental disabilities employee was employed or under contract to provide care or supervise the provision of care at the time of the incident.

(viii) Rights code violation. "Rights code violation" means any violation of the rights enumerated in section 5123.62 of the Revised Code that creates a likely risk of harm to the health or welfare of an individual.

(ix) Sexual abuse. "Sexual abuse" means unlawful sexual conduct or sexual contact as those terms are defined in section 2907.01 of the Revised Code and the commission of any act prohibited by Chapter 2907. of the Revised Code (e.g., public indecency, importuning, and voyeurism) when the sexual conduct, sexual contact, or act involves an individual.

(x) Verbal abuse. "Verbal abuse" means the use of words, gestures, or other communicative means to purposefully threaten, coerce, intimidate, harass, or humiliate an individual.

(b) Category B

(i) Attempted suicide. "Attempted suicide" means a physical attempt by an individual that results in emergency room treatment, in-patient observation, or hospital admission.

(ii) Death other than accidental or suspicious death. "Death other than accidental or suspicious death" means the death of an individual by natural cause without suspicious circumstances.

(iii) Medical emergency. "Medical emergency" means an incident where emergency medical intervention is required to save an individual's life (e.g., choking relief techniques such as back blows or cardiopulmonary resuscitation, use of an automated external defibrillator, or use of an epinephrine auto injector).

(iv) Missing individual. "Missing individual" means an incident that is not considered neglect and an individual's whereabouts, after immediate measures taken, are unknown and the individual is believed to be at or pose an imminent risk of harm to self or others. An incident when an individual's whereabouts are unknown for longer than the period of time specified in the individual service plan that does not result in imminent risk of harm to self or others shall be investigated as an unusual incident.
(v) Peer-to-peer act. "Peer-to-peer act" means any of the following incidents involving two individuals:

(a) Exploitation which means the unlawful or improper act of using another individual or another individual's resources for monetary or personal benefit, profit, or gain.

(b) Theft which means intentionally depriving another individual of real or personal property valued at twenty dollars or more or property of significant personal value to the individual.

(c) Physical act which means a physical altercation that:

   (i) Results in examination or treatment by a physician, physician assistant, or nurse practitioner; or

   (ii) Involves strangulation, a bloody nose, a bloody lip, a black eye, a concussion, or biting which causes breaking of the skin; or

   (iii) Results in an individual being arrested, incarcerated, or the subject of criminal charges.

(d) Sexual act which means sexual conduct and/or contact for the purposes of sexual gratification without the consent of the other individual.

(e) Verbal act which means the use of words, gestures, or other communicative means to purposefully threaten, coerce, or intimidate the other individual when there is the opportunity and ability to carry out the threat.

(vi) Significant injury. "Significant injury" means an injury to an individual of known or unknown cause that is not considered abuse or neglect and that results in concussion, broken bone, dislocation, second or third degree burns or that requires immobilization, casting, or five or more sutures. Significant injuries shall be designated in the incident tracking system as either known or unknown cause.

(c) Category C

(i) Law enforcement. "Law enforcement" means any incident that results in the individual served being tased, arrested, charged, or incarcerated.

(ii) Unanticipated hospitalization. "Unanticipated hospitalization" means any hospital admission or hospital stay over twenty-four hours that is not pre-scheduled or planned. A hospital admission associated with a planned treatment or pre-existing condition that is specified in the individual service plan indicating the specific symptoms and criteria that require hospitalization need not be reported.

(iii) Unapproved behavioral support. "Unapproved behavioral support" means the use of a prohibited measure as defined in rule 5123:2-2-06 of
the Administrative Code or the use of a restrictive measure implemented without approval of the human rights committee or without informed consent of the individual or the individual's guardian in accordance with rule 5123:2-2-06 of the Administrative Code, when use of the prohibited measure or restrictive measure results in risk to the individual's health or welfare. When use of the prohibited measure or restrictive measure does not result in risk to the individual's health or welfare, the incident shall be investigated as an unusual incident.

(17) "Physical harm" means any injury, illness, or other physiological impairment, regardless of its gravity or duration.

(18) "Primary person involved" means the person alleged to have committed or to have been responsible for the accidental or suspicious death, exploitation, failure to report, misappropriation, neglect, physical abuse, prohibited sexual relations, rights code violation, sexual abuse, or verbal abuse.

(19) "Program implementation incident" means an unusual incident involving the failure to carry out a person-centered plan when such failure causes minimal risk or no risk. Examples include, but are not limited to, failing to provide supervision for short periods of time, automobile accidents without harm, and self-reported incidents with minimal risk.

(20) "Provider" means an agency provider or an independent provider.

(21) "Qualified intellectual disability professional" has the same meaning as in 42 C.F.R. 483.430 as in effect on the effective date of this rule.

(22) "Specialized services" means any program or service designed and operated to serve primarily individuals, including a program or service provided by an entity licensed or certified by the department.

(23) "Systems issue" means a substantiated major unusual incident attributed to multiple variables.

(24) "Team" means, as applicable:

(a) The group of persons chosen by an individual with the core responsibility to support the individual in directing development of his or her individual service plan. The team includes the individual's guardian or adult whom the individual has identified, as applicable, the service and support administrator, direct support staff, providers, licensed or certified professionals, and any other persons chosen by the individual to help the individual consider possibilities and make decisions; or

(b) An interdisciplinary team as that term is used in 42 C.F.R. 483.440 as in effect on the effective date of this rule.

(25) "Unusual incident" means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual's care or individual service plan, but is not a major unusual incident. Unusual incident includes, but is not limited to: dental injuries; falls; an injury that is not a significant injury; medication errors without a likely risk to health and welfare; overnight relocation of an
individual due to a fire, natural disaster, or mechanical failure; an incident involving two individuals served that is not a peer-to-peer act major unusual incident; rights code violations or unapproved behavioral supports without a likely risk to health and welfare; emergency room or urgent care treatment center visits; and program implementation incidents.

(26) "Working day" means Monday, Tuesday, Wednesday, Thursday, or Friday except when that day is a holiday as defined in section 1.14 of the Revised Code.

(D) Reporting requirements for major unusual incidents

(1) Reports regarding all major unusual incidents involving an individual who resides in an intermediate care facility for individuals with intellectual disabilities or who receives round-the-clock waiver services shall be filed and the requirements of this rule followed regardless of where the incident occurred.

(2) Reports regarding the following major unusual incidents shall be filed and the requirements of this rule followed regardless of where the incident occurred:

   (a) Accidental or suspicious death;
   (b) Attempted suicide;
   (c) Death other than accidental or suspicious death;
   (d) Exploitation;
   (e) Failure to report;
   (f) Law enforcement;
   (g) Misappropriation;
   (h) Missing individual;
   (i) Neglect;
   (j) Peer-to-peer act;
   (k) Physical abuse;
   (l) Prohibited sexual relations;
   (m) Sexual abuse; and
   (n) Verbal abuse.

(3) Reports regarding the following major unusual incidents shall be filed and the requirements of this rule followed only when the incident occurs in a program operated by a county board or when the individual is being served by a licensed or certified provider:

   (a) Medical emergency;
   (b) Rights code violation;
   (c) Significant injury;
(d) Unanticipated hospitalization; and

(e) Unapproved behavioral support.

(4) Immediately upon identification or notification of a major unusual incident, the provider shall take all reasonable measures to ensure the health and welfare of at-risk individuals. The provider and county board shall discuss any disagreements regarding reasonable measures in order to resolve them. If the provider and county board are unable to agree on reasonable measures to ensure the health and welfare of at-risk individuals, the department shall make the determination. Such measures shall include:

(a) Immediate and ongoing medical attention, as appropriate;

(b) Removal of an employee from direct contact with any individual when the employee is alleged to have been involved in physical abuse or sexual abuse until such time as the provider has reasonably determined that such removal is no longer necessary; and

(c) Other necessary measures to protect the health and welfare of at-risk individuals.

(5) Immediately upon receipt of a report or notification of an allegation of a major unusual incident, the county board shall:

(a) Ensure that all reasonable measures necessary to protect the health and welfare of at-risk individuals have been taken;

(b) Determine if additional measures are needed; and

(c) Notify the department if the circumstances in paragraph (l)(1) of this rule that require a department-directed administrative investigation are present. Such notification shall take place on the first working day the county board becomes aware of the incident.

(6) The provider shall immediately, but no later than four hours after discovery of the major unusual incident, notify the county board through means identified by the county board of the following incidents or allegations:

(a) Accidental or suspicious death;

(b) Exploitation;

(c) Misappropriation;

(d) Neglect;

(e) Peer-to-peer act;

(f) Physical abuse;

(g) Prohibited sexual relations;

(h) Sexual abuse;

(i) Verbal abuse; and
(j) When the provider has received an inquiry from the media regarding a major unusual incident.

(7) For all major unusual incidents, a provider shall submit a written incident report to the county board contact or designee by three p.m. on the first working day following the day the provider becomes aware of a potential or determined major unusual incident. The report shall be submitted in a format prescribed by the department.

(8) The county board shall enter preliminary information regarding the major unusual incident in the incident tracking system and in the manner prescribed by the department by five p.m. on the first working day following the day the county board receives notification from the provider or otherwise becomes aware of the major unusual incident.

(9) When a provider has placed an employee on leave or otherwise taken protective action pending the outcome of the administrative investigation, the county board or department, as applicable, shall keep the provider apprised of the status of the administrative investigation so that the provider can resume normal operations as soon as possible consistent with the health and welfare of at-risk individuals. The provider shall notify the county board or department, as applicable, of any changes regarding the protective action.

(10) If the provider is a developmental center, all reports required by this rule shall be made directly to the department.

(11) The county board shall have a system that is available twenty-four hours a day, seven days a week, to receive and respond to all reports required by this rule. The county board shall communicate this system in writing to all individuals receiving services in the county or their guardians as applicable, providers in the county, and to the department.

(E) Reporting of alleged criminal acts

(1) The provider shall immediately report to the law enforcement entity having jurisdiction of the location where the incident occurred, any allegation of a criminal act. The provider shall document the time, date, and name of person notified of the alleged criminal act. The county board shall ensure that the notification has been made.

(2) The department shall immediately report to the Ohio state highway patrol, any allegation of a criminal act occurring at a developmental center. The department shall document the time, date, and name of person notified of the alleged criminal act.

(F) Abused or neglected children

All allegations of abuse or neglect as defined in sections 2151.03 and 2151.031 of the Revised Code of an individual under the age of twenty-one years shall be immediately reported to the local public children's services agency. The notification may be made by the provider or the county board. The county board shall ensure that the notification has been made.

(G) Notification requirements for major unusual incidents

(1) The provider shall make the following notifications, as applicable, when the major unusual incident or discovery of the major unusual incident occurs when such provider
has responsibility for the individual. The notification shall be made on the same day the major unusual incident or discovery of the major unusual incident occurs and include immediate actions taken.

(a) Guardian or other person whom the individual has identified.
(b) Service and support administrator serving the individual.
(c) Other providers of services as necessary to ensure continuity of care and support for the individual.
(d) Staff or family living at the individual's residence who have responsibility for the individual's care.

(2) All notifications or efforts to notify shall be documented. The county board shall ensure that all required notifications have been made.

(3) Notification shall not be made:

(a) If the person to be notified is the primary person involved, the spouse of the primary person involved, or the significant other of the primary person involved; or
(b) When such notification could jeopardize the health and welfare of an individual involved.

(4) Notification to a person is not required when the report comes from such person or in the case of a death when the family is already aware of the death.

(5) In any case where law enforcement has been notified of an alleged criminal act, the department may provide notification of the major unusual incident to any other provider, developmental center, or county board for whom the primary person involved works, for the purpose of ensuring the health and welfare of any at-risk individual. The notified provider or county board shall take such steps necessary to address the health and welfare needs of any at-risk individual and may consult the department in this regard. The department shall inform any notified entity as to whether the major unusual incident is substantiated. Providers, developmental centers, or county boards employing a primary person involved shall notify the department when they are aware that the primary person involved works for another provider.

(H) General administrative investigation requirements

(1) Each county board shall employ at least one investigative agent or contract with a person or governmental entity for the services of an investigative agent. An investigative agent shall be certified by the department in accordance with rule 5123:2-5-07 of the Administrative Code. Employees of the department who are designated investigators are considered certified investigative agents for the purpose of this rule.

(2) All major unusual incidents require an administrative investigation meeting the applicable administrative investigation procedure in appendix A, appendix B, or appendix C to this rule unless it is not possible or relevant to the administrative investigation to meet a requirement under this rule, in which case the reason shall be documented. Administrative investigations shall be conducted and reviewed by investigative agents.
(a) The department or county board may elect to follow the administrative investigation procedure for category A major unusual incidents for any major unusual incident.

(b) Based on the facts discovered during administrative investigation of the major unusual incident, the category may change or additional categories may be added to the record. If a major unusual incident changes category, the reason for the change shall be documented and the new applicable category administrative investigation procedure shall be followed to investigate the major unusual incident.

(c) Major unusual incidents that involve an active criminal investigation may be closed as soon as the county board ensures that the major unusual incident is properly coded, the history of the primary person involved has been reviewed, cause and contributing factors are determined, a finding is made, and prevention measures implemented. Information needed for closure of the major unusual incident may be obtained from the criminal investigation.

(3) County board staff may assist the investigative agent by gathering documents, entering information into the incident tracking system, fulfilling category C administrative investigation requirements, or performing other administrative or clerical duties that are not specific to the investigative agent role.

(4) Except when law enforcement or the public children's services agency is conducting the investigation, the investigative agent shall conduct all interviews for major unusual incidents unless the investigative agent determines the need for assistance with interviewing an individual. For a major unusual incident occurring at an intermediate care facility for individuals with intellectual disabilities, the investigative agent may utilize interviews conducted by the intermediate care facility for individuals with intellectual disabilities or conduct his or her own interviews. If the investigative agent determines the information is reliable, the investigative agent may utilize other information received from law enforcement, the public children's services agency, or providers in order to meet the requirements of this rule.

(5) Except when law enforcement or the public children's services agency has been notified and is considering conducting an investigation, the county board shall commence an administrative investigation. If law enforcement or the public children's services agency notifies the county board that it has declined to investigate, the county board shall commence the administrative investigation within a reasonable amount of time based on the initial information received or obtained and consistent with the health and welfare of all at-risk individuals, but no later than twenty-four hours for a major unusual incident in category A or no later than three working days for a major unusual incident in category B or category C.

(6) An intermediate care facility for individuals with intellectual disabilities shall conduct an investigation that complies with applicable federal regulations, including 42 C.F.R. 483.420 as in effect on the effective date of this rule, for any unusual incident or major unusual incident involving a resident of the facility, regardless of where the unusual incident or major unusual incident occurs. The intermediate care facility for individuals with intellectual disabilities shall provide a copy of its full report of an administrative
investigation of a major unusual incident to the county board. The investigative agent may utilize information from the administrative investigation conducted by the intermediate care facility for individuals with intellectual disabilities to meet the requirements of this rule or conduct a separate administrative investigation. The county board shall provide a copy of its full report of the administrative investigation to the intermediate care facility for individuals with intellectual disabilities. The department shall resolve any conflicts that arise.

(7) When an agency provider, excluding an intermediate care facility for individuals with intellectual disabilities, conducts an internal review of an incident for which a major unusual incident has been filed, the agency provider shall submit the results of its internal review of the incident, including statements and documents, to the county board within fourteen calendar days of the agency provider becoming aware of the incident.

(8) All developmental disabilities employees shall cooperate with administrative investigations conducted by entities authorized to conduct investigations. Providers and county boards shall respond to requests for information within the time frame requested. The time frames identified shall be reasonable.

(9) Except when law enforcement or the public children's service agency is conducting an investigation, the investigative agent shall endeavor to reach a preliminary finding regarding allegations of physical abuse or sexual abuse and notify the individual or individual's guardian and provider of the preliminary finding within fourteen working days. When it is not possible for the investigative agent to reach a preliminary finding within fourteen working days, he or she shall instead notify the individual or individual's guardian and provider of the status of the investigation.

(10) The investigative agent shall complete a report of the administrative investigation and submit it for closure in the incident tracking system within thirty working days unless the county board requests and the department grants an extension for good cause. If an extension is granted, the department may require submission of interim reports and may identify alternative actions to assist with the timely conclusion of the report.

(11) The report shall follow the format prescribed by the department. The investigative agent shall include the initial allegation, a list of persons interviewed, and documents reviewed, a summary of each interview and document reviewed, and a findings and conclusions section which shall include the cause and contributing factors to the incident and the facts that support the findings and conclusions.

(I) Department-directed administrative investigations of major unusual incidents

(1) The department shall conduct the administrative investigation when the major unusual incident includes an allegation against:

(a) The superintendent of a county board or developmental center;

(b) The executive director or equivalent of a regional council of governments;

(c) A management employee who reports directly to the superintendent of the county board, the superintendent of a developmental center, or executive director or equivalent of a regional council of governments;
(d) An investigative agent;

(e) A service and support administrator;

(f) A major unusual incident contact or designee employed by a county board;

(g) A current member of a county board;

(h) A person having any known relationship with any of the persons specified in paragraphs (l)(1)(a) to (l)(1)(g) of this rule when such relationship may present a conflict of interest or the appearance of a conflict of interest; or

(i) An employee of a county board or a developmental center when it is alleged that the employee is responsible for an individual's death, has committed sexual abuse, engaged in prohibited sexual activity, or committed physical abuse or neglect resulting in emergency room treatment or hospitalization.

(2) A department-directed administrative investigation or administrative investigation review may be conducted following the receipt of a request from a county board, developmental center, provider, individual, or guardian if the department determines that there is a reasonable basis for the request.

(3) The department may conduct a review or administrative investigation of any major unusual incident or may request that a review or administrative investigation be conducted by another county board, a regional council of governments, or any other governmental entity authorized to conduct an investigation.

(J) Written summaries of major unusual incidents

(1) No later than five working days following the county board's, developmental center's, or department's recommendation for closure via the incident tracking system, the county board, developmental center, or department shall provide a written summary of the administrative investigation of each category A or category B major unusual incident, including the allegations, the facts and findings, including as applicable, whether the case was substantiated or unsubstantiated, and preventive measures implemented in response to the major unusual incident to:

(a) The individual, individual's guardian, or other person whom the individual has identified, as applicable; in the case of a peer-to-peer act, both individuals, individuals' guardians, or other persons whom the individuals have identified, as applicable, shall receive the written summary;

(b) The licensed or certified provider and provider at the time of the major unusual incident; and

(c) The individual's service and support administrator and support broker, as applicable.

(2) In the case of an individual's death, the written summary shall be provided to the individual's family only upon request by the individual's family.

(3) The written summary shall not be provided to the primary person involved, the spouse of the primary person involved, or the significant other of the primary person involved.
(4) When the primary person involved is a developmental disabilities employee or a guardian, the county board shall, no later than five working days following the recommended closure of a case, make a reasonable attempt to provide written notice to the primary person involved as to whether the major unusual incident has been substantiated, unsubstantiated/insufficient evidence, or unsubstantiated/unfounded.

(5) If a service and support administrator is not assigned, a county board designee shall be responsible for ensuring the preventive measures are implemented based upon the written summary.

(6) An individual, individual's guardian, other person whom the individual has identified, or provider may dispute the findings by submitting a letter of dispute and supporting documentation to the county board superintendent, or to the director of the department if the department conducted the administrative investigation, within fifteen calendar days following receipt of the findings. An individual may receive assistance from any person selected by the individual to prepare a letter of dispute and provide supporting documentation.

(7) The county board superintendent or his or her designee or the director of the department or his or her designee, as applicable, shall consider the letter of dispute, the supporting documentation, and any other relevant information and issue a determination within thirty calendar days of such submission and take action consistent with such determination, including confirming or modifying the findings or directing that more information be gathered and the findings be reconsidered.

(8) In cases where the letter of dispute has been filed with the county board, the disputant may dispute the final findings made by the county board by filing those findings and any documentation contesting such findings as are disputed with the director of the department within fifteen calendar days of the county board determination. The director of the department shall issue a decision within thirty calendar days.

(K) Review, prevention, and closure of major unusual incidents

(1) Agency providers shall implement a written procedure for the internal review of all major unusual incidents and shall be responsible for taking all reasonable steps necessary to prevent the recurrence of major unusual incidents. The written procedure shall require senior management of the agency provider to be informed within two working days following the day staff become aware of a potential or determined major unusual incident involving misappropriation, neglect, physical abuse, or sexual abuse.

(2) Members of an individual's team shall ensure that risks associated with major unusual incidents are addressed in the individual plan or individual service plan of each individual affected and collaborate on the development of preventive measures to address the causes and contributing factors to the major unusual incident. The team members shall jointly determine what constitutes reasonable steps necessary to prevent the recurrence of major unusual incidents. If there is no service and support administrator, team, qualified intellectual disability professional, or agency provider involved with the individual, a county board designee shall ensure that reasonably possible preventive measures are fully implemented.
(3) The department may review reports submitted by a county board or developmental center. The department may obtain additional information necessary to consider the report, including copies of all administrative investigation reports that have been prepared. Such additional information shall be provided within the time period specified by the department.

(4) The department shall review and close reports regarding the following major unusual incidents:

(a) Accidental or suspicious death;
(b) Death other than accidental or suspicious death;
(c) Exploitation;
(d) Medical emergency;
(e) Misappropriation;
(f) Neglect;
(g) Peer-to-peer act;
(h) Physical abuse;
(i) Prohibited sexual relations;
(j) Sexual abuse;
(k) Significant injury when cause is unknown;
(l) Verbal abuse;
(m) Any major unusual incident that is the subject of a director's alert; and
(n) Any major unusual incident investigated by the department.

(5) The county board shall review and close reports regarding the following major unusual incidents:

(a) Attempted suicide;
(b) Failure to report;
(c) Law enforcement;
(d) Missing individual;
(e) Rights code violation;
(f) Significant injury when cause is known;
(g) Unanticipated hospitalization; and
(h) Unapproved behavioral support.

(6) The department may review any case to ensure it has been properly closed and shall conduct sample reviews to ensure proper closure by the county board. The department
may reopen any administrative investigation that does not meet the requirements of this rule. The county board shall provide any information deemed necessary by the department to close the case.

(7) The department and the county board shall consider the following criteria when determining whether to close a case:

(a) Whether sufficient reasonable measures have been taken to ensure the health and welfare of any at-risk individual;

(b) Whether a thorough administrative investigation has been conducted consistent with the standards set forth in this rule;

(c) Whether the team, including the county board and provider, collaborated on developing preventive measures to address the causes and contributing factors;

(d) Whether the county board has ensured that preventive measures have been implemented to prevent recurrence;

(e) Whether the incident is part of a pattern or trend as flagged through the incident tracking system requiring some additional action; and

(f) Whether all requirements set forth in statute or rule have been satisfied.

(L) Analysis of major unusual incident trends and patterns

(1) By January thirty-first of each year, a provider shall conduct an in-depth review and analysis of trends and patterns of major unusual incidents occurring during the preceding calendar year and compile an annual report which contains:

(a) Date of review;

(b) Name of person completing review;

(c) Time period of review;

(d) Comparison of data for previous three years;

(e) Explanation of data;

(f) Data for review by major unusual incident category type;

(g) Specific individuals involved in established trends and patterns (i.e., five major unusual incidents of any kind within six months, ten major unusual incidents of any kind within a year, or other pattern identified by the individual's team);

(h) Specific trends by residence, region, or program;

(i) Previously identified trends and patterns; and

(j) Action plans and preventive measures implemented to address noted trends and patterns.

(2) A provider other than a county board shall send the annual report to the county board for all programs operated in the county by February twenty-eighth of each year. The
county board shall review the annual report to ensure that all issues have been reasonably addressed to prevent recurrence of major unusual incidents. The county board shall keep the annual report on file and make it available to the department upon request.

(3) A county board that provides specialized services shall send the annual report to the department for all programs operated by the county board by February twenty-eighth of each year. The department shall review the annual report to ensure that all issues have been reasonably addressed to prevent recurrence of major unusual incidents.

(4) Each county board or as applicable, each council of governments to which county boards belong, shall have a committee that reviews trends and patterns of major unusual incidents. The committee shall be made up of a reasonable representation of the county board(s), providers, individuals who receive services and their families, and other stakeholders deemed appropriate by the committee.

(a) The role of the committee shall be to review and share the county or council of governments aggregate data prepared by the county board or council of governments to identify trends, patterns, or areas for improving the quality of life for individuals served in the county or counties.

(b) The committee shall meet each March to review and analyze data for the preceding calendar year. The county board or council of governments shall send the aggregate data prepared for the meeting to all participants at least ten calendar days in advance of the meeting.

(c) The county board or council of governments shall record and maintain minutes of each meeting, distribute the minutes to members of the committee, and make the minutes available to any person upon request.

(d) The county board shall ensure follow-up actions identified by the committee have been implemented.

(5) The department shall prepare a report on trends and patterns identified through the process of reviewing major unusual incidents. The department shall periodically, but at least semi-annually, review this report with a committee appointed by the director of the department which shall consist of at least six members who represent various stakeholder groups, including disability rights Ohio and the Ohio department of Medicaid. The committee shall make recommendations to the department regarding whether appropriate actions to ensure the health and welfare of individuals served have been taken. The committee may request that the department obtain additional information as may be necessary to make recommendations.

(M) Requirements for unusual incidents

(1) Unusual incidents shall be reported and investigated by the provider.

(2) Each agency provider shall develop and implement a written unusual incident policy and procedure that:

(a) Identifies what is to be reported as an unusual incident which shall include unusual incidents as defined in this rule;
(b) Requires an employee who becomes aware of an unusual incident to report it to the person designated by the agency provider who can initiate proper action;

(c) Requires the report to be made no later than twenty-four hours after the occurrence of the unusual incident; and

(d) Requires the agency provider to investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals.

(3) The agency provider shall ensure that all staff are trained and knowledgeable regarding the unusual incident policy and procedure.

(4) The provider providing services when an unusual incident occurs shall notify other providers of services as necessary to ensure continuity of care and support for the individual.

(5) Independent providers shall complete an unusual incident report, notify the individual's guardian or other person whom the individual has identified, as applicable, and forward the unusual incident report to the service and support administrator or county board designee on the first working day following the day the unusual incident is discovered.

(6) Each agency provider and independent provider shall review all unusual incidents as necessary, but no less than monthly, to ensure appropriate preventive measures have been implemented and trends and patterns identified and addressed as appropriate.

(7) The unusual incident reports, documentation of identified trends and patterns, and corrective action shall be made available to the county board and department upon request.

(8) Each agency provider and independent provider shall maintain a log of all unusual incidents. The log shall contain only unusual incidents as defined in paragraph (C)(25) of this rule and shall include, but is not limited to, the name of the individual, a brief description of the unusual incident, any injuries, time, date, location, cause and contributing factors, and preventive measures.

(9) Members of an individual's team shall ensure that risks associated with unusual incidents are addressed in the individual plan or individual service plan of each individual affected.

(10) A provider shall, upon request by the department or a county board, provide any and all information and documentation regarding an unusual incident and investigation of the unusual incident.

(N) Oversight

(1) The county board shall review, on at least a quarterly basis, a representative sample of provider unusual incident logs, including logs where the county board is a provider, to ensure that major unusual incidents have been reported, preventive measures have been implemented, and that trends and patterns have been identified and addressed in accordance with this rule. The sample shall be made available to the department for review upon request.
(2) When the county board is a provider, the department shall review, on a monthly basis, a representative sample of county board logs to ensure that major unusual incidents have been reported, preventive measures have been implemented, and that trends and patterns have been identified and addressed in accordance with this rule. The county board shall submit the specified logs to the department upon request.

(3) The department shall conduct reviews of county boards and providers as necessary to ensure the health and welfare of individuals and compliance with this rule. Failure to comply with this rule may be considered by the department in any regulatory capacity, including certification, licensure, and accreditation.

(4) The department shall review and take any action appropriate when a complaint is received about how an administrative investigation is conducted.

(O) Access to records

(1) Reports made under section 5123.61 of the Revised Code and this rule are not public records as defined in section 149.43 of the Revised Code. Records may be provided to parties authorized to receive them in accordance with sections 5123.613 and 5126.044 of the Revised Code, to any governmental entity authorized to investigate the circumstances of the alleged abuse, neglect, misappropriation, or exploitation and to any party to the extent that release of a record is necessary for the health or welfare of an individual.

(2) A county board or the department shall not review, copy, or include in any report required by this rule a provider's personnel records that are confidential under state or federal statutes or rules, including medical and insurance records, workers' compensation records, employment eligibility verification (I-9) forms, and social security numbers. The provider shall redact any confidential information contained in a record before copies are provided to the county board or the department. A provider shall make all other records available upon request by a county board or the department. A provider shall provide confidential information, including the date of birth and social security number, when requested by the department as part of the abuser registry process in accordance with rule 5123:2-17-03 of the Administrative Code.

(3) Any party entitled to receive a report required by this rule may waive receipt of the report. Any waiver of receipt of a report shall be made in writing.

(P) Training

(1) Agency providers and county boards shall ensure staff employed in direct services positions are trained on the requirements of this rule prior to direct contact with any individual. Thereafter, staff employed in direct services positions shall receive annual training on the requirements of this rule including a review of health and welfare alerts issued by the department since the previous year's training.

(2) Agency providers and county boards shall ensure staff employed in positions other than direct services positions are trained on the requirements of this rule no later than ninety calendar days from date of hire. Thereafter, staff employed in positions other than direct services positions shall receive annual training on the requirements of this rule including a review of health and welfare alerts issued by the department since the previous year's training.
(3) Independent providers shall be trained on the requirements of this rule prior to application for initial certification in accordance with rule 5123:2-2-01 of the Administrative Code and shall receive annual training on the requirements of this rule including a review of health and welfare alerts issued by the department since the previous year's training.

Board Approved: 3/27/17; 8/27/18
Revised: 2/26/18; 8/27/18; 1/28/19
Pre-admission Screening and Resident Review (PASRR)

Purpose

The purpose of this process is to provide information to the Ohio Department of Developmental Disabilities (DODD) to determine whether the person’s needs should be met in a nursing facility, or elsewhere, and whether if admitted to a nursing facility, specialized services should be provided by the Hancock County Board of Developmental Disabilities (HCBDD) to ensure continuous active treatment.

Policy

Pursuant to Ohio Administrative Code 5123:2-14-01, HCBDD Service and Support Administration participates in the PASRR (Pre-admission Screening and Resident Review) evaluation process for individuals seeking admission to a nursing facility who have indications of developmental disabilities, and persons acting on behalf of these applicants or residents. This rule does not apply to individuals seeking readmission to a nursing facility after having transferred from a nursing facility to a hospital for care nor to individuals transferring from one nursing facility to another nursing facility, with or without an intervening hospital stay.

References: 5123:2-14-01

Board Approved: 4/21/05

Revised: 12/15/05, 7/27/15

Reviewed: 3/8/19

Procedure

Upon receipt of a request for a Pre-Admission Screening and Resident Review (PASRR), the Intake Specialist or qualified SSA shall collect the required information and schedule a meeting with the individual seeking nursing facility services and appropriate team members.

Referral for preadmission screening for developmental disabilities

1. After the preadmission screening identification has been completed, the Ohio Department of Medicaid or its designee shall forward a request for a preadmission screening for developmental disabilities for individuals who have indications of developmental disabilities as follows:
   a. Requests for individuals relocating from outside of Ohio who are not Ohio residents shall be forwarded to the Department for review and determination in accordance with rule 5160-3-15.1 of the Administrative Code.
   b. Requests for categorical determinations shall be forwarded to the Department.
   c. Requests for individuals being directly admitted to a nursing facility from a psychiatric hospital shall be forwarded to the Department or its designee.
   d. All other requests shall be forwarded to the county board of the county in which the request is initiated.
2. No one who has indications of developmental disabilities shall move into a nursing facility in Ohio until the preadmission screening for developmental disabilities determinations have been made by the Department.

References: 5123:2-14-01

Board Approved: 4/21/05

Revised: 12/15/05, 7/27/15, 7/24/18

Reviewed: 3/8/19
Purpose

Per the Ohio Administrative Code 5123:2-1-11, the purpose of this policy is to define the responsibilities of the Hancock County Board of Developmental Disabilities (HCBDD) for service and support administration and to establish a process for individuals who receive service and support administration to have an identified service and support administrator who is a primary point of coordination.

Policy

Individuals will have responsibility for making decisions in life to the greatest extent possible, according to the below guidelines:

1. An individual will be responsible for making all decisions regarding the provision of services, including requesting services and giving, refusing to give, or withdrawing consent for services, unless the individual has a guardian, in which case the guardian will be responsible for making such decisions.

2. Individuals, including those with guardians, have the right to participate in decisions that affect their lives and to have their needs, desires, and preferences considered.

3. An individual who does not have a guardian or an individual's guardian may designate another person, including a member of the individual's family, to participate in the process of making decisions regarding services provided to the individual in accordance with this policy/procedure.

Working with the individual, the Service and Support Administrator will use person-centered planning to develop an annual plan that assists the individual to engage in meaningful, productive activities.

Service and Support Administration will be a separate HCBDD Department, supervised by the Director of Service and Support Administration who reports directly to the Superintendent. The

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<th>Waiver Service</th>
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Superintendent will have the authority to establish procedures to ensure compliance with the policy and applicable rules and statutes.

Reference: OAC 5123:2-1-11
Attached: Procedure for Services and Supports Administration Policy

Board Approved: 2/11/99

Revised: 11/25/02, 5/17/05, 10/20/05, 12/15/05, 8/24/15

Procedure

Definitions

**Alternative services** has the same meaning as in rule 5123:2-1-08 of the Administrative Code. It means the various programs, services, and supports, regardless of funding source, that exist as part of the DD service system and other service systems including, but not limited to:

1. Services provided directly by the HCBDD;
2. Services by non-county board providers and funded by the county board;
3. Services provided and funded outside the DD system; or
4. Services provided at the state level.

**Assessment** means the individualized process of gathering comprehensive information concerning the individual's preferences, desired outcomes, needs, interests, abilities, health status, and other available supports.

**Budget for services** means the projected cost of implementing the individual service plan regardless of funding source.

**County board** means a county board of developmental disabilities.

**Department** means the Ohio department of developmental disabilities.

**Home and community-based services waiver** means a medicaid waiver administered by the department in accordance with section 5166.21 of the Revised Code.

**Individual** means a person with a developmental disability.

**Individual service plan** means the written description of services, supports, and activities to be provided to an individual.

**Intermediate care facility** means an intermediate care facility for individuals with intellectual disabilities as defined in rule 5123:2-7-01 of the Administrative Code.

**Natural supports** means the personal associations and relationships typically developed in the community that enhance the quality of life for individuals. Natural supports may include family members, friends, neighbors, and others in the community or organizations that serve the general public who provide voluntary support to help an individual achieve agreed upon outcomes through the individual service plan development.

**Person-centered planning** means an ongoing process directed by an individual and others chosen by the individual to identify the individual's unique strengths, interests, abilities, preferences, resources, and desired outcomes as they relate to the individual's support needs.
Primary point of coordination means the identified service and support administrator who is responsible to an individual for the effective development, implementation, and coordination of the individual service plan.

Service and support administration means the duties performed by a service and support administrator pursuant to section 5126.15 of the Revised Code.

Team means the group of persons chosen by the individual with the core responsibility to support the individual in directing development of his or her individual service plan. The team includes the individual’s guardian or adult whom the individual has identified, as applicable, the service and support administrator, direct support staff, providers, licensed or certified professionals, and any other persons chosen by the individual to help the individual consider possibilities and make decisions.

Decision-making responsibility

1. Individuals, including individuals who have been adjudicated incompetent pursuant to Chapter 2111. of the Revised Code, have the right to participate in decisions that affect their lives and to have their needs, desires, and preferences considered.

2. An individual for whom a guardian has not been appointed will make decisions regarding receipt of a service or support or participation in a program provided for or funded under Chapter 5123. or 5126. of the Revised Code. The individual may obtain support and guidance from another person; doing so does not affect the right of the individual to make decisions.

3. An individual for whom a guardian has not been appointed may, in accordance with section 5126.043 of the Revised Code, authorize an adult (who may be referred to as a chosen representative) to make a decision described in paragraph (C)(2) of this rule on behalf of the individual as long as the adult does not have a financial interest in the decision. The authorization will be made in writing.

4. When a guardian has been appointed for an individual, the guardian will make a decision described in paragraph (C)(2) of this rule on behalf of the individual within the scope of the guardian's authority. This paragraph will not be construed to require appointment of a guardian.

5. An adult or guardian who makes a decision pursuant to paragraph (C)(3) or (C)(4) of this rule will make a decision that is in the best interest of the individual on whose behalf the decision is made and that is consistent with the individual's needs, desires, and preferences.

Provision of service and support administration

1. A county board will provide service and support administration to:

   a. An individual, regardless of age or eligibility for county board services, who is applying for or enrolled in a home and community-based services waiver;

   b. An individual three years of age or older who is eligible for county board services and requests, or a person on the individual's behalf requests pursuant to paragraph (C) of this rule, service and support administration; and
c. An individual residing in an intermediate care facility who requests, or a person on the individual's behalf requests pursuant to paragraph (C) of this rule, assistance to move from the intermediate care facility to a community setting.

2. A county board will provide service and support administration in accordance with the requirements of section 5126.15 of the Revised Code.

3. An individual who is eligible for service and support administration in accordance with paragraph (D)(1) of this rule and requests, or a person on the individual's behalf requests pursuant to paragraph (C) of this rule, service and support administration will receive service and support administration and will not be placed on a waiting list for service and support administration.

**Determination of eligibility for county board services**

Service and support administrators will, in accordance with rules adopted by the department, determine individuals' eligibility for county board services. A county board may assign responsibility for eligibility determination to a service and support administrator who does not perform other service and support administration functions; in such a case, results of the eligibility determination will be shared with the service and support administrator who is the primary point of coordination for the individual in order to ensure coordination of services and supports. Results of the eligibility determination will be shared in a timely manner with the individual and the individual's guardian, and/or the adult whom the individual has identified, as applicable.

**Primary point of coordination**

1. A county board will identify a service and support administrator for each individual receiving service and support administration who will be the primary point of coordination for the individual. An individual will be given the opportunity to request a different service and support administrator from the county board.

2. With the active participation of the individual and members of the team, the service and support administrator will perform the following duties:

   a. Initially, and at least every twelve months thereafter, coordinate assessment of the individual.
      
      i. The assessment will take into consideration:
         
         a) What is important to the individual to promote satisfaction and achievement of desired outcomes;
         b) What is important for the individual to maintain health and welfare;
         c) Known and likely risks;
         d) The individual's place on the path to community employment; and
         e) What is working and not working in the individual's life.
      
      ii. The assessment will identify supports that promote the individual's:
         
         a) Rights (e.g., equality, citizenship, access, due process, and responsibility);
         b) Self-determination (e.g., choices, opportunities, personal control, and self-advocacy);
c) Physical well-being (e.g., routine and preventative health care and daily living skills appropriate to age);

d) Emotional well-being (e.g., self-worth, self-esteem, satisfaction with life, and spirituality);

e) Material well-being (e.g., employment, money, education, and housing);

f) Personal development (e.g., achievement, success, and personal competence);

g) Interpersonal relationships (e.g., social contacts, relationships, and emotional supports); and

h) Social inclusion (e.g., community participation and social supports).

b. Using person-centered planning, develop, review, and revise the individual service plan and ensure that the individual service plan:

   i. Reflects results of the assessment.

   ii. Includes services and supports that:

   a) Ensure health and welfare;

   b) Assist the individual to engage in meaningful and productive activities;

   c) Support community connections and networking with persons or groups including persons with disabilities and others;

   d) Assist the individual to improve self-advocacy skills and increase the individual's opportunities to participate in advocacy activities, to the extent desired by the individual;

   e) Ensure achievement of outcomes that are important to the individual and outcomes that are important for the individual and address the balance of and any conflicts between what is important to the individual and what is important for the individual;

   f) Address identified risks and include supports to prevent or minimize risks;

   iii. Integrates all sources of services and supports, including natural supports and alternative services, available to meet the individual's needs and desired outcomes;

   iv. Reflects services and supports that are consistent with efficiency, economy, and quality of care; and

   v. Is updated throughout the year.

c. Establish a recommendation for and obtain approval of the budget for services based on the individual's assessed needs and preferred ways of meeting those needs.

d. Through objective facilitation, assist the individual in choosing providers by:

   i. Ensuring that the individual is given the opportunity to select providers from all willing and qualified providers in accordance with applicable federal and state laws and regulations including rule 5123:2-9-11 of the Administrative Code; and

   ii. Assisting the individual as necessary to work with providers to resolve concerns involving a provider or direct support staff who are assigned to work with the individual.
e. Secure commitments from providers to support the individual in achievement of his or her desired outcomes.

f. Verify by signature and date that prior to implementation each individual service plan:
   i. Indicates the provider, frequency, and funding source for each service and support; and
   ii. Specifies which provider will deliver each service or support across all settings.

g. Establish and maintain contact with providers as frequently as necessary to ensure that each provider is trained on the individual service plan and has a clear understanding of the expectations and desired outcomes of the supports being provided.

h. Establish and maintain contact with natural supports as frequently as necessary to ensure that natural supports are available and meeting desired outcomes as indicated in the individual service plan.

i. Facilitate effective communication and coordination among the individual and members of the team by ensuring that the individual and each member of the team has a copy of the current individual service plan unless otherwise directed by the individual, the individual’s guardian, or the adult whom the individual has identified, as applicable. The individual and his or her providers will receive a copy of the individual service plan at least fifteen calendar days in advance of implementation unless extenuating circumstances make fifteen-day advance copy impractical and with agreement by the individual and his or her providers.
   i. A member of the team who becomes aware that revisions to the individual service plan are indicated will notify the service and support administrator.
   ii. A member of the team may disagree with any provision in the individual service plan at any time. All dissenting opinions will be specifically noted in writing and attached to the individual service plan.

j. Provide ongoing individual service plan coordination to ensure services and supports are provided in accordance with the individual service plan and to the benefit and satisfaction of the individual. Ongoing individual service plan coordination will:
   i. Occur with the active participation of the individual and members of the team;
   ii. Focus on achievement of the desired outcomes of the individual;
   iii. Balance what is important to the individual and what is important for the individual;
   iv. Examine service satisfaction (i.e., what is working for the individual and what is not working); and
   v. Use the individual service plan as the fundamental tool to ensure the health and welfare of the individual.

k. Review and revise the individual service plan at least every twelve months and more frequently under the following circumstances:
i. At the request of the individual or a member of the team, in which case revisions to the individual service plan will occur within thirty calendar days of the request;

ii. Whenever the individual’s assessed needs, situation, circumstances, or status changes;

iii. If the individual chooses a new provider or type of service or support;

iv. As a result of reviews conducted in accordance with paragraph (F)(2)(q) of this rule;

v. Identified trends and patterns of unusual incidents or major unusual incidents; and

vi. When services are reduced, denied, or terminated by the department or the Ohio department of Medicaid.

I. Take the following actions with regard to Medicaid services:

i. Explain to the individual, in conjunction with the process of recommending eligibility and/or assisting the individual in making application for enrollment in a home and community-based services waiver or any other Medicaid service, and in accordance with rules adopted by the department:
   a) Alternative services available to the individual;
   b) The individual's due process and appeal rights; and
   c) The individual's right to choose any qualified and willing provider.

ii. Explain to the individual, at the time the individual is being recommended for enrollment in a home and community-based services waiver:
   a) Choice of enrollment in a home and community-based services waiver as an alternative to intermediate care facility placement; and
   b) Services and supports funded by a home and community-based services waiver.

iii. Provide an individual with written notification and explanation of the individual's right to a Medicaid state hearing if the individual service plan process results in a recommendation for the approval, reduction, denial, or termination of services funded by a home and community-based services waiver. Notice will be provided in accordance with section 5101.35 of the Revised Code.

iv. Make a recommendation to the Ohio department of Medicaid or its designee, in accordance with rule 5101:3-3-15.3 of the Administrative Code, as to whether the individual meets the criteria for an intermediate care facility level of care in accordance with rule 5101:3-3-07 of the Administrative Code.

v. Explain to an individual whose individual service plan includes services funded by a home and community-based services waiver or other Medicaid services that the services are subject to approval by the department and the Ohio department of Medicaid. If the department or the Ohio department of Medicaid approve, reduces, denies, or terminates services funded by a home and community-based services waiver or other Medicaid services included in an individual service plan, the service and support administrator will communicate with the individual about this action.
m. Provide an individual with written notification and explanation of the individual's right to use the administrative resolution of complaint process set forth in rule 5123:2-1-12 of the Administrative Code if the individual service plan process results in the reduction, denial, or termination of a service other than a service funded by a home and community-based services waiver or targeted case management services. Such written notice and explanation will also be provided to an individual if the individual service plan process results in an approved service that the individual does not want to receive, but is necessary to ensure the individual's health, safety, and welfare. Notice will be provided in accordance with rule 5123:2-1-12 of the Administrative Code.

n. Advise members of the team of their right to file a complaint in accordance with rule 5123:2-1-12 of the Administrative Code.

o. Retain responsibility for all decision-making regarding service and support administration functions and the communication of any such decisions to the individual.

p. Take actions necessary to remediate any immediate concerns regarding the individual's health and welfare.

q. Implement a continuous review process to ensure that individual service plans are developed and implemented in accordance with this rule.
   i. The continuous review process will be tailored to the individual and based on information provided by the individual and the team.
   ii. The scope, type, and frequency of reviews will be specified in the individual service plan and will include, but are not limited to:
      a) Face-to-face visits, occurring at a time and place convenient for the individual, at least annually or more frequently as needed by the individual; and
      b) Contact via phone, email, or other appropriate means as needed.
   iii. The frequency of reviews may be increased when:
      a) The individual has intensive behavioral or medical needs;
      b) The individual has an interruption of services of more than thirty calendar days;
      c) The individual encounters a crisis or multiple less serious but destabilizing events within a three-month period;
      d) The individual has transitioned from an intermediate care facility to a community setting within the past twelve months;
      e) The individual has transitioned to a new provider of homemaker/personal care within the past twelve months;
      f) The individual receives services from a provider that has been notified of the department's intent to suspend or revoke the provider's certification or license; or
      g) Requested by the individual, the individual's guardian, or the adult whom the individual has identified, as applicable.
   iv. The service and support administrator will share results of reviews in a timely manner with the individual, the individual's guardian, and/or the adult whom the individual has identified, as applicable, and the individual's providers, as appropriate.
   v. If the continuous review process indicates areas of non-compliance with standards for providers of services funded by a home and community-
based services waiver, the county board will conduct a provider compliance review in accordance with rule 5123:2-2-04 of the Administrative Code.

Emergency response system

The county board will, in coordination with the provision of service and support administration, make an on-call emergency response system available twenty-four-hours per day, seven days per week to provide immediate response to an unanticipated event that requires an immediate change in an individual's existing situation and/or individual service plan to ensure health and safety. Persons who are available for the on-call emergency response system will:

1. Provide emergency response directly or through immediate linkage with the service and support administrator who is the primary point of coordination for the individual or with the primary provider;

2. Be trained and have the skills to identify the problem, determine what immediate response is needed to alleviate the emergency and ensure health and welfare, and identify and contact persons to take the needed action;

3. Notify the providers and the service and support administrator who is the primary point of coordination for the individual to ensure adequate follow-up;

4. Notify the county board's investigative agent as determined necessary by the nature of the emergency; and

5. Document the emergency in accordance with county board procedures.

Records

1. Paper or electronic records will be maintained for individuals receiving service and support administration and will include, at a minimum:
   a. Identifying data;
   b. Information identifying guardianship, other adult whom the individual has identified, trusteeship, or protectorship;
   c. Date of request for services from the county board;
   d. Evidence of eligibility for county board services;
   e. Assessment information relevant for services and the individual service plan process for supports and services;
   f. Current individual service plan;
   g. Current budget for services;
h. Documentation that the individual exercised freedom of choice in the provider selection process;

i. Documentation of unusual incidents;

j. Major unusual incident investigation summary reports;

k. The name of the service and support administrator;

l. Emergency information;

m. Personal financial information, when appropriate;

n. Release of information and consent forms;

o. Case notes which include coordination of services and supports and continuous review process activities; and

p. Documentation that the individual was afforded due process in accordance with paragraph (l) of this rule, including but not limited to, appropriate prior notice of any action to deny, reduce, or terminate services and an opportunity for a hearing.

2. When the county board uses electronic record keeping and electronic signatures, the county board will establish policies and procedures for verifying and maintaining such records.

**Due Process**

Due process will be afforded to each individual receiving service and support administration pursuant to either Rule 5123:2-1-12 of the Administrative Code for services other than HCBS waiver services and Medicaid case management services or Section 5101.35 of the Revised Code for HCBS waiver services and Medicaid case management services.

**Department Monitoring and Technical Assistance**

The Department will monitor compliance with this rule by county boards. Technical support, as determined necessary by the department, will be provided upon request and through regional and statewide trainings.

**Ohio Department of Medicaid Monitoring of Targeted Case Management Services**

The Ohio Department of Medicaid retains final authority to monitor the provision of targeted case management services in accordance with rule 5101:3-48-01 of the Administrative Code.

Reference: 5123:2-1-11
Board Approved: 2/11/99; 8/24/15
Revised: 11/25/02, 5/17/05, 10/20/05, 12/15/05, 8/24/15
Reviewed: 3/19/19
Wait List

Purpose

The purpose of this policy is to set forth requirements for the waiting list established pursuant to section 5126.042 of the Revised Code when the Hancock County Board of Developmental Disability (HCBDD) determines that available resources are insufficient to enroll individuals who are assessed to have a need and who choose home and community-based services in department-administered home and community-based services waivers.

Policy

All aspects of 5123-9-04 will be adhered to in the procedures that accompany this policy.

Reference: 5123:9-04

Board Approved: 6/17/02; 6/22/15, 08/27/18

Revised: 11/25/02, 12/15/05, 6/22/15, 08/27/18

Procedure

Definitions

1) “Adult” means an individual who is eighteen years of age or older.
2) “Alternative services” means the various programs, funding mechanisms, services, and supports, other than home and community-based services, that exist as part of the developmental disabilities service system and other service systems. “Alternative services” includes, but is not limited to, services offered through Ohio’s Medicaid state plan such as home health services and services available at an intermediate care facility for individuals with intellectual disabilities.
3) “Community-based alternative services” means alternative services in a setting other than a hospital, an intermediate care facility for individuals with intellectual disabilities, or a nursing facility.
4) “County board” means a county board of developmental disabilities.
5) “Current need” means an unmet need for home and community-based services within twelve months, as determined by a county board based upon assessment of the individual using the waiting list assessment tool. Situations that give rise to current need include:
   a) An individual is likely to be at risk of substantial harm due to:
      i) The primary caregiver’s declining or chronic physical or psychiatric condition that significantly limits his or her ability to care for the individual;
      ii) Insufficient availability of caregivers to provide necessary supports to the individual; or
      iii) The individual’s declining skills resulting from a lack of supports.
b) An individual has an ongoing need for limited or intermittent supports to address behavioral, physical, or medical needs, in order to sustain existing caregivers and maintain the viability of the individual's current living arrangement.

c) An individual has an ongoing need for continuous supports to address significant behavioral, physical, or medical needs.

d) An individual is aging out of or being emancipated from children's services and has needs that cannot be addressed through community based alternative services.

e) An individual requires waiver funding for adult day services or employment related supports that are not otherwise available as vocational rehabilitation services funded under section 110 of the Rehabilitation Act of 1973, 29 U.S.C. 730, as in effect on the effective date of this rule, or as special education or related services as those terms are defined in section 602 of the Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. 1401, as in effect on the effective date of this rule.

f) An individual is living in an intermediate care facility for individuals with intellectual disabilities or a nursing facility and has a viable discharge plan.

6) "Date of request" means the earliest date and time of any written or otherwise documented request for home and community-based services made prior to the effective date of this rule.

7) "Department" means the Ohio Department of Developmental Disabilities.

8) "Home and community-based services" has the same meaning as in section 5123.01 of the Revised Code.

9) "Immediate need" means a situation that creates a risk of substantial harm to an individual, caregiver, or another person if action is not taken within thirty calendar days to reduce the risk. Situations that give rise to immediate need include:
   a) A resident of an intermediate care facility for individuals with intellectual disabilities has received notice of termination of services in accordance with rule 5123:2-3-05 of the Administrative Code.
   b) A resident of a nursing facility has received thirty-day notice of intent to discharge in accordance with Chapter 5160-3 of the Administrative Code.
   c) A resident of a nursing facility has received an adverse determination in accordance with rule 5123:2-14-01 of the Administrative Code. 5123-9-04
   d) An adult is losing his or her primary caregiver due to the primary caregiver's declining or chronic physical or psychiatric condition or due to other unforeseen circumstances (such as military deployment or incarceration) that significantly limit the primary caregiver's ability to care for the individual when:
      i) Impending loss of the caregiver creates a risk of substantial harm to the individual; and
      ii) There are no other caregivers available to provide necessary supports to the individual.
   e) An adult or child is engaging in documented behavior that creates a risk of substantial harm to the individual, caregiver, or another person.
   f) There is impending risk of substantial harm to the individual or caregiver as a result of:
      i) The individual's significant care needs (i.e., bathing, lifting, high demand, or twenty-four-hour care); or
      ii) The individual's significant or life-threatening medical needs.
   g) An adult has been subjected to abuse, neglect, or exploitation and requires additional supports to reduce a risk of substantial harm to the individual.

10) Individual" means a person with a developmental disability.

11) "Intermediate care facility for individuals with intellectual disabilities" has the same meaning as in section 5124.01 of the Revised Code.
12) "Locally-funded home and community-based services waiver" means the county board pays the entire nonfederal share of Medicaid expenditures in accordance with sections 5126.059 and 5126.0510 of the Revised Code.

13) "Nursing facility" has the same meaning as in section 5165.01 of the Revised Code.

14) "Service and support administration" means the duties performed by a service and support administrator pursuant to section 5126.15 of the Revised Code.

15) "State-funded home and community-based services waiver" means the department pays, in whole or in part, the nonfederal share of Medicaid expenditures associated with an individual's enrollment in the waiver. 5123-9-04

16) "Status date" means the date on which the individual is determined to have a current need based on completion of an assessment of the individual using the waiting list assessment tool.

17) "Transitional list of individuals waiting for home and community-based services" means the list maintained in the department's web-based individual data system which shall include the name and date of request for each individual on a list of individuals waiting for home and community-based services on the day immediately prior to the effective date of this rule established in accordance with rule 5123:2-1-08 of the Administrative Code as that rule existed on the day immediately prior to the effective date of this rule.

18) "Waiting list assessment tool" means the Ohio assessment for immediate need and current need contained in the appendix to this rule, which shall be used for purposes of making a determination of an individual's eligibility to be added to the waiting list for home and community-based services defined in paragraph (B)(20) of this rule and administered by persons who successfully complete training developed by the department.

19) "Waiting list date" means, as applicable, either:
   a) The date of request for an individual whose name is included on the transitional list of individuals waiting for home and community-based services; or
   b) The earliest status date for an individual whose name is not included on the transitional list of individuals waiting for home and community-based services.

20) "Waiting list for home and community-based services" means the list established by county boards and maintained in the department's web-based waiting list management system which shall include the name, status date, date of request (as applicable), waiting list date, and the criteria for current need by which an individual is eligible based on administration of the waiting list assessment tool, for each individual determined to have a current need on or after the effective date of this rule.

Planning for locally-funded home and community-based services waivers

A county board shall, in conjunction with development of its plan described in section 5126.054 of the Revised Code and its strategic plan described in rule 5123-4-01 of the Administrative Code, identify how many individuals the county board plans to enroll in each type of locally-funded home and community-based services waiver during each calendar year, based on projected funds available to the county board to pay the nonfederal share of Medicaid expenditures and the assessed needs of the county's residents on the waiting list for home and community-based services. This information shall be made available to any interested person upon request.

Waiting list for home and community-based services

1) An individual or the individual's guardian, as applicable, who thinks the individual has an immediate need or a current need may contact the county board in the individual's county of residence to request an assessment of the individual using the waiting list assessment tool. The county board shall initiate an assessment of the individual using the waiting list
assessment tool within thirty calendar days. An individual or the individual's guardian, as applicable, shall have access to the individual's completed waiting list assessment tool maintained in the department's web-based waiting list management system and upon request, shall be provided a copy by the county board.

2) The county board shall place an individual's name on the waiting list for home and community-based services when, based on assessment of the individual using the waiting list assessment tool, the individual:
   a) Has been determined to have a condition that is:
      i) Attributable to a mental or physical impairment or combination of mental and physical impairments, other than an impairment caused solely by mental illness;
      ii) Manifested before the individual is age twenty-two; and
      iii) Likely to continue indefinitely; and
   b) Has a current need which cannot be met by community-based alternative services in the county where the individual resides (including a situation in which an individual has a current need despite the individual's enrollment in a home and community based services waiver).

3) The county board shall not place an individual's name on the waiting list for home and community-based services when the individual:
   a) Is a child who is subject to a determination under section 121.38 of the Revised Code and requires home and community-based services; or
   b) Has an immediate need, in which case the county board shall take action necessary to ensure the immediate need is met. The county board shall provide the individual or the individual's guardian, as applicable, with the option of having the individual's needs met in an intermediate care facility for individuals with intellectual disabilities or through community-based alternative services. Once an individual or individual's guardian chooses the setting in which he or she prefers to receive services, the county board shall take action to ensure the individual's immediate need is met, including by enrollment in a home and community-based services waiver, if necessary. Such action may also include assisting the individual or the individual's guardian, as applicable, in identifying and accessing alternative services that are available to meet the individual's needs.

4) When a county board places an individual's name on the waiting list for home and community-based services, the county board shall:
   a) Record, in the department's web-based waiting list management system:
      i) The individual's status date; and
      ii) For an individual included in the transitional list of individuals waiting for home and community-based services defined in paragraph (B)(17) of this rule, the individual's date of request.
   b) Notify the individual or the individual's guardian, as applicable, that the individual's name has been placed on the waiting list for home and community-based services.
   c) Provide contact information to the individual or the individual's guardian, as applicable, for a person at the county board who can assist in identifying and accessing alternative services that address, to the extent possible, the individual's needs.

5) Annually, a county board shall:
   a) Review the waiting list assessment tool and service needs of each individual whose name is included on the waiting list for home and community based services with the individual and the individual's guardian, as applicable; and
   b) Assist the individual or the individual's guardian, as applicable, in identifying and accessing alternative services.

6) Under any circumstances, when a county board determines an individual's status has changed with regard to having an immediate need and/or having a current need or an
individual's status date has changed, the county board shall update the individual's record in the department's web-based waiting list management system.

Order for enrolling individuals in locally-funded home and community-based services waivers

1) Individuals shall be selected for enrollment in locally-funded home and community-based services waivers in this order:
   a) Individuals with immediate need who require waiver funding to address the immediate need.
   b) Individuals who have met multiple criteria for current need for twelve or more consecutive months and who were not offered enrollment in a home and community-based services waiver in the prior calendar year. When two or more individuals meet the same number of criteria for current need, the individual with the earliest of either the status date or date of request shall be selected for enrollment.
   c) Individuals who have met multiple criteria for current need for less than twelve consecutive months. When two or more individuals meet the same number of criteria for current need, the individual with the earliest of either the status date or date of request shall be selected for enrollment.
   d) Individuals who meet a single criterion for current need. When two or more individuals meet a single criterion for current need, the individual with the earliest of either the status date or date of request shall be selected for enrollment.

2) Individuals with immediate need and individuals with current need may be enrolled in locally-funded home and community-based services waivers concurrently.

3) Meeting the criteria for immediate need and/or current need does not guarantee enrollment in a locally-funded home and community-based services waiver within a specific timeframe.

4) When an individual is identified as next to be enrolled in a locally-funded home and community-based services waiver, the county board shall determine the individual's eligibility for enrollment in a home and community-based services waiver. When the county board determines an individual is eligible for enrollment in a home and community-based services waiver, the county board shall determine which type of locally-funded home and community-based services waiver is sufficient to meet the individual's needs in the most cost-effective manner.

Order for enrolling individuals in state-funded home and community-based services waivers

1) The department shall determine the order for enrolling individuals in state-funded home and community-based services waivers.

2) Meeting the criteria for immediate need and/or current need does not guarantee enrollment in a state-funded home and community-based services waiver within a specific timeframe.

Change in an individual's county of residence

When an individual on the waiting list for home and community-based services moves from one county to another and the individual or the individual's guardian, as applicable, notifies the receiving county board, the receiving county board shall
within ninety calendar days of receiving notice, review the individual's waiting list assessment tool.

1) When the receiving county board determines that the individual has a current need which cannot be met by community-based alternative services in the receiving county (including a situation in which an individual has a current need despite the individual's enrollment in a home and community-based services waiver), the receiving county board shall update the individual's county of residence in the department's web-based waiting list management system without changing the status date or date of request assigned by the previous county board.

2) When the receiving county board determines that the individual has a current need which can be met by community-based alternative services in the receiving county, the receiving county board shall assist the individual or the individual's guardian, as applicable, in identifying and accessing those services.

Removal from waiting list for home and community-based services

A county board shall remove an individual's name from the waiting list for home and community-based services:

1) When the county board determines that the individual no longer has a condition described in paragraph (D)(2)(a) of this rule;
2) When the county board determines that the individual no longer has a current need; 5123-9-04 9
3) Upon request of the individual or the individual's guardian, as applicable;
4) Upon enrollment of the individual in a home and community-based services waiver that meets the individual's needs;
5) If the individual or the individual's guardian, as applicable, declines enrollment in a home and community-based services waiver or community-based alternative services that are sufficient to meet the individual's needs;
6) If the individual or the individual's guardian, as applicable, fails to respond to attempts by the county board to contact the individual or the individual's guardian by at least two different methods, one of which shall be certified mail to the last known address of the individual or the individual's guardian, as applicable;
7) When the county board determines the individual does not have a developmental disabilities level of care in accordance with rule 5123:2-8-01 of the Administrative Code;
8) When the individual is no longer a resident of Ohio; or
9) Upon the individual's death.

Advancement from transitional list of individuals waiting for home and community based services to waiting list for home and community-based services

1) The department shall maintain the transitional list of individuals waiting for home and community-based services as defined in paragraph (B)(17) of this rule until December 31, 2020.

2) A county board shall administer the waiting list assessment tool to each individual residing in the county whose name is included on the transitional list of individuals waiting for home and community-based services.

a) The county board shall administer the waiting list assessment tool to each individual residing in the county whose name is included on the transitional list of individuals waiting for home and community based services who receives service and support
administration when the individual service plan is next scheduled for review following the effective date of this rule.

b) The county board shall administer the waiting list assessment tool to each individual residing in the county whose name is included on the transitional list of individuals waiting for home and community-based services who does not receive service and support administration no later than December 31, 2020. A county board may request and the department may provide assistance to identify, locate, contact, or administer the waiting list assessment tool to individuals residing in the county but unknown to the county board.

c) There are three possible outcomes of administration of the waiting list assessment tool:
   i) The county board determines the individual has an immediate need, in which case the individual shall receive services in accordance with paragraph (D)(3)(b) of this rule;
   ii) The county board determines the individual has a current need, in which case the county board shall use community-based alternative services in the county to meet the individual's needs or if the individual's needs cannot be met by community-based alternative services in the county, the county board shall add the individual's name to the waiting list for home and community-based services; or
   iii) The county board determines the individual has neither an immediate need nor a current need.

d) Once the waiting list assessment tool has been administered to an individual whose name is included on the transitional list of individuals waiting for home and community-based services and a determination made, the county board shall notify the department and the department shall remove the individual's name from the transitional list of individuals waiting for home and community-based services.

3) The county board or the department shall attempt to contact each individual whose name is included on the transitional list of individuals waiting for home and community-based services or the individual's guardian, as applicable, by at least two different methods, one of which shall be certified mail to the last known address of the individual or the individual's guardian, as applicable. The department shall remove an individual's name from the transitional list of individuals waiting for home and community-based services when the individual or the individual's guardian, as applicable:
   a) Fails to respond to attempts by the county board or the department to establish contact;
   or
   b) Declines an assessment of the individual using the waiting list assessment tool.

Due process

1) Due process shall be afforded to an individual aggrieved by an action of a county board related to:
   a) The approval, denial, withholding, reduction, suspension, or termination of a service funded by the state Medicaid program;
   b) Placement on, denial of placement on, or removal from the waiting list for home and community-based services or the transitional list of individuals waiting for home and community-based services; or
   c) A dispute regarding an individual's date of request or status date.

2) Due process shall be provided in accordance with section 5160.31 of the Revised Code and Chapters 5101:6-1 to 5101:6-9 of the Administrative Code.
Board Approved:  6/17/02; 6/22/15, 08/27/18

Revised:    11/25/02, 12/15/05, 6/22/15, 08/27/18; 3/8/19
Authorized Use of Board Vehicles

Purpose

The purpose of this policy is to establish guidelines for the use of vehicles operated by the Hancock County Board of Developmental Disabilities Board.

Policy

Vehicles owned or operated by the Hancock County Board of Development Disabilities will be used to provide transportation to and from HCBDD approved activities only. These activities include regular daily transportation routes, field trips, and HCBDD approved special events requiring transportation of eligible individuals. Special events may include out-of-county and out-of-state events and overnights trips. Vehicles may be loaned to other Hancock County agencies (Special Olympics, providers, etc.) upon request and approval by Superintendent or Designee.

Employees are prohibited from using HCBDD Vehicles for personal business.

Board Approved: 6/17/02
Revised: 12/15/05, 3/26/18
Reviewed: 1/26/15, 3/26/18

Procedure

Authorization to ride on HCBDD vehicles is limited to individuals supported, for educational services or adult services, staff and volunteers, or other Hancock County agencies as approved. Relatives involved in HCBDD approved activities; caretakers or others involved in the educational/therapeutic/habilitation needs of individuals supported shall also be authorized to ride on HCBDD vehicles, with approval of the Superintendent or Designee.

For purposes of this policy and procedure, drivers of HCBDD vehicles must meet the following requirements:
- Be insurable through the HCBDD insurance carrier (note that either the insurer or HCBDD shall check the drivers abstract to confirm insurability)
- Possess a valid Ohio Driver’s License
- Successfully pass a background check
- Successfully pass a drug and alcohol test
- Complete authorized use of HCBDD vehicle driver training

References: O.A.C. 3301-83-16
3301-83-17
5123:2-1-03
Locally Funded Transportation Services

Purpose

The purpose of this policy is to establish standards and procedures for the provision of locally-funded, specialized transportation services to individuals eligible for county board services.

Policy

It is the policy of the HCBDD that the HCBDD will provide locally funded, specialized transportation services pursuant to all relevant laws and regulations. The HCBDD will ensure that an array of such transportation services is available for eligible individuals receiving support. These services may be provided collaboratively, providing that other entities comply with all relevant laws and regulations.

Reference: OAC 5123:2-1-03

Initial Board Approval: 6/17/02

Revised and Board Approved: 11/25/02, 12/15/05, 2/4/08, 9/28/15, 3/26/18

Procedure

When providing specialized transportation services, the Hancock County Board of DD shall provide transportation services in accordance with the individual service plan or individualized education program, as applicable, and shall incorporate within the individual service plan or individualized education program any specific transportation supports. HCBDD may satisfy transportation needs by provision of specialized transportation supports directly or by assisting the individual in accessing non-specialized transportation. Safety instruction shall be communicated to individuals, families, or caregivers as appropriate individuals annual ISP meeting. This annual instruction will be part of the written transportation manual of HCBDD.

Safety

HCBDD shall conduct annual vehicle safety inspections on those vehicles which are designated for use for locally funded, specialized transportation services. HCBDD shall also perform systematic preventative maintenance inspections on at least a semi-annual basis as well. Drivers of these designated vehicles shall complete a pre-trip inspection of the vehicle on the form provided in each vehicle as well as a post-trip inspection to ensure that all passengers have vacated along with their belongings.
Safety of individuals receiving locally funded specialized transportation is of paramount importance. During occurrences of inclement weather, permissibility of travel shall be determined by the Facilities Manager/Designee upon consultation with the Superintendent/Designee with consideration given to the time, destination, and purpose of travel.

The transportation manual in vehicles designated for specialized transportation will include evacuation procedures and emergency contact information. In the event of accident, illness, injury, or other situation requiring assistance, the driver will contact his/her supervisor, the Facilities Manager/Designee, or 911 as appropriate. Upon notification, HCBDD staff will dispatch emergency assistance to the scene immediately or call 911. Alternate transportation or other emergency assistance will be dispatched to the scene in the event of vehicle failure upon notification.

**Qualifications of Drivers**

Drivers of specialized transportation vehicles shall be at least 21 years of age. Fleet insurance shall be provided by a carrier under contract with HCBDD. Proof of insurance is carried in each vehicle operated by HCBDD.

HCBDD does not own or operate and vehicles requiring a Commercial Driver’s License. However, the driver must have and maintain a good driving record, a current Ohio Driver’s License, and automobile insurance in accordance with Ohio law. The insurance carrier for HCBDD will conduct a Driver Record Check prior to employment, and annually thereafter from the Ohio Department of Highway Safety, Bureau of Motor Vehicles. Drivers shall also submit to background investigations in accordance with O.R.C. 5123:2-2-02 as well as drug and alcohol testing prior to driving HCBDD vehicles. HCBDD employees involved in accidents while performing specialized transportation shall report for mandatory drug and alcohol testing as soon as possible following the accident.

If the employee’s driving record indicates 4 points, the insurance carrier will indicate to Human Resources that the employee is on a watch list. Human Resources will issue a letter letting the employee know of the watch status with the understanding that any further violations will cause the employee to become uninsurable. It is the responsibility and duty of the employee to report all traffic related violations to HR within 1 working day of the citation. At no time will a driver with 6 or more points on his/her license be permitted to drive any HCBDD vehicle.

Employees should be aware that the auto insurance company that insures Board employees may deem the employee uninsurable based upon the employee’s driving record. Employees who have been deemed uninsurable by the Board’s vehicle insurer will not be permitted to drive Board owned vehicles or transport enrollees in any fashion including personal vehicles. Employees deemed uninsurable may be subject to discipline up to and including termination. If an employee has a driving record that precludes him/her from being insurable, Human Resources will work with the Department Director to determine next steps.

**Training & Information**
Employees engaged in specialized transportation services shall receive annual training in the rights of individuals set forth in sections 5123.62 to 5123.64 of the O.R.C., the requirements of 5123:2-17-02 including a review of health and welfare alerts from the Ohio Department of Developmental Disabilities and attend annual in-service training from HCBDD.

All employees who drive specialized transportation vehicles shall receive training on the following topics prior to the employee driving a Board owned vehicle with passengers on board:

- Wheelchair strap down, loading, unloading
- Lift Operation
- Transportation Manual & familiarity of vehicle operation

HCBDD Staff engaging in specialized transportation shall have access to sufficient and appropriate information regarding individuals receiving transportation services that may affect health and safety while being transported. It will include:

- The identity of passengers including information about individual’s families, guardians, caretakers, volunteers, etc.
- Information pertaining to the individual including specific needs such as behavioral, medical, safety considerations, or any other concerns which are specific to the individual.
- Staff providing specialized transportation shall be responsible to obtain the above information prior to providing specialized transportation services.

Board Approval: 6/17/02, 3/26/18
Revised: 11/25/02, 12/15/05, 2/4/08, 9/28/15
Reviewed: 3/8/19
Bloodborne Pathogens Exposure

Purpose

The purpose of this policy is to establish guidelines to control blood borne pathogens at the Hancock County Board of Developmental Disabilities (HCBDD).

Policy

It is the policy of the Hancock County Board of Developmental Disabilities to protect employees, contract personnel, volunteers, and individuals being supported, from health hazards associated with blood borne pathogens and to provide appropriate treatment and counseling should an employee, contract person, volunteer or individual being supported be exposed to blood borne pathogens.

Board Approved: 5/29/02, 4/22/19
Revised: 1/27/03, 6/24/03, 3/17/05, 12/15/05, 5/27/10, 8/18/11, 10/26/15, 1/22/18

Procedure

Blanchard Valley Center will develop and implement a Blood borne Pathogens/Post Exposure Control Plan to protect employees, contract personnel, volunteers and individuals being served from health hazards associated with blood borne pathogens and to provide appropriate treatment and counseling should an employee, contract person, volunteer or individual be exposed to blood borne pathogens.

This plan will meet the letter and intent of OSHA Blood borne Pathogen Standards 29 CFR 1910.1030.

Intent

Each component will develop and implement this plan specific to their facility by developing necessary procedures to promote safe work practices and adhere to rules and regulations.

Definitions


Blood borne Pathogens: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus, and Human Immuno-Deficiency Virus (HIV).
Contaminated: the presence or the reasonable anticipated presence of blood or other potentially infectious material on an item or surface.

Contaminated Sharps: any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination: the use of physical or chemical means to remove, inactivate or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Exposure Incident: a specific exposure of the eyes, mouth or other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.

Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV): viral inflammation of the liver caused by hepatitis viruses. May lead to liver damage, necrosis, and failure. HBV infection is the major infectious blood borne occupational hazard of health care workers. Chronic carriers often transmit HCV infection.

Human Immunodeficiency Virus (HIV): viral infection that affects the immune system leaving the individual vulnerable to a wide range of health disorders. Due to the increased number of individuals with AIDS, the large number of unidentified HIV infections and the reports of occupational infection, health care providers are at occupational risk of exposure.

Occupational Exposure: reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

Other Potentially Infectious Materials: human body fluids such as: blood, emesis, feces, urine, tears, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, amniotic fluid, saliva, and any bodily fluid that is visibly contaminated with blood and body fluids in situations where it is difficult or impossible to differentiate between body fluids. Any un-fixed tissue or organ (other than intact skin) from a human (living or deceased).

Parenteral: piercing mucous membranes or the skin barrier through such events as needle stick, human bites, cuts and abrasions, scratches.

Personal Protective Equipment: specialized clothing (aprons, gowns), or equipment (gloves, goggles) worn by an employee for protection against a hazard.
Regulated Waste: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are contaminated with dried blood or other potentially infectious materials that are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Universal Precautions: an approach to infection control. According to the concept of universal precautions, all human blood and human body fluids, except sweat, are treated as if known to be infectious for HIV, HBV, HCV and other blood borne pathogens.

**General Instructions**

1. The Exposure Control Plan will be accessible to employees. It must be reviewed and updated annually, and/or whenever changes in procedures are made.

2. Universal Precautions will be utilized when employees come in contact with blood and/or body fluids. These precautions include the use of Personal Protective Equipment.

   a. Gloves are required when anticipating contact with blood and/or other body fluids.
   b. Gowns or aprons are indicated only if it is likely that clothing will be soiled.
   c. Masks and/or goggles are indicated only if there is a possibility of a spray or splash of body fluids.
   d. Appropriate hand washing techniques will be utilized before and after contact with clients even if gloves were worn.
   e. If hand washing facilities are not available, an antiseptic hand cleanser will be available.
   f. A CPR face/mouth shield with a one-way valve will be available for use for mouth-to-mouth resuscitation. Gloves are recommended during use and are provided.

3. Equipment for appropriate disposal of contaminated waste will be provided.

   a. Puncture resistant, leak-proof containers will be available for disposal of all needles, razors, and other “sharps.”
   b. Biohazard plastic bags will be utilized for disposal of items grossly contaminated with blood.
   c. Biohazard waste may be disposed of in regular trash dumpsters. (In accordance with the Hancock Public Health Department and the
circumstance that Blanchard Valley Center is a small generator of biohazard waste).

d. All specialized equipment will be disinfected according to manufacturer’s recommendations using appropriate disinfectants.

e. Direct care/healthcare personnel with open lesions/dermatitis or other skin irritations should not participate in direct Individual care activities or handle contaminated equipment without proper care taken to cover and/or contain lesion and wear provided gloves.

f. Employees will not be permitted to eat, drink, apply cosmetics, or handle contact lenses in areas of potential exposure.

g. All spills of blood and other body fluids will be contained and the area cleansed with approved disinfectant per policy.

4. Any employee who sustains an exposure to blood or body fluids must notify their Department Director and HCBDD nurse immediately.

   a. The procedure for Post Exposure to Blood/Body Fluids will be followed.
   b. Confidential employee medical records will be established and maintained for each employee with an occupational exposure.

5. Blood borne pathogens and occupational exposure training will be provided prior to initial assignment to duties where occupational exposure may occur and annually thereafter. Training records will be established and maintained to verify training sessions.

Blood borne Post Exposure to Blood/Body Fluids

Blanchard Valley Center strives to protect employees from infection caused by blood borne pathogens through:

Ensuring confidential, appropriate medical follow-up including:

   a. Early intervention;
   b. Testing;
   c. Counseling; and
   d. Prophylaxis

Guidelines

Post-exposure follow-up and evaluations will be at no cost to employee and made available at a reasonable time and place.
All medical evaluations/procedures will be provided and/or supervised by a licensed health care professional through Well at Work.

Post-exposure evaluations/procedures will be provided according to recommendations of the U.S. Public Health Service (USPHS).

**Procedure for Exposure**

1. The employee is responsible for reporting any possible exposure incident to the Department Director or HCBDD nurse.
   a. Based on severity, if necessary, immediate care will be given by anyone certified in First Aid Training or the nearest Emergency Department.
   b. Removal of body fluid contamination will be done using copious amounts of soap/water, as able.

2. The Department Director or designee will complete the Employee Accident Report as soon as possible following the exposure.
   a. If a true exposure incident has not occurred, the employee will be notified and no further follow-up is required.
   b. If exposure has occurred, the post exposure protocols will be initiated.

3. If a human bite occurs and breaks the mucous membrane (skin), the following should occur:
   a. If no debridement or sutures are needed, refer to family practitioner, urgent care center, or Well at Work for a tetanus shot within 72 hours of initial bite (if last date of tetanus booster is greater than 5 years).
   b. If any open draining non-intact skin is evident, appropriate first aid treatment will be completed. If bodily fluid cannot be contained, the employee will need to be excluded until condition is resolved.
   c. Complete the Employee Accident Report on DD Works.

**Post Exposure Protocols**

1. The HCBDD nurse or Department Director or designee will communicate with the Individual's Primary Physician to assure completion, counseling, testing and documentation, obtain informed consents for lab testing from source individual and arrange for lab testing.
2. If the source individual has AIDS, is positive for HIV antibody or refuses testing, the employee:
   a. Will be counseled through Well at Work regarding risk of infection.
b. The employee should report and seek medical attention for any acute febrile illness that occurs within 12 weeks of exposure. (Characteristic symptoms, i.e. fever, rash, lymphadenopathy may be indicative of HIV infection.)
c. Will be tested for HIV/HBV.
d. If test shows positive HB exposure, will be referred to family practitioner for HB Immune Globulin and one Hepatitis B injection.
e. Will be counseled on recommendations of the United States Public Health Service on the prevention of transmission of HIV for the follow-up time period.

3. If the Source individual tests positive for Hepatitis B, the employee:
   a. Will be counseled through Well at Work regarding HB infection.
   b. May receive 0.06 mg HBIG I.M. per kg of body weight.
   c. May begin HB series (if not previously immunized).
   d. If immunized, will be tested for HB antibodies.
   e. If inadequate antibodies, may receive HBIG x 1 and HB vaccine booster dose (given at different sites).

4. If source-individual is seronegative, no further testing is required, unless the source-person is at high risk of HIV infection.

5. Test results and all required information will be forwarded to Well at Work who will evaluate, recommend any other follow-up and issue an “opinion letter.”

6. All information will be kept confidential.

**Monitoring**

Department Directors and HCBDD nurse will ensure that when potential exists for exposure to pathogens:

1. Employees follow Universal Precautions.
2. If garments are penetrated with potentially infectious materials, they are changed as soon as possible and processed as contaminated material.
3. Used, protective supplies are discarded appropriately, out of reach of others.
4. All employees are trained in Universal Precautions during initial orientation and annually thereafter.
5. All post-exposure documentation, treatment, follow-up, reporting and record keeping are confidential.

**Training Program**

1. All HCBDD/Blanchard Valley Center employees, will receive initial and at least annual training in:
   a. Explanation/review of regulations, policies.
   b. General explanation of epidemiology, symptoms of blood borne diseases.
c. Modes of transmission.
d. Employer's Infection Control Plan.
e. Explanation for methods of recognizing tasks/activities that may lead to exposure.
f. Personal protective equipment use, types, location, removal, disposal and why these items selected.
g. Information on HBV, safety, effective administration and benefits.
h. Information actions in emergency and who to contact.
i. Information actions if exposed, including reporting and follow-up.

2. Documentation will be available on all training offerings.

**Discarding Sharps Procedure**

1. All sharps will be handled in a safe manner to reduce the risk of transmission of blood borne diseases. Sharps may include needles, syringes, disposable razors or contaminated broken glass. All sharps will be discarded immediately after use into specially designed sharps containers which are sealed, puncture-resistant, leak-proof and labeled.

2. Sharps containers are located next to the First Aid cabinet in each building. A portable sharps container is available in the nurse’s office.
   a. Prior to performing any task using sharps, have sharps container readily available.
   b. Perform planned task.
   c. Place used sharp, intact, into sharp container.
   d. If necessary, close and replace.
   e. Sharps containers will be closed and disposed of when they are 2/3 full in accordance with the Findlay Health Department recommendation of sealing container and disposing in trash receptacle.

Board Approved: 5/29/02, 1/22/18, 4/22/19

Revised: 1/27/03, 6/24/03, 3/17/05, 12/15/05, 5/20/10, 8/18/11, 10/26/15
Communicable Diseases Policy

Purpose

The Hancock County Board of Developmental Disabilities (HCBDD) is committed to providing a safe work or program environment for all employees and persons supported. It is the intent of the Hancock County Board of DD to protect the health of the employees and persons supported, as well as ensure the rights of individuals who may be infected with either a short-term or life-threatening infectious disease.

Policy

The HCBDD will make available the appropriate personal protective equipment, and employees are to be trained in the prevention and practice of preventing the spread of communicable diseases, as well as be required to use the appropriate personal protective equipment that would be involved in such activity. The Superintendent, Directors, and Supervisors would take whatever necessary actions are needed, as listed in the procedure to this policy, to isolate the spread of a communicable disease.

Board Approved: 4/19/02
Revised: 6/24/02, 12/15/05, 8/18/11, 8/24/15, 1/22/18

Procedure

Education

The Human Resources Department and Department Directors will ensure that:

1. Employees will participate in an initial orientation including but not limited to OSHA regulations, epidemiology, modes of transmission, and prevention of infectious diseases.
2. Employees will participate in yearly training through DD Works in Universal Precautions to reinforce the knowledge of disease prevention.
3. Personal protective equipment will be available for use at all times.

Infection Control

1. The HCBDD recognizes that control of communicable diseases is the legally designated responsibility of the local health department. Employees of the HCBDD will cooperate in following current regulations from the Hancock Public Health Department in reporting communicable diseases and in complying with inspections.
2. Adequate immunization is fundamental to communicable disease prevention and control. Adult immunization is recommended but is not compulsory unless otherwise stated in the Ohio Revised Code.
3. All employees are required to use Universal Precautions to prevent the spread of infection. Universal Precautions includes, but is not limited, to the use of personal protective equipment, frequent hand washing, and proper handling of waste disposal.

4. Good sanitation is the obligation of all employees. Attention will be given to facilities, grounds, and surroundings for environmental factors that may affect health. Maintenance/custodial staff will give buildings close scrutiny, including equipment, floors, walls, and ceilings. Routine housekeeping procedures will incorporate the use of disinfectants that are effective for mycobacterium tuberculosis. The water supply, waste disposal system, toilets, locker room facilities, and food service operations will be periodically checked. Problems will be brought to the attention of the Department Director for resolution.

Person Supported Guidelines

1. Each student attending Blanchard Valley School will submit an initial health/medical assessment as part of the enrollment process. A health record shall be on file for each student, along with on-going pertinent health information.

2. Control of communicable diseases among students/staff requires careful observation and reporting of symptoms by all employees to the Director/Nurse, which may result in the student/staff being sent home.

3. Depending on the diagnosis of the communicable disease, the student must have evidence of an examination and medical release by a doctor before returning to school or work. The HCBDD will abide by the Ohio Department of Health's communicable diseases guidelines.

4. When incidents of communicable diseases occur, the Department Director will be informed and will then consult with the HCBDD nurse. Notifications will be made to the parents, guardian, and/or residential providers whose family member/client is exposed to infected persons. The HCBDD nurse will follow Ohio's communicable disease reporting requirements, outlined by the Ohio Department of Health.

5. Certain infections/diseases will be of life-long duration and the person supported will not be symptom-free. If the disease cannot be transmitted by normal casual contact, he/she may continue in the program. The student may attend the program unless prevented from doing so by poor health.

6. How to support persons with specific infectious diseases/conditions will be considered on an individualized basis. The recommendation may include: (a) attending program unconditionally; (b) attending under restrictive conditions; or (c) receiving services in the home.

7. The decision will be based upon a consideration of: (a) the nature of the risk and how the disease is transmitted; (b) the duration of the risk and how long the carrier is infectious; (c) the severity of the risk and the potential harm to others; and (d) the individual's physical condition.
8. In cases where there is not consensus concerning a decision, the Superintendent or designee makes the final decision. Due process procedures may be followed if there is disagreement with this decision.

Employee Guidelines

1. Every new employee will be required to have a physical examination within thirty days of employment commencement. This physical examination may be obtained at Well at Work at no cost to the employee.

2. If an employee is suspected of having a communicable disease, the Department Director will request the employee seek medical attention. The employee can return to work when the employee's attending physician states that continued presence at work will not pose a threat to the employee, co-workers, persons served, or others with whom the employee may come in contact. The Superintendent or designee reserves the right to require an examination by a medical doctor appointed by the HCBDD.

3. An employee's health condition is personal and confidential. Precautions shall be followed to protect information regarding an employee's health condition.

4. An employee may have or be a carrier of an infectious disease which is of life-long duration and he/she may not be symptom-free. If the disease cannot be transmitted by normal, casual contact in the work environment, the employee may continue to work in a regular manner. The employee is expected to meet acceptable performance standards and will be treated in a manner consistent with other employees.

5. The Superintendent or designee will determine the admissibility to the work place by an employee whose condition is in question. The Superintendent or designee will convene a meeting of the employee, Department Director, if necessary, the employee's physician, and others as the Superintendent or designee deems necessary.

6. Based on evidence presented at the meeting, the Superintendent or designee may decide: (a) return the employee to his usual place of employment unconditionally; (b) place the employee on a work assignment under restrictive conditions; or (c) seek to have the employee utilize sick leave and be placed on a leave of absence.

7. In making a recommendation, the Superintendent or designee will consider:
8. The nature of the risk and how the disease is transmitted; (b) the duration of the risk and how long the carrier is infectious; (c) the severity of the risk and the potential harm to others; and (d) the individual's physical condition.

Board Approved: 4/19/02, 1/22/18
Revised: 3/27/19
Delegated Nursing General Provisions and Quality Assurance

Purpose

The purpose of this policy is to establish requirements for Delegated Nursing general provisions involving quality assurance compliance, the administration of prescribed medications, performance of health-related activities, the administration of tube feedings and medications, the administration of injected or inhaled insulin and injected treatments for metabolic glycemic disorder enrolled in the Hancock County Board Developmental Disabilities (HCBDD).

Policy

The HCBDD shall comply with all aspects of OAC 5123:2-6-07, as outlined in the procedure section attached to this policy.

Reference: OAC 5123:2-6-01 to 07
Board Approved 4/22/19

Procedure

Delegated Nursing Permitted

The Hancock County Board of Developmental Disabilities will permit delegated nursing. HCBDD will permit trained unlicensed personnel who have been identified and selected in accordance with this policy to perform delegated nursing tasks and to give or apply prescribed medication so long as state laws and regulations are followed and the criteria within this policy are followed. Should any portion of this policy be inconsistent with state laws or regulations, the relevant state laws and regulations must be followed and not this policy. Within this policy the words “client” (used generally in state law and regulations) and “individual” are used interchangeably to refer to persons with developmental disabilities who are receiving services from HCBDD.

Supervision of Unlicensed Delegated Personnel

Written step-by-step instructions must be immediately available to the unlicensed personnel. A nurse shall ensure that written step-by-step directions for all delegated nursing tasks are available to the unlicensed worker performing the delegated task, to the person/agency employing the worker, and are available on-site. The employer shall make such written directions available, upon request, to the Ohio Board of Nursing.

The delegating nurse shall maintain ongoing supervision of delegated unlicensed personnel in the performance of delegated nursing tasks and shall maintain regular and ongoing communication with the unlicensed staff.

Successful return demonstrations must be performed successfully at the direction of the licensed nurse. On-site documentation of the workers trainings must be maintained. The documentation must identify the unlicensed worker performing the delegated task, the worker’s initial training and continuing training (a return demonstration and a skills reassessment yearly).
On-site Medication Storage

Unlicensed personnel must receive prescribed medication in its original container. Medication shall be stored in a secure location and removed only by designated persons. Prescribed medication must be received by the delegated unlicensed personnel who are performing delegated tasks in the container in which it was dispensed by the prescribing professional, or in the manufacturers packaging in the case of over the counter medications.

Delegated Nursing General Provisions

(A) List of Certified/DD Personnel and Certified Registered Nurses The Ohio Department of Developmental Disabilities (hereafter, referred to as the Department) shall establish an online Internet-based database listing registered nurses holding valid certification issued under rule 5123:2-6-04 of the Administrative Code and for listing DD personnel (hereafter DD personnel refers to those employed directly by the HCBDD, provider agencies and Independent providers) holding valid certification issued under section 5123.45 of the Revised Code and rule 5123:2-6-06 of the Administrative Code in prescribed medication administration and health-related activities, nursing delegation of administration of food and prescribed medication via stable labeled gastrostomy tube and stable labeled jejunostomy tube, and nursing delegation of subcutaneous insulin injection.

1. The Department shall operate the registered nurse certification database list and the DD personnel certification database list.

2. The Department shall provide read and write access to the database to all certified registered nurses teaching registered nurses pursuant to rule 5123:2-6-04 of the Administrative Code. Certified registered nurse trainers shall be responsible for maintaining current information on trained registered nurses on said database list.

3. The Department shall provide read and write access to the database to all certified registered nurses teaching DD personnel pursuant to rule 5123:2-6-06 of the Administrative Code. The certified registered nurse trainers teaching registered nurses shall be responsible for maintaining current information on trained DD personnel on said database.

4. The Department shall provide read only public access to the database.

(B) DD Personnel Documentation Requirements: in the categories specified under paragraphs (A)(1) to (A)(9) of rule 5123:2-6-03 of the Administrative Code.

1. Documentation of all prescribed medications, health-related activities, subcutaneous insulin injections, or delegated tube feedings given, applied, missed, held, or refused shall be done on a prescribed medication administration record or treatment administration record indicating the name or initials of the DD personnel administering a prescribed medication or treatment, time and date, and, when appropriate, observations or difficulties noted.

2. The employer of DD personnel shall maintain a means of identifying initials and signatures of DD personnel making entries in the prescribed medication
administration record and treatment administration record.

(C) Requirement of Licensed Health Care Professional: All prescribed medications administered pursuant to this chapter shall be administered according to the written direction of an appropriately licensed health care professional (prescriptive authority) and according to the training received by DD personnel pursuant to section 5123.43 of the Revised Code and rules 5123:2-6-05 and 5123:2-6-06 of the Administrative Code.

(D) Medication Errors Involving Unlicensed Staff Certified in Medication Administration: DD personnel requirements for reporting errors in the categories specified under paragraphs (A)(1) to (A)(9) of rule 5123:2-6-03 of the Administrative Code.

1. Any error by DD personnel in the administration of oral or application of topical prescribed medications, performance of health-related activities, or performance of delegated tube feedings that results in physical harm to the individual shall be immediately reported to an appropriate licensed health care professional.

2. Any error by DD personnel in the administration of oral or application of topical prescribed medications, performance of health-related activities, or performance of delegated tube feedings shall be reported in accordance with rule 5123:2-17-02 of the Administrative Code if the error meets the definition of major unusual incident or unusual incident as those terms are defined in that rule.

(E) Compliance and Quality Assessment Reviews: of individuals receiving services from certified supported living providers; individuals receiving residential support services from certified home and community-based services providers, if the services are received in a community living arrangement that includes not more than four individuals; or individuals residing in residential facilities of five or fewer beds, excluding ICF/DD:

1. A registered nurse, employed by, or under contract with the HCBDD, shall assist with consultation and quality assessment oversight.

2. The quality assessment registered nurse, employed by, or under contract with the HCBDD, shall complete quality assessment reviews in a format prescribed by the Department, so that a review of each individual receiving administration of prescribed medications or performance of health-related activities by DD personnel pursuant to this rule in the county is conducted at least once every three years. The quality assessment registered nurse, employed by or under contract with the HCBDD, may conduct more frequent reviews if the registered nurse or HCBDD, provider, or Department determines there are issues to warrant such.

3. In settings where the HCBDD directly provides supported living or home and community-based services in a community living arrangement that includes not more than four individuals or operates a residential facility of five or fewer beds, excluding an ICF/MR, a registered nurse who is not directly employed by the HCBDD and is a disinterested party of the board shall complete quality assessment reviews in a format prescribed by the Department so that a review of each individual receiving administration of prescribed medications or performance of health-related activities by DD personnel pursuant to this rule in the county is conducted at least once every three years. The registered nurse may conduct more frequent reviews if the registered nurse, HCBDD, provider, or
Department determines there are issues to warrant such.

4. Quality assessment reviews shall be completed in a format prescribed by the Department.

5. Quality assessment reviews shall include, but are not limited to, the following:
   
   a. Observation of administering prescribed medication or performing health-related activities;
   
   b. Review of documentation of prescribed medication administration and health-related activities for completeness of documentation and for documentation of appropriate actions taken based on parameters provided in prescribed medication administration and health-related activities training;
   
   c. Review of all prescribed medication errors from the past twelve months; and
   
   d. Review of the system used by the employer or provider to monitor and document completeness and correct techniques used during oral and topical prescribed medication administration and performance of health-related activities.

6. The quality assessment registered nurse shall provide a copy of the quality assessment review to the HCBDD and the provider of services in which the site is located, within ten business days of the quality assessment review and shall recommend to the HCBDD and the provider of services steps to take to improve the functioning of the trained/DD personnel and maintain compliance with this policy/procedure.

7. The quality assessment registered nurse shall maintain a copy of each quality assessment review performed by the quality assessment nurse or by the registered nurse as specified in paragraphs (E)(2) and (E)(3) of this policy/procedure.

8. The quality assessment registered nurse, employed by or under contract with the HCBDD, as specified under paragraph (E) of this policy/procedure shall act as a resource for the HCBDD and related program and service providers concerning health management issues and may serve to assist in expanding health care services in the community.

(F) Prohibiting Action: If the employer of DD personnel believes or is notified by the HCBDD, the Department, a delegating licensed nurse or the registered nurse responsible for quality assessment pursuant to this rule that DD personnel have not safely administered or will not safely administer prescribed medications, have not safely performed or will not safely perform health-related activities, have not safely administered or will not safely administer food or prescribed medication via stable labeled gastrostomy tube and stable labeled jejunostomy tube, or have not safely administered or will not safely administer subcutaneous insulin injections or injectable
treatments for metabolic glycemic disorders, the employer shall prohibit the action from continuing or commencing. DD personnel shall not engage in the action or actions subject to an employer's prohibition.

1. When the employer prohibits the action from continuing or commencing, the employer shall do the following:

   a. Notify the DD personnel of the prohibition and immediately make other staffing arrangements so that administration of prescribed medication, performance of health-related activities, administration of food or prescribed medication via stable labeled gastrostomy tube and stable labeled jejunostomy tube, or administration of subcutaneous insulin injections or metabolic glycemic disorder treatment, are completed as prescribed, including compliance with the requirements of this policy/procedure;

   b. Immediately notify the Department;

   c. If applicable, immediately notify the HCBDD via the major unusual incident reporting system pursuant to rule 5123:2-17-02 of the Administrative Code; and the HCBDD, as applicable, shall notify the registered nurse responsible for quality assessment oversight under paragraph (E) of this policy/procedure;

   d. If applicable, immediately notify the delegating licensed nurse.

2. The employer shall ensure all corrective action is taken prior to allowing the DD personnel to resume the administration of prescribed medication, performance of health-related activities, administration of food or prescribed medication via stable labeled gastrostomy tube and stable labeled jejunostomy tube, or administration of subcutaneous insulin injections or metabolic glycemic disorder treatment.

3. The employer shall notify the Department and, as applicable, the HCBDD, the registered nurse responsible for quality assessment under paragraph (E) of this policy/procedure, or the delegating licensed nurse of the corrective action taken.

(G) Procedures for suspending the certification of DD personnel without a hearing pending the outcome of an investigation

1. The Department may suspend a certificate issued to DD personnel under rule 5123:2-6-06 of the Administrative Code without a hearing pending the outcome of an investigation if the DD personnel has not or will not safely administer prescribed medication or perform health-related activities, administer food or prescribed medication via stable labeled gastrostomy tube and stable labeled jejunostomy tube, or administer subcutaneous insulin injections or metabolic glycemic disorder treatment.

2. Immediately following the suspension of certification, the Department shall notify the DD personnel and the employer of the DD personnel and, as
applicable, the HCBDD superintendent or designee, the registered nurse responsible for quality assessment oversight under paragraph (E) of this policy/procedure, and the delegating licensed nurse.

3. When the Department has suspended a certificate without a hearing, the Department shall expedite the investigation and any revocation proceedings. If the Department determines as a result of its investigation or at any other time that the suspension is not warranted, the Department shall immediately revoke its suspension and reinstate the suspended certificate. Upon reinstatement, the Department shall immediately notify the DD personnel and all entities notified under paragraph (G) (2) of this policy/procedure of the reinstatement.

(H) Procedures for revoking a certificate issued to DD personnel under rule 5123:2-6-06 of the Administrative Code

1. The Department shall revoke the certification of DD personnel to administer prescribed medication or perform health-related activities, administer food or prescribed medication via stable labeled gastrostomy tube or stable labeled jejunostomy tube, or administer insulin by subcutaneous injection or metabolic glycemic disorder treatment, if there is evidence after an investigation that DD personnel:

   a. Have failed to comply with the applicable criminal background check requirements of sections 5126.28 and 5126.281 of the Revised Code and rules 5123:2-1-05, 5123:2-1-05.1, and 5123:2-3-06 of the Administrative Code;

   b. Have failed to exercise proper regard for the health, safety and welfare of the individual;

   c. Have failed to maintain continued certification requirements pursuant to rule 5123:2-6-06 of the Administrative Code; or

   d. Have failed to take corrective action to maintain compliance with this policy/procedure.

2. Prior to revoking the DD personnel's certification, the Department shall notify the DD personnel and the employer of the DD personnel, in writing, of its intent to revoke the DD personnel's certification and specify a reason for such finding. The Department shall also provide notice, as applicable, to the HCBDD Superintendent or designee, the registered nurse responsible for quality assessment under paragraph (E) of this policy/procedure, and the delegating licensed nurse.

3. The DD personnel may appeal the Department's decision to revoke certification by requesting a hearing within seven days of receiving the notification issued under paragraph (H)(2) of this policy/procedure.

4. A hearing shall be held within twenty-one calendar days of receiving the request for a hearing. The hearing officer shall hold a hearing at a site mutually
agreed upon by the DD personnel and the Department. Any person shall have the opportunity to present evidence at the hearing. The hearing officer shall determine whether the Department's decision to revoke the certification was based upon the DD personnel's noncompliance with this chapter. The hearing officer shall issue a written recommendation to the director or the Director's designee within ten calendar days of the hearing.

5. The Director or the director's designee shall issue a written decision to the DD personnel, the employer of the DD personnel, and any entities notified under paragraph (H)(2) of this policy/procedure within five calendar days of receipt of the hearing officer's recommendations.

(I) Procedures for Accepting Complaints and Conducting Investigations

1. Any complaint regarding the administration of prescribed medication, performance of health-related activities, and performance of tube feedings by DD personnel pursuant to the authority granted under section 5123.42 of the Revised Code or compliance with rules adopted under this chapter shall be made to the Department using the process established under rule 5123:2-17-01 of the Administrative Code. This paragraph shall not be construed to allow DD personnel, a representative of DD personnel, or an employee organization as defined in Chapter 4117 of the Revised Code to make a complaint to the Department regarding a personnel action.

2. Any complaints related to the scope of nursing practice shall be referred to the Ohio board of nursing, which regulates nursing practice in accordance with Chapter 4723 of the Revised Code.

3. When a quality assessment registered nurse under paragraph (E) of this policy/procedure receives a complaint or identifies concerns based on a quality assurance review conducted pursuant to paragraph (E) of this policy/procedure related to the performance or qualifications of DD personnel, that registered nurse shall do an initial investigation including a discussion with the DD personnel and his/her employer. After completing the initial investigation, the quality assessment registered nurse under paragraph (E) of this policy/procedure shall contact and work with the nurse consultant or a designee of the Department to assure that the cases are handled in a consistent manner statewide.

(J) Corrective Action

1. In the event that an investigation conducted pursuant to paragraph (I) of this policy/procedure results in a finding of failure to comply with the requirements of this policy/procedure, the HCBDD shall work with the DD personnel's employer to assure immediate action is taken to correct the issue to assist the HCBDD or the DD personnel's employment agency in meeting compliance with this policy/procedure.

2. The Department shall review alleged HCBDD violations of this policy/procedure pursuant to DD personnel performing oral and topical prescribed medication administration, performing health-related activities, or administering food or prescribed medication via a stable labeled gastrostomy tube or a stable labeled jejunostomy tube. The Department may make
recommendations to assist the HCBDD in achieving compliance.

3. If the provider is found to be in violation of this policy/procedure pursuant to DD personnel performing prescribed medication administration, performing health-related activities, administering food or prescribed medication via a stable labeled gastrostomy tube or a stable labeled jejunostomy tube, or administering insulin by injection, the Department may make recommendations to assist the provider in achieving compliance.

4. The Department shall review compliance within thirty days of the corrective action. If the Department determines that corrective action does not bring the HCBDD, program or any other provider into substantial compliance with this policy/procedure, the Department may revoke a certificate obtained pursuant to rule 5123:2-6-06 of the Administrative Code, or take other actions as allowed by the Revised Code or Administrative Code.

5. The HCBDD program or any other provider of services may appeal the findings of the Department within seven days of receipt of notification by the Department.

   a. The request to appeal shall be made in writing to the Director of the Department and shall explain the basis for the appeal.

   b. The Director or the Director's designee shall review the appeal within fourteen days of the receipt of the request. The purpose of the review shall be to determine if the findings were based upon the HCBDD's or other providers of service including the DD personnel's employer's noncompliance with this policy/procedure.

   c. Within seven days of the date of review of the appeal by the Director or the Director's designee, the decision of the director or the Director's designee shall be made in writing to the HCBDD or other providers of service including the DD personnel's employer(s). The decision of the Director or the Director's designee shall be final and shall be based on the review of evidence.

(K) Immunity from Liability

DD personnel who administer prescribed medications, perform health-related activities or perform tube feedings pursuant to the authority granted under section 5123.42 of the Revised Code and rule 5123:2-6-03 of the Administrative Code are not liable for any injury caused by administering the prescribed medications, performing the tasks, performing the tube feedings or administering insulin if both the following apply:

1. The DD personnel acted in accordance with the methods taught in training completed in compliance with section 5123.42 of the Revised Code and rules 5123:2-6-05 and 5123:2-6-06 of the Administrative Code; and

2. The DD personnel did not act in a manner that constitutes wanton or reckless
misconduct.

Reference: 5123:2-6-07
Board Approved: 4/22/19
Emergency Care, First Aid and Recognition of DNR orders

Purpose

The purpose of this policy is to establish guidelines for DNR orders and the administration of First Aid and emergency care and immediate actions to ensure the general health and wellbeing of all individuals supported, employees, visitors and volunteers while at any Hancock County Board of Developmental Disabilities (HCBDD) facilities.

Policy

The Hancock County Board of Developmental Disabilities (HCBDD) shall take all reasonable steps necessary to preserve the life and safety of all individuals supported, employees, visitors and volunteers while at any HCBDD facilities or sponsored activities.

Board Approved: 5/20/19

Definitions

*DNR Order*: A formal order to emergency medical services and other health care personnel that the person identified therein is to be treated under the State of Ohio DNR protocol. (The physician must affirm that this order is not contrary to reasonable medical standards or to the best of his/her knowledge, contrary to the wishes of the person or of another person who is lawfully authorized to make informed medical decisions on the person's behalf.)

*Advance Directive*: a written statement of a person's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor.

Procedure

Procedure for Advance Directives and DNR Orders

1. HCBDD shall take all steps reasonably necessary to preserve the life and safety of individuals, employees, visitors and volunteers and will attempt to communicate any DNR order or advance directives which are part of an individual's file to emergency personnel and medical personnel when emergency treatment is required.

2. The individual or legal guardian shall receive a copy of this policy to notify them that HCBDD is obligated to take all steps necessary to preserve life until the individual is under the care of proper medical authorities. The individual or legal guardian will sign that he/she has received such notification.

3. The individual’s physician who has issued a DNR order shall receive a copy of this policy to notify them that HCBDD is obligated to take all steps necessary to preserve life until the individual is under the care of proper medical authorities. The policy shall be sent via certified mail and copies will be kept in the individual's file and in the CB nurse’s office.
4. All advance directives and DNR orders shall be kept in the individual's file and updated as necessary. Proof that the individual or legal guardian and his/her physician have been notified will be kept in the individual's file.

Procedures in First Aid and Emergency Care

1. First Aid and CPR certification is required of all staff in positions where they have direct contact with persons supported and may be required for other positions. Applicants may be hired without certification with the agreement of completion of the approved course within 30 days of employment. First Aid and CPR training will be provided for all designated employees by an HCBDD employee who hold a valid instructor certificate. If an employee has previous certification provided by the American Red Cross or the American Heart Association, this certification shall be acceptable until the certification expiration date; CPR certification presented by any other organization shall not be recognized.

2. HCBDD will take all reasonable steps necessary to preserve the life and safety of individuals, employees, visitors and volunteers until the individual can receive emergency assistance. This may include initiating CPR and the use of an AED.

3. HCBDD staff shall ensure that all current advance directives and DNR orders are conveyed to emergency and medical personnel.

4. HCBDD staff shall notify the guardian, emergency contact, or other designated person of the emergency and steps to taken to convey the advance directives or DNR order as applicable.

Board Approved: 5/20/19
Infection Control Policy

Purpose

To provide the knowledge of infection control precautions and mechanisms by which an infectious disease is transmitted and the methods that will interfere with the chain of infection, as well as the action necessary to prevent the spread of disease.

Policy

At the Hancock County Board of Developmental Disabilities, the elimination of the spread of disease-causing organisms from one person to another will be accomplished by following the attached procedure.

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Revised: 8/24/15, 1/22/18

Procedure

Definitions

Infection Control Precautions: physical measures designed to limit the spread of infectious diseases.

Standard Precautions: measures for reducing the risk of microorganism transmission from both recognized and unrecognized sources of infection; used whenever there is a potential for contact with:

1. Blood.
2. All body fluids except sweat, regardless of whether they contain visible blood.
3. Non-intact skin.
4. Mucus membranes.

Transmission-Based Precautions: measures for controlling the spread of infectious agents from individuals known to be or suspected of being infected with highly transmissible or epidemiologically important pathogens – also known as isolation precautions; there are three types:

- **Airborne Precautions**: measures that reduce the risk of transmitting airborne infectious agents.

- **Droplet Precautions**: measures that block pathogens within moist droplets larger than 5 microns; used to reduce pathogen transmission from close contact – usually 3 feet or less.

- **Contact Precautions**: measures used to block the transmission of pathogens by direct or indirect contact; involves skin-to-skin contact with an infected or colonized person.
Standard Precautions:

1. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, regardless of whether gloves are worn.
2. Wash hands immediately after gloves are removed.
3. Wear clean non-sterile gloves when touching blood, body fluids, secretions and excretions, and contaminated items, and also before touching mucous membranes and non-intact skin. Gloves are to be changed after contact with each individual or immediately if torn.
4. Wear a mask and eye protection or a face shield during procedures and individual care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
5. Handle used individual-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other individuals and environments.
6. Ensure that reusable equipment is not used for the care of another individual until it has been appropriately cleaned and disinfected; discard single-use items properly.
7. Follow procedures for adequate routine care, cleaning, and disinfection of environmental surfaces, chairs, hand rails, restroom equipment, and other frequently touched surfaces.
8. Body fluids and/or spills are to be cleaned up immediately using an approved germicide. Gloves must be worn during cleaning.
9. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.
10. Identify possible individuals who may contaminate the environment or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control.
11. Potentially infected waste is to be contained and transported in clearly labeled, impervious containers and double bagged, as indicated.

Transmission-Based Precautions:

1. Airborne (examples: Tuberculosis, Measles [rubeola]):
   a) Follow standard precautions.
   b) Keep door closed; confine individual to room.
   c) Wear a mask for airborne-pathogen or OSHA-approved respirator in the case of tuberculosis.
   d) Place a mask on the individual, when transported.
2. Droplet (examples: Influenza, Rubella, Streptococcal pneumonia, Meningococcal meningitis):
   a) Follow standard precautions.
   b) Leave door open or closed.
   c) Wear a mask when within 3 feet of the individual.
   d) Always place a mask on the individual if transport is required.

3. Contact (examples: gastrointestinal, respiratory, skin, or wound infections that are drug resistant, acute diarrhea, acute viral conjunctivitis, draining abscess):
   a) Follow standard precautions.
   b) Don gloves before entering the room.
   c) Change gloves during individual care after contact with infective material that contains high concentration of microorganisms.

4. Remove gloves before leaving the room.

5. Perform hand washing with an antimicrobial agent immediately after removing gloves:
   a) Do not touch potentially contaminated surfaces or items in the immediate vicinity.

6. Avoid transporting the individual, but, if transport required, use precautions that minimize transmission.

7. Employees are required to have annual infection control training which is provided through DD Works and The Health and Safety Committee.

8. Handwashing is the single most effective way to prevent infections.

**Handwashing Guidelines:**

Handwashing shall be performed

1. Before and after contact with each individual.
2. When contaminated with any bodily substance
3. When injury occurs (break in skin).
4. Before and after equipment is handled.
5. Before and after gloving.
6. Before and after preparing medications.
7. Before eating.
8. After toileting, hair combing, or other hygiene.
9. After cleaning an area.
Handwashing Procedure:

1. Remove all jewelry. A plain, smooth wedding band can be worn; roll up long sleeves.
2. Turn on the water using faucet handles.
3. Wet hands with comfortably warm water from the wrists toward the fingers.
4. Avoid splashing water from the sink onto your clothes.
5. Dispense about 1 tsp. of liquid soap (one pump on dispenser) into your hands.
6. Work the soap into lather and generate friction;
7. Rub the lather vigorously over all surfaces of the hands, including thumbs and backs of fingers and hands, and under fingernails for at least 10 seconds.
8. Rinse soap from hands by letting water run toward the fingertips of the hands.
9. Dry hands thoroughly with paper towels.
10. Turn hand controls of faucet off using a paper towel.
11. Apply hand lotion from time to time. This maintains skin integrity. If skin becomes irritated and abraded from frequent hand washings, it increases the risk of acquiring pathogens by direct skin contact.

Cleaning and Disinfection:

1. The most commonly suggested disinfectant is a solution of bleach and water.
   a. To make a 1:10 solution, you need 1 part bleach for every 9 parts water.
   b. A good amount to start with is:
      - ¼ cup bleach
      - 2 ¼ cup water
2. This solution should be prepared fresh each time it’s used or may use an approved bottled disinfectant.
3. Soiled spills should be cleaned up thoroughly and immediately (blood, urine, feces, and emesis).
4. Items needed:
   a. Gloves
   b. Disposable towels
   c. Soap
   d. Water
   e. Spill kit absorbent solidifier
   f. Bleach/water solution or other disinfectant
   g. Broom and dust pan
   h. Lined container
5. Wear gloves.
6. Clean thoroughly with soap and water.
7. Dispose of towels in lined container.
8. Wipe area again with disinfectant.
9. Dispose of towels and gloves in lined container.
10. Seal bag and dispose of in dumpster.
11. Remove gloves, discard, and wash hands.

Board Approved: 4/19/07
Confidentiality and Privacy Policies – Policies for all staff
Confidentiality, Privacy, and Computer Security Definitions

Purpose

The definitions below are adapted from the federal HIPAA regulations, FERPA regulations, the Ohio Revised Code, and Ohio Administrative Code. In some cases, a definition in a regulation is adjusted in order to facilitate these policies. For example, the definition of PHI, in these policies, is adapted to include both the information protected by the HIPAA regulations and the information protected by the FERPA regulations.

Policy

The following definitions shall apply to all Confidentiality, Privacy, and Computer Security Policies.

Definitions

1) Access – means the ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any system resource. (Taken from HIPAA regulations.)

2) Administrative safeguards – are administrative actions, and policies and procedures, to manage the selection, development, implementation, and maintenance of security measures to protect electronic protected health information and to manage the conduct of the covered entity’s workforce in relation to the protection of that information.

3) Applicable Requirements – Applicable requirements mean applicable federal and Ohio law and the contracts between the HCBDD and other persons or entities which conform to federal and Ohio Law.

4) Authentication – means the corroboration that a person is the one claimed.

5) Availability – means the property that data or information is accessible and useable upon demand by an authorized person.

6) Breach – the acquisition, access, use, or disclosure of protected health information in a manner not permitted by the HIPAA Privacy rules which compromises the security or privacy of the protected health information.

Breach excludes:

A) Any unintentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of a covered entity or a business associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted by the HIPAA privacy rules.

B) Any inadvertent disclosure by a person who is authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information at the same covered entity or business associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of the disclosure is not further used or disclosed in a manner not permitted by the HIPAA Privacy rules.

Except for the two exclusions above, any unintentional acquisition, access, use or disclosure of PHI that is a violation of the Privacy Rule is PRESUMED TO BE A BREACH, unless a risk assessment demonstrates that there is a low probability that the PHI has been compromised. The risk assessment must include at least the following factors:
A) The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
B) The unauthorized person who used the PHI or to whom the disclosure was made;
C) Whether the PHI was actually acquired or viewed; and
D) The extent to which the risk to the PHI has been mitigated.

7) **Business Associate (BA)** – A Business Associate, basically, is a person or entity which creates, uses, receives or discloses PHI held by a covered entity to perform functions or activities on behalf of the covered entity.

8) **Confidentiality** – means the property that data or information is not made available or disclosed to unauthorized persons or processes.

9) **Covered Entity** – Covered entity means a health plan, a health care clearinghouse or a health care provider who transmits any health information in electronic form in connection with a transaction covered by HIPAA transaction rules.

10) **Council of Government (COG)** – A Council of Government is a group of DD Boards or other governmental entities which have entered into an agreement under ORC Chapter 167 and are operating in accordance with that agreement.

11) **Designated Record Set** – Designated record set means: A group of records maintained by or for a covered entity that is:
A) The medical records and billing records about individuals maintained by or for a covered health care provider;
B) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
C) Used, in whole or in part, by or for the covered entity to make decisions about individuals.

For purposes of this definition, the term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.

12) **Disclosure** – Disclosure means the release, transfer, provision of access to, or divulging in any manner (orally, written, electronically, or other) of information outside the entity holding the information.

13) **DODD** – the Ohio Department of Developmental Disabilities

14) **Education** – Education means activities associated with operating the school including instruction, IHP/IEP preparation, administration, behavioral intervention, extra-curricular activities and other normal school functions. Education shall also include activities associated with early intervention programming.

15) **Education Records** – As defined in the FERPA regulations, records that are:
A) Directly related to a student; and
B) Maintained by an educational agency or institution or by a party acting for the agency or institution.
   i) The term does not include:
      1) Records that are kept in the sole possession of the maker, are used only as a personal memory aid, and are not accessible or revealed to any other person except a temporary substitute for the maker of the record.
      2) Records of the law enforcement unit of an educational agency or institution, subject to the provisions of § 99.8.
C) Records related to employment.
   i) Records relating to an individual who is employed by an educational agency or institution, that:
1) Are made and maintained in the normal course of business;
2) Relate exclusively to the individual in that individual's capacity as an employee; and
3) Are not available for use for any other purpose.

ii) Records relating to an individual in attendance at the agency or institution who is employed as a result of his or her status as a student are education records and not excepted under paragraph (b)(3)(i) of this definition.

D) Records on a student who is 18 years of age or older, or is attending an institution of postsecondary education, that are:
   i) Made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in his or her professional capacity or assisting in a paraprofessional capacity;
   ii) Made, maintained, or used only in connection with treatment of the student; and
   iii) Disclosed only to individuals providing the treatment. For the purpose of this definition, “treatment” does not include remedial educational activities or activities that are part of the program of instruction at the agency or institution; and

E) Records created or received by an educational agency or institution after an individual is no longer a student in attendance and that are not directly related to the individual's attendance as a student.

F) Grades on peer-graded papers before they are collected and recorded by a teacher.

16) Employee – Employee means any person employed by the board, volunteers, board members and other persons whose conduct, in the performance of work for the DD Board, is under the direct control of the DD Board, whether or not they are paid by the DD Board.

17) Encryption – means the use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key.

18) Facility – means the physical premises and the interior and exterior of a building(s).

19) FERPA – FERPA means the Family Educational Rights and Privacy Act, which are federal regulations that govern the privacy of records maintained by schools, as well as the rights of parents and students to access those records. These regulations are codified in CFR Title 34 Part 99.

20) Guardian of the Person – Guardian of the Person means an individual appointed by the Probate Court to provide consent for and make decisions for the ward

21) HCBS – HCBS means Medicaid-funded home and community-based services waiver program available to individuals with DD granted to ODJFS by CMS as permitted in §1915c of the Social Security Act, with day-to-day administration performed by DODD.

22) Health care – means care, services, or supplies related to the health of an individual. Health care includes, but is not limited to, the following:
   A) Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body; and
   B) Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.

23) Health Care Clearinghouse – A Health Care Clearinghouse is a public or private entity, including a billing service, community health management information system or community health information system that does either of the following functions:
   A) Processes or facilitates the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into standard data
elements or a standard transaction.

B) Receives a standard transaction from another entity and processes or facilitates the processing of health information into nonstandard format or nonstandard data content for the receiving entity.

24) Health care operations – means any of the following activities of the covered entity to the extent that the activities are related to covered functions:

A) Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; patient safety activities (as defined in 42 CFR 3.20); population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;

B) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;

C) Except as prohibited under §164.502(a)(5)(i), underwriting, enrollment, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance), provided that the requirements of §164.514(g) are met, if applicable;

D) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;

E) Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and

F) Business management and general administrative activities of the entity, including, but not limited to:

   i) Management activities relating to implementation of and compliance with the requirements of this subchapter;

   ii) Resolution of internal grievances;

   iii) The sale, transfer, merger, or consolidation of all or part of the covered entity with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to such activity; and

   iv) Consistent with the applicable requirements of §164.514, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.

25) Health Oversight Agency – Health oversight agency means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws
26) **Health Plan** – Health plan means an individual or group plan that provides, or pays the cost of medical care. A partial list of entities that are health plans (edited based on relevance to DD Boards) includes the following, singly or in combination:

   A) The Medicaid program under title XIX of the Act, **42 U.S.C. § 1396**, et seq.
   B) Any other individual or group plan, or combination of individual or group plans, that provides or pays for the cost of medical care.
   C) A group health plan, that is, an employee welfare benefit plan (as defined in section 3(1) of the Employment Retirement Income and Security Act of 1974 (ERISA), **29 U.S.C. 1002(1)**, including insured and self-insured plans, to the extent that the plan provides medical care, including items and services paid for as medical care, to employees or their dependents, that:
      i) Has 50 or more participants; or
      ii) Is administered by an entity other than the employer that established and maintains the plan.
   D) An employee welfare benefit plan or any other arrangement that is established or maintained for the purpose of offering or providing health benefits to the employees of two or more employers.

27) **HIPAA** – HIPAA means the Health Insurance Portability and Accountability Act of 1996, codified in **42 USC §§ 1320 - 1320d-9** and at **42 CFR Parts 160, 162 and 164**. In common terms, this includes the HIPAA Enforcement Rule, Transactions Rule, Privacy Rule, Breach Notification Rule and Security Rule.

28) **ICF/IID** – An ICF/IID is an intermediate care facility for persons with developmental disabilities certified to provide services to individuals with DD or a related condition in accordance with **42 CFR part 483, subpart I**, and administered in accordance with **OAC § 5101:3-3**.

29) **Incidental Disclosure** – An unintentional disclosure of PHI, that occurs as a result of a use or disclosure otherwise permitted by the HIPAA Privacy Rule. An Incidental Disclosure is NOT a violation of the Privacy Rule. However, in order for incidental disclosures to not be a violation, the covered entity must be in compliance with the requirement for implementation of the minimum necessary principle, and also in compliance with the requirement to implement physical, technical, and administrative safeguards to limit incidental disclosures.

30) **Individual, or Individual Receiving Services** – Means a person who receives services from the County Board. In the event that the individual is a minor, the term “individual” in these policies may also include the parent or guardian of the individual. In addition, in regard to any privacy rights, individual may also mean an individual’s “personal representative” as it is defined under HIPAA regulations.

31) **Individually Identifiable Health Information** – is information that is a subset of health information, including demographic information collected from an individual, and:

   A) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
   B) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
      i) That identifies the individual; or
      ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

32) **Information system** – means an interconnected set of information resources under the same direct management control that shares common functionality. A system normally
includes hardware, software, information, data, applications, communications, and people.

33) **Integrity** – means the property that data or information have not been altered or destroyed in an unauthorized manner.

34) **ISP** – ISP means the Individual Service Plan which is a document developed by the ISP team, containing written descriptions of the services and activities to be provided to an individual, which shall conform to the applicable requirements, including, but not limited to OAC § 5123:1-2-02, 5123:2-3 and 5123:2-12. References to the ISP shall include Individual Plans developed in accordance with OAC § 5123.

35) **Limited Data Set** – means protected health information that excludes the following direct identifiers of the individual or of relatives, employers, or household members of the individual:
   A) Names;
   B) Postal address information, other than town or city, state and zip code;
   C) Telephone numbers;
   D) Fax numbers;
   E) Electronic mail addresses;
   F) Social Security numbers;
   G) Medical record numbers;
   H) Health plan beneficiary numbers;
   I) Account numbers
   J) Certificate/license numbers;
   K) Vehicle identifiers and serial numbers, including license plate numbers;
   L) Device identifiers and serial numbers;
   M) Web Universal Resource Locators (URLs);
   N) Internet Protocol (IP) address numbers;
   O) Biometric identifiers, including finger and voice prints; and
   P) Full face photographic images and any comparable images.

36) **Malicious software** – means software, for example, a virus, designed to damage or disrupt a system.

37) **MOU** – MOU means a Memorandum of Understanding between governmental entities, which incorporates elements of a business associate contract in accordance with HIPAA rules.

38) **Parent** – Parent means either parent. If the parents are separated or divorced, "parent" means the parent with legal custody of the child. "Parent" also includes a child’s guardian, custodian, or parent surrogate. At age eighteen, the participant must act in his or her own behalf, unless he/she has a court-appointed guardian.

39) **Password** – means confidential authentication information composed of a string of characters.

40) **Payment** – means, in the context of a County Board:
   A) Both
      i) Activities by the board required determine if an individual is eligible for services
      ii) Activities of the Board either to reimburse contracted providers for services rendered to individuals served or seeking reimbursement, for example from Medicaid of DODD, for services rendered to an individual served
   B) The activities in paragraph (1) of this definition relate to the individual to whom health care is provided and include, but are not limited to:
      i) Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;
ii) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related health care data processing;

iii) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;

iv) Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services.

41) **Personal Representative** — Personal Representative means a person who has authority under applicable law to make decisions related to health care on behalf of an adult or an emancipated minor, or the parent, guardian, or other person acting in loco parentis who is authorized under law to make health care decisions on behalf of an unemancipated minor, except where the minor is authorized by law to consent, on his/her own or via court approval, to a health care service, or where the parent, guardian or person acting in loco parentis has assented to an agreement of confidentiality between the HCBDD and the minor.

42) **Physical safeguards** — are physical measures, policies, and procedures to protect a covered entity's electronic information systems and related buildings and equipment, from natural and environmental hazards, and unauthorized intrusion.

43) **Protected Health Information, or PHI** — means individually identifiable information that is: (i) transmitted by electronic media; (ii) Maintained in electronic media; or (iii) transmitted or maintained in any other form or medium. Records of individuals deceased for more than 50 years are not PHI. For the purposes of this manual, and the board’s compliance program, PHI shall also include “Education Records” as defined by FERPA. This creates a consistent set of policies for both types of confidential information.

44) **Provider** — Provider means a person or entity, which is licensed or certified to provide services, including but not limited to health care services, to persons with DD, in accordance with applicable requirements. A Covered Provider is a Health Care Provider who transmits any health information in electronic form.

45) **Public Health Authority** — Public health authority means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.

46) **Security or Security measures** — encompass all of the administrative, physical, and technical safeguards in an information system.

47) **Security incident** — means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

48) **Social Engineering** — means “an outside hacker’s use of psychological tricks on legitimate users of a computer system, in order to obtain information he needs to gain access to the system” or “getting needed information (for example, a password) from a person rather than breaking into a system”. … social engineering is generally a hacker’s clever manipulation of the natural human tendency to trust. The hacker’s goal is to obtain information that will allow him/her to gain unauthorized access to a valued system and the information that resides on that system.

49) **Subcontractor** — means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.
50) **TCM** – Targeted Case Management means an Ohio State Plan Medicaid service that provides case management, including service coordination, services to eligible individuals with DD in accordance with OAC Chapter 5123.

51) **Technical safeguards** – means the technology and the policy and procedures for its use that protect electronic protected health information and control access to it.

52) **Treatment** – means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

53) **TPO** – TPO means treatment, payment or health care operations under HIPAA rules. For the purposes of this policy manual, TPO shall also include “Education” as defined above.

54) **Unsecured protected health information** – protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology in guidance specified by the Secretary of the Department of HHS in guidance issued under section 13402(h)2 of Public Law 111-5.

55) **Use** – Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

56) **User** – means a person or entity with authorized access.

57) **Violation, or violate** – means, as the context may require, failure to comply with a provision of either the HIPAA Privacy or Security rules.

58) **Workforce Member** – Workforce Member means the same as Employee. See definition above.

59) **Workstation** means an electronic computing device, for example, a laptop or desktop computer, or any other device that performs similar functions, and electronic media stored in its immediate environment.

Board Adopted: 2/24/14

Revised: 4/12/19
HIPAA Confidentiality – General Rules

Purpose

Confidentiality is the basis for professional relationships, as well as for the respect due personal privacy. It involves trust and confidence, and is the key to our professional relationships. All information in an enrollee’s records, including information electronic information, is confidential.

Policy

The HCBDD shall conform to all requirements for privacy and confidentiality set forth by the State of Ohio, the federal HIPAA and FERPA laws, and any other applicable law. The HCBDD shall not use or disclose PHI except in accordance with applicable requirements.

Procedures

1) Staff of the HCBDD may use or disclose PHI only as follows:
   A) For education, treatment, payment or health care operations. This information is to be used by employees who are official members of a habilitation/educational team, with the goal of serving the enrollee.
   B) In accordance with a release or authorization of the individual in accordance with policy and procedure set forth in Authorization.
   C) As permitted in Speaking with the Family or Friends of an Individual Receiving Services.
   D) As permitted by in Disclosures that do Not Require an Authorization.

2) For all of the above, the minimum amount of information should be disclosed, and specific procedures followed as detailed in Minimum Necessary Policy.
   A) All employees are responsible for safeguarding the information regarding individuals we serve, as detailed in Confidentiality Safeguards (Oral & Written)

3) Rights of individuals served by HCBDD may be exercised by parents, guardians and personal representatives as detailed in Minors, Personal Representatives and Deceased Individuals.

4) Confidentiality and Computer Security are everyone’s responsibility – all staff must understand and follow procedures detailed in Duty to Report Violations and Security Incidents.

5) Supervisors, managers and certain staff have specific duties, rights, and obligations as specified elsewhere in these policies.

Board Adopted: 2/24/2014

Revised: 4/12/19
Minimum Necessary Access

Purpose

To assist in maintaining confidentiality the HCBDD will limit the access of information to only those who need it.

Policy

For purposes other than those listed below, the use and disclosure of PHI must be limited to the minimum necessary to satisfy the request or to complete the task. The Privacy Officer shall implement safeguards and protocols to implement this policy. All employees shall follow those protocols.

Procedures

FOR THE PRIVACY OFFICER

1) Implementation Approach. The Privacy Officer will implement the minimum necessary requirement with the steps detailed below. Measures to limit workforce access, and procedures for both routine disclosures and requests for PHI will be created and documented as detailed below:

A) Limiting Workforce Access to PHI: Access to the PHI will be granted based on the individual’s role and determined by the Director and Privacy Officer of HCBDD. HCBDD will identify:
   i) Those persons or classes of persons, who require access to PHI to carry out their duties, in the workforce, including interns and trainees, will be listed according to job classification with the necessary minimal necessary PHI required for successful job performance to serve the individuals, and
   ii) For each such person or class of persons, the category or categories of PHI to which access is needed and any conditions appropriate to such access.
   iii) Safeguards will be developed and documented to restrict workforce access to the minimum necessary.
   iv) The Privacy Officer will document the results of this analysis in Minimum Necessary – Workforce, Disclosures and Requests.

B) Procedures for Routine Disclosures and Requests. The HIPAA Privacy Officer will identify all routine disclosures made by Board employees, for which the minimum necessary requirement applies, and create procedures to implement these. The same shall be done for routine requests for PHI. These results shall be documented in Minimum Necessary – Workforce, Disclosures and Requests.

C) Implementation. The Privacy Officer shall take the steps to implement the results of the analysis above, including configuring access control on software, staff training for routine requests and disclosures, and any other measures necessary.

FOR ALL EMPLOYEES

2) Minimum Necessary Requirement.
A) **Basic Requirement.** When using or disclosing PHI, or when requesting PHI from another entity, employees must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

B) **Exceptions.** The minimum necessary requirement does NOT apply to:
   i) Disclosures to or requests by a health care provider for treatment
   ii) Uses or disclosures made to the individual served, including but not limited to any requests for their records or requests for an accounting of disclosure
   iii) Uses of disclosures made pursuant to an Authorization
   iv) When the disclosure is required by law, is to the Secretary of HHS, or for compliance with HIPAA regulations

3) **Routine Requests or Disclosures.** Staff shall be familiar with and follow procedures detailed in Minimum Necessary – Workforce, Disclosures and Requests when making requests for PHI or disclosures.

4) **Procedures for Non-Routine Disclosures or Requests**
   A) **For non-routine disclosures,** when subject to the minimum necessary provision, the individual making the disclosure will apply the minimum necessary principle. He or she may seek the guidance, if necessary, of the Privacy Officer (or his/her designee).
   B) **For non-routine requests,** the requesting party will utilize the minimum necessary principle, seeking the guidance, if necessary, of the Privacy Officer (or his/her designee).
   C) **Good Faith Reliance** – HCBDD staff may rely on the belief that the PHI requested is the minimum amount necessary to accomplish the purpose of the request when:
      i) The disclosure is made to a **public official,** permitted to receive information, and the public official represents that the request is for the minimum necessary information;
      ii) The request is from another **covered entity;**
      iii) The request is from a **professional** at HCBDD, or a business associate, and the professional or business associate asserts that the request is for the minimum necessary

Board Adopted: 02/24/2014

Revised: 04/12/2019
Confidentiality Safeguards (Oral & Written)

Purpose

HCBDD shall maintain confidentiality of all information to prevent accidental disclosure.

Policy

HCBDD shall maintain appropriate physical, technical, and administrative safeguards to safeguard Paper and Oral PHI.

Procedures

1) Safeguards for Electronic PHI. The HIPAA Security policies detail physical, technical and administrative safeguards to protect electronic PHI. In addition, these policies detail some of the physical security measures for paper records.

2) Oral Privacy
   A) Employees shall be aware of safeguarding oral communications. This includes being aware of surroundings, and using appropriate volume when speaking to prevent others from overhearing conversations.
   B) Employees shall refrain from holding conversations in common areas where individuals receiving services or visitors can overhear PHI.
   C) Discussions concerning individuals should be done in a private area and discussions must be limited to “need to know” information for purposes of providing the best services.
   D) Overheard conversations are not to be shared or repeated.
   E) When in a public place, any cell phone conversations should be conducted in a manner so as not to divulge PHI to bystanders.

3) Safeguards for Written PHI
   A) Control of the Original Paper Records
      i) The HIPAA Privacy Officer shall be responsible for administering the security controls for paper record storage.
      ii) Case and School records shall be kept in a locked and secured. Employees requiring access to these records shall have a key and/or combination for the storage room or cabinet.
      iii) Paper files shall be put away promptly when not being used.
      iv) Original paper records shall not be removed from the building without the authorization of the superintendent, privacy officer or designee.
   B) Other use and storage of paper records
      i) Employees should minimize the use of hardcopy PHI.
      ii) Personal appointment books with names of Individuals being served should be safeguarded while away from the office. It is best to avoid putting last names in appointment books if possible.
      iii) Hardcopy reports and redundant copies of records personally maintained should be kept in a locked file drawer.
   C) Faxing Procedure
i) When faxing a document with PHI, use a cover sheet which indicates that information is confidential, protected under state and federal laws, and not to be re-disclosed.

ii) Care should be taken to transmit fax to the proper recipient.

iii) Faxed documents should not be left at a common fax machine.

D) **Printing and Copying PHI**
   i) Printers and copiers used for printing of PHI should be in a secure, non-public location. If the equipment is in a public location, the information being printed or copied is required to be strictly monitored.
   
   ii) PHI printed to a shared printer should be promptly removed.

   iii) The Security Officer shall monitor all printer and photocopier acquisitions. In the event that this equipment includes internal storage devices, which retain images of photocopies made, the asset shall be managed by the IT department, especially upon disposal to insure destruction of any PHI contained in its storage.

E) **Transportation/outside use of documents with PHI**
   i) Caseworkers and other employees who remove documents from the facility, to conduct fieldwork, are responsible for safeguarding these documents.
   
   ii) When leaving documents unattended in a personal vehicle, the vehicle should be locked. Preferably, the documents and/or their container should not be visible.

   iii) If any documents with PHI are lost or stolen, the incident should be immediately reported to a supervisor.

F) **Visibility of records and other PHI.** All employees using records for individuals and other paperwork with PHI shall arrange these items so that PHI is not readily visible to other individuals receiving services/visitors, especially in high traffic areas such as reception area.

G) **Shredding.** Unneeded paper documents containing PHI shall be destroyed by shredding.

H) **Destruction of PHI in non-paper formats.** Any written PHI in non-paper formats, such as imprints on carbon films used in fax machines, should be destroyed appropriately.

I) **When leaving for the night,** all employees shall clean their desks of PHI to reduce exposures to cleaning personnel and others who may have access to the facilities at night.

J) **Confidentiality with Cleaning Personnel.** Cleaning personnel with access to the facility should be placed under a confidentiality agreement.

4) **Compliance Audits/Facility Review.** At least annually, the HIPAA Privacy Officer shall audit staff compliance with these guidelines. The audit shall consist of a walk-through of the facility, with observations recorded, such as placement of desks, location of computer equipment, any papers with PHI that would be visible to a visitor, etc. The results shall be discussed with the appropriate employee, and any appropriate actions taken.

5) **Enforcement.** All supervisors are responsible for enforcing this policy. Employees who violate this policy will be subject to the appropriate and applicable disciplinary process, up to and including termination or dismissal.

6) **Annual Review.** These safeguards shall be reviewed and updated annually.

Board Adopted: 2/24/2014

Revised: 04/12/2019
Speaking with the Family and Friends of an Individual Receiving Services

Purpose

The HCBDD will work with the team to determine the best plan for each individual.

Policy

HCBDD personnel are allowed to disclose protected health information to individuals involved with the care an individual being served, in specific situations, after giving the Individual the opportunity to either agree to or object to the disclosure.

Procedures

1) If the individual is present
   A) Permitted disclosure to family or friend present. If a family member, or friend of the individual is present while services are being rendered, an employee serving the individual may disclose PHI after one of the following:
      i) verbally seeking permission for the disclosure, and the individual agrees; or
      ii) giving the Individual the opportunity to object to the disclosure, and the individual does not express an objection; or
      iii) the staff member reasonably infers from the circumstances, based on the exercise of professional judgment, that the individual does not object to the disclosure.

2) If the individual is not present
   A) Communications about the individual's care
      i) In the event of a phone call or other discussion with a family member or one involved with the care of the Individual being served by HCBDD, where the Individual is not present, the employee may use their professional judgment to determine if the disclosure is in the best interests of the Individual and, if so, disclose only the PHI that is directly relevant to the person's involvement with the individual's care.
   B) Notifications
      i) An employee may disclose PHI to notify a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location or general condition.

Board Approval: 2/24/2014

Revised: 04/12/2019
Authorizations
Minors, Personal Representatives and Deceased Individuals

Purpose
To establish requirements to maintain confidentiality and to permit the legal release of protected health information (PHI) to minors and personal representatives, and for the release of PHI of deceased individuals.

Policy
Federal HIPAA law changes issued 1/25/2013 relax confidentiality requirements upon death of an individual. These include 45 CFR 164.502(f) which eliminates all protections of information 50 years after the death of an individual, and 45 CFR 164.510(b)(5) which allow for disclosures to people involved with the care of the individual prior to death information that is relevant to the person’s involvement. While HIPAA rules preempt contrary state law, state laws which offer greater privacy safeguards, more rights of access to information, or less coercion shall prevail. No changes have been made to these policies to implement the relaxed HIPAA provisions; consult with your prosecutor regarding whether to change these policies.

Procedures
1) Rights of legally Consenting Minors. Individuals being served, who are minors, and who are legally allowed to consent to treatment under Ohio Law may exercise all rights regarding access to, requests for amendment to, and release of their PHI pursuant to a written authorization.
2) Rights of an Individual’s Personal Representative. HCBDD recognizes an individual’s personal representative as a person authorized to exercise rights of access and/or inspection of PHI, rights to request amendment of PHI, and the right to sign the HCBDD Authorization Form which permits release of PHI.
3) Recognized Personal Representative. HCBDD recognizes the following persons to be personal representatives:
   A) The parent of a child younger than 18 years old
   B) The non-custodial parent of a child younger than 18 years old (ORC 3109.051(H)),
   C) An individual who is recognized through durable power of attorney to have authority to act on the behalf of the Individual (ORC § 1337.13)
   D) The legal guardian of the individual
   E) Any other person authorized by law except in Abuse, Neglect, and/or Endangerment situations, or where HCBDD has received a court order or other documentation limiting privileges of a non-custodial parent as provided below.
   i) Abuse, Neglect, and/or Endangerment Situations. Notwithstanding a state law of any requirement of this paragraph to the contrary, HCBDD may elect not to recognize a person as a personal representative of an individual. In order for HCBDD to choose not to recognize a person as a personal representative, HCBDD must decide that it is not in the best interest of the individual to treat the person as
the individual’s personal representative and must believe that one of the following conditions exist:
1) The individual has been or may be subjected to domestic violence, abuse, or neglect by a parent, guardian, or personal representative.
2) Treating such person as the personal representative could endanger the individual.

ii) Receipt of a court order limiting privileges of a non-custodial parent. In the event that HCBDD receives from the custodial parent a court order limiting the privileges of the non-custodial parent to act in the capacity of the child’s personal representative, HCBDD shall adhere to the restrictions in the court order.

4) **Deceased Individuals**

A) **Disclosure of PHI After Death.** PHI generated during the life of an individual is protected from disclosure after death unless disclosure is for treatment or payment (with a valid consent), quality assurance or other auditing or program review functions. HCBDD and its employees cannot release PHI regarding a deceased individual unless a valid personal representative has been established and has requested the PHI through the proper authorization process.

B) **Disclosure of PHI to Administer Estate.** PHI may be disclosed to the executor or administrator of the estate when the information is necessary to administer the estate (**ORC § 5126.044**).

C) **Proper Party to Authorize Release of PHI Absent Executor, Administrator, or Court Appointed Representative.** Absent an executor, administrator, or other court-appointed representative for the deceased individual’s estate, the following persons listed below may authorize the release of PHI in order of priority. An entire category must be exhausted (i.e., no people in the category exist or are still alive) before moving to the next category.

i) Spouse (if married)

ii) The person’s children

iii) The Person’s parents

iv) The Person’s brothers or sisters

v) The person’s uncles or aunts;

vi) The person’s closest relative by blood or adoption

vii) The person’s closest relative by marriage

Board Adopted: 2/24/2014

Revised: 04/12/2019
Duty to Report Violations and Security Incidents

Purpose

The HCBDD will hold all users responsible for security of the information stored.

Policy

Confidentiality of individual information, and the computer security required to protect information regarding individuals receiving services is taken very seriously at HCBDD. Employees are required to follow all rules in these policies. Any employee who becomes aware of a violation of either confidentiality or computer security rules is obligated to immediately report this violation. Violations will be investigated and appropriate action will be taken.

Procedures

1) Employees Duty to Report Violation. Any employee observing a violation of any of the Confidentiality and Computer Security policies is to report the violation to his/her supervisor.

2) Investigation. The supervisor should refer the incident to the Privacy Officer and/or the Security Officer. The Privacy and/or Security Officer shall, in conjunction with other management personnel as the Board deems appropriate, investigate the matter through discussing the matter with staff, individuals receiving services, or others, and/or review of computer or paper audit trails.

3) Procedure for Security Breach. For security breaches, the Privacy and/or Security Officer will follow any procedures detailed in Breach Reporting.

4) Filing of Written Report by Privacy and/or Security Officer. A written incident report will be written by the Privacy and/or Security Officer. It will be filed in:
   A) the Privacy Officer’s Privacy Violations file; and
   B) the employee’s personnel file.

5) Employee Discipline, if appropriate, action will be taken and documented in accordance with the discipline policy

6) Post-Incident Review. A post-incident review will be conducted by the Privacy and/or Security Officer, with any corrective action taken, such as a change in policy, additional training, or other appropriate action.

Board Adopted: 2/24/2014

Revised: 04/12/2019
Disclosures that do Not Require an Authorization

Purpose

HCBDD will list all cases where an authorization is not necessary to disclose information.

Policy

HCBDD employees may use and disclose PHI in specific situations authorized by state and federal statute. In these cases, the individual’s authorization is not required. Staff will carefully follow specific requirements for these unusual and infrequent disclosures. These disclosures include:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths, and reporting reactions to drugs and problems with medical devices.
- To protect victims of abuse, neglect, or domestic violence.
- For health oversight activities such as investigations, audits, and inspections.
- For judicial and administrative proceedings.
- For law enforcement purposes.
- To coroners, medical examiners, and funeral directors.
- For organ, eye or tissue donation.
- Research.
- To reduce or prevent a serious threat to public health and safety.
- Specialized government functions.
- For workers’ compensation or other similar programs if applicable.

LEGAL NOTES

- ORC § 5126.044 does not authorize any of the excepted disclosures detailed in HIPAA and FERPA. Other Ohio regulations reference disclosures otherwise allowed by federal and state law. HIPAA preempts contrary state law, except where state law offers greater privacy protections, greater rights of access to an individual’s records, or is less coercive. Consult your county prosecutor for review and approval of this policy.

Procedures

HCBDD employees will follow the indicated procedures for the various special circumstances detailed below:

1) Recordkeeping. For all of the disclosures authorized below, the employee handling the
disclosure will document the details of the disclosure on the Disclosure Log which will be maintained in the adult or school record. Copies of all paperwork requesting the disclosure and copies of the records sent will be maintained if practical.

2) **When required by law**
   A) To officials at another school that an Individual served by the board intends to enroll in, or is already enrolled in, for the purposes of Individual’s enrollment or transfer.
   B) The HCBDD may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with, and is limited to, the relevant requirements of such law.

3) **For public health purposes** PHI may be used or disclosed to:
   A) A public health authority authorized by law to collect or receive information for the purpose of preventing or controlling disease, injury or disability, reporting vital events, conducting public health surveillance, investigations or interventions.
   B) A public health or other government authority authorized by law to receive reports of child abuse or neglect.
   C) A person subject to the jurisdiction of the Food and Drug Administration (FDA) regarding his/her responsibility for quality, safety or effectiveness of an FDA regulated product or activity, to report adverse events, product defects or problems, track products, enable recalls, repairs or replacements, or conduct post-marketing surveillance.
   D) A person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.
   E) To the extent that the HCBDD receives PHI disclosed under this section in its role, the HCBDD may use the PHI to carry out its duties.

4) **To protect victims of abuse, neglect, or domestic violence**
   A) **Reports of child abuse**
      i) Reports of child abuse shall be made in accordance with Ohio law.
      ii) The HCBDD may disclose PHI related to the report of abuse to the extent required by applicable law. Such reports shall be made to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect.
   B) **Reports of abuse and neglect other than reports of child abuse or neglect.**
      i) The HCBDD may disclose PHI about an individual believed to be a victim of abuse, neglect, or domestic violence to a governmental authority authorized to receive such reports if:
         1) the individual agrees; or
         2) the HCBDD believes, in the exercise of professional judgment, that the disclosure is necessary to prevent serious physical harm.
      If the individual lacks the capacity to agree, disclosure may be made if not intended for use against the individual and delaying disclosure would materially hinder law enforcement activity.
      
      ii) The HCBDD staff member making the disclosure must promptly inform the individual whose PHI has been released unless:
         1) doing so would place the individual at risk of serious harm; or
         2) the HCBDD would be informing a personal representative, and the HCBDD reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by the HCBDD, in the exercise of professional judgment.
5) **For health oversight activities such as investigations, audits, and inspections**
   A) PHI may be used or disclosed for activities related to oversight of the health care system, government health benefits programs, and entities subject to government regulation, as authorized by law, including activities such as audits, civil and criminal investigations and proceedings, inspections, and licensure and certification actions.
   B) Specifically excluded from this category are investigations of an individual that are not related to receipt of health care, or the qualification for, receipt of, or claim for public benefits.
   C) To the extent that the HCBDD receives PHI disclosed under this section in its role as LMAA, the HCBDD may use the PHI to carry out its duties.

6) **For judicial and administrative proceedings**
   A) The HCBDD must always comply with a court order, but only in accordance with the express terms of the order.
   B) For a subpoena, discovery request or other lawful process: the HCBDD may comply with such legal requests only if:
      i) The HCBDD receives satisfactory assurance from the party seeking the information that reasonable efforts have been made by such party to ensure that the individual who is the subject of the requested PHI has been given notice of the request; or
      ii) The HCBDD receives satisfactory assurance from the party seeking the information that reasonable efforts have been made by such party to secure a qualified protective order.
   The HCBDD will consult with legal counsel, prior to any response to a subpoena to ensure compliance with applicable requirements.

7) **For law enforcement purposes**
   A) **Conditions Allowing for Disclosure of PHI to Law Enforcement.** PHI may be disclosed for the following law enforcement purposes and under the specified conditions:
      i) Pursuant to court order or as otherwise required by law, i.e., laws requiring the reporting of certain types of wounds or injuries; or commission of a felony, subject to any exceptions set forth in applicable law.
      ii) Decedent's PHI may be disclosed to alert law enforcement to the death if entity suspects that death resulted from criminal conduct.
      iii) The HCBDD may disclose to a law enforcement official protected health information that the HCBDD believes in good faith constitutes evidence of criminal conduct that occurred on the premises of the HCBDD.
   B) **Reporting Commission and Nature of Crime.** PHI may be disclosed to law enforcement personnel to report the commission and nature of a crime; The location of such crime or of the victim(s) of such crime; and the identity, description, and location of the perpetrator of such crime. When responding to requests about the location of a suspect, fugitive, material witness, or missing person, the following PHI may be released:
      i) Name and address
      ii) Date and place of birth
      iii) Social security number
      iv) ABO blood type and RH factor
      v) Type of injury
      vi) Date and time of treatment
      vii) Date and time of death, if applicable,
      viii) A description of distinguishing physical characteristics, including height, weight,
gender, race, hair and eye color, presence or absence of facial hair scars, and tattoos

C) Compliance/Enforcement of privacy regulations: PHI must be disclosed as requested, to the Secretary of Health and Human Services related to compliance and enforcement efforts. The HCBDD shall not respond to a court order, subpoena, or request for information from law enforcement without review by an attorney to ensure compliance with applicable requirements.

8) To coroners, medical examiners, and funeral directors
   A) PHI may be disclosed to coroners, medical examiners and funeral directors, as necessary for carrying out their duties.

9) Organ, eye or tissue donation
   A) PHI of potential organ/tissue donors may be disclosed to the designated organ procurement organization and tissue and eye banks.

10) To reduce or prevent a serious threat to public health and safety
    A) The HCBDD may disclose PHI as follows, to the extent permitted by applicable law and ethical standards:
        i) Good Faith. PHI may be used or disclosed if the entity believes in good faith:
           1) that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to a person or the public, and disclosure is to someone reasonably able to prevent or lessen the threat; or
           2) the disclosure is to law enforcement authorities to identify or apprehend an individual who has admitted to violent criminal activity that likely caused serious harm to the victim or who appears to have escaped from lawful custody.
    B) Disclosure of Individual’s Admitted Participation in a Violent Crime. Disclosures of admitted participation in a violent crime are limited to the individual's statement of participation and the following PHI: name, address, date and place of birth, social security number, blood type, type of injury, date and time of treatment, date and time of death, if applicable, and a description of distinguishing physical characteristics.
    C) Disclosure of Individual’s Admitted Participation in a Violent Crime Learned in the Course of Treatment. Disclosures of admitted participation in a violent crime are not permitted when the information is learned in the course of treatment entered into by the individual to affect his/her propensity to commit the subject crime, or through counseling, or therapy or a request to initiate the same.

11) Specialized government functions
    A) National Security and Intelligence: PHI may be disclosed to authorized federal officials for the conduct of lawful intelligence, Counterintelligence, and other activities authorized by the National Security Act.
    B) Protective Services: PHI may be disclosed to authorized federal officials for the provision of protective services to the President, foreign heads of state, and others designated by law, and for the conduct of criminal investigations of threats against such persons.
    C) Correctional Institution or Law Enforcement Official. The HCBDD may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual protected health information about such inmate or individual, if the correctional institution or such law enforcement official represents that such protected health information is necessary for:
        i) The provision of health care to such individuals;
ii) The health and safety of such individual or other inmates;
iii) The health and safety of the officers or employees of or others at the correctional institution;
iv) The health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;
v) The administration and maintenance of the safety, security, and good order of the correctional institution.
The provisions of this section do not apply after the individual is released from custody.

D) Public Benefits: PHI relevant to administration of a government program providing public benefits may be disclosed to another governmental program providing public benefits serving the same or similar populations as necessary to coordinate program functions or improve administration and management of program functions.

12) In connection with “whistleblowing”. In connection with “whistleblowing”, or reporting of a violation of law or ethics, an employee of HCBDD may disclose PHI to his/her attorney, and to other parties specified in Ohio Revised Code § 4113.52, while following the procedures outlined in that statute.

13) For workers’ compensation or other similar programs if applicable.
   A) PHI may be disclosed as authorized and to the extent necessary to comply with laws relating to workers’ compensation and other similar programs.

Board Adopted: 2/24/2014

Revised: 04/12/2019
Individual’s Right to Access Records

Purpose

Individuals, served by HCBDD, and their personal representatives, have the right to access and/or inspect the PHI contained in the designated record set, subject to any limitations imposed by law.

AUDIENCE

Privacy Officer, Supervisors

AUTHORITY

45 CFR 164.524(e) individual’s right to access PHI
45 CFR 164.524(b) Time limits on response to access
45 CFR 164.524(c) Form of access
ORC § 1347.08(A)(2) individual’s right to access records
OAC § 3301-51-04 Confidentiality, for Education of Students with Special Needs
OAC § 5123:2-1-02(I)(7)(d) County Board Administration – Record Policy – Right of Access
OAC § 5123:2-1-02(I)(7)(a)(iv) County Board Administration – Records policy – Informing individuals receiving services about types and locations of records kept

Policy

State laws, HIPAA, and FERPA all provide that individuals receiving services have access to their records. State law offers greater right of access than HIPAA, which includes exceptions; consequently the state law applies with no restrictions to an individual’s access.

Procedures

1) **Who May Access Records**
   A) An individual served by the board above the age of 18, the parent/guardian of a child, the guardian of an adult not able to act on their own behalf, or any "personal
representative", of any of those individuals may access the records. See Policy 1070 Minors, Personal Representatives and Deceased Individuals.

B) 3rd Party Review. An individual or parent may include any 3rd party of their choosing, including an attorney, to review the records.

C) Presumption of Parental Right to Access Records. HCBDD may presume that either parent of a minor may have access unless presented with documentation that the parent does not have authority under applicable state law governing such matters as guardianship, separation, or divorce.

2) Procedure, form and method of access
A) Requests for Access. Requests for access to records shall be directed to the Privacy Officer or his/her designee.

B) Verification Procedure. The Privacy Officer shall follow the Verification Procedure to verify the identity of the requestor. For any grant of access to someone other than the parent, the authority of the requestor to access the information shall also be verified. This might include documentation of guardianship or documentation that the individual was appointed a “Personal Representative” under HIPAA.

C) Forms of Access Requested by the Individual. The HCBDD shall provide the individual with access to their records in any of the following ways requested by the individual:

i) By inspection. HCBDD shall provide a private room for the individual to review the records under the supervision of a HCBDD staff member who will insure that the record is not altered, or

ii) Photocopy. HCBDD shall provide a photocopy of the entire record or portion of the record requested.

iii) Electronic format. HCBDD shall provide an electronic copy of the information requested if this is feasible; if not, the Security Officer or his/her designee shall negotiate an electronic format and transmission method acceptable to both parties and fulfill the request.

1) If the individual requests the information via email and only unsecured email is available, the individual shall be notified that this method is subject to electronic eavesdropping. If the individual is willing to accept the risks, the info shall be sent via email.

2) The board shall honor requests for commonly used media, such as USB Flash drives.

D) Record of Parties Accessing Records. The Privacy Officer or his/her designee shall maintain a record of parties accessing records (except the access by the individual or their parent) including the name of the party, the date access was given, and the purpose of access.

3) Other services/rights of individuals, parents, and guardians
A) Explanation and Interpretation of Records. HCBDD will respond to reasonable requests for explanation and interpretation of the records.

B) List of Types and Locations of Records Maintained by HCBDD. Upon request, HCBDD must provide individuals, parents and guardians a list of the types and locations of records maintained or used by HCBDD.

C) Known Records Not Maintained by HCBDD. If the HCBDD does not maintain the PHI that is the subject of the individual’s request for access, and the HCBDD knows where the requested information is maintained, the HCBDD must inform the individual where to direct the request for access.

4) Time for response to request for access
A) Access shall be granted without unnecessary delay. In particular, requests should be honored prior to any scheduled IEP meeting, hearing, or administrative procedure. Requests in all cases shall be honored within 5 business days.

5) **Fees for copying/electronic media**
   A) HCBDD at present has no fees for photocopies, postage or electronic media used to provide records.

Approval: 2/24/2014
Revised: 04/12/2019
Individual’s Right to Request Amendment of Records

Purpose
The purpose of this policy is to clarify an individual's right to request amendment of records.

Policy
Subject to the rules set forth in applicable requirements and HCBDD procedures, an individual has the right to have the HCBDD amend PHI or a record about the individual in a designated record set for as long as the PHI is maintained in the designated record set.

AUDIENCE
Privacy Officer, Supervisors

AUTHORITY
45 CFR 164.526(f) Individual's right to request amendment
OAC § 3301-51-04 Confidentiality, for Education of Students with Special Needs
ORC § 1347.09 Disputing of Records
34 CFR 99.20 FERPA – Requesting amendment of records
34 CFR 99.21 FERPA – Rights to a Record Hearing
34 CFR 99.22 FERPA – Requirements for a Records Hearing

LEGAL NOTES
These policies are designed to simultaneously comply with Federal HIPAA and FERPA regulations as well as Ohio regulations. All these regulations are similar; where they differ, policies are written to follow the regulations that provide the greatest degree of privilege and right of appeal to the individual.

Procedures
REQUESTS FOR AMENDMENTS
1) Amending Statements Believed to be Inaccurate, Misleading or in Violation of
Individual's Rights. An individual, parent, guardian, or other person acting as a HIPAA personal representative may request amendment of PHI about the individual (and exercise rights for hearing and statements of disagreement), which they believe is inaccurate, misleading, or violates the rights of the individual, and is held by the HCBDD or any Business Associate. Such request shall be in writing and shall be subject to the requirements set forth in these procedures.

2) Responsibility of Privacy Officer. The Privacy Officer of the HCBDD is responsible for receiving requests for amendment, processing the requests, arranging for any hearings, and completing required documentation.

3) Time to Act on a Request for Amendment. The HCBDD will act on a request for amendment without unnecessary delay and no later than 60 days after the date of the request.

4) Accepted Request for Amendments. If the HCBDD accepts the requested amendment, in whole or in part,
   A) the HCBDD must make the appropriate amendment, and inform the individual and other persons or entities who have had access to the information.

Denied Request for Amendments. Otherwise, if the HCBDD believes the existing record is correct as is, it may deny the amendment:

   A) Written Notice. If an amendment is denied, the HCBDD will give written notice in plain language which includes the following:
      i) The basis for the denial;
      ii) The individual's right to submit a written statement disagreeing with the denial and how the individual may file such a statement;
      iii) A statement that, if the individual does not submit a statement of disagreement, the individual may request that the HCBDD provide the individual's request for amendment and the denial with any future disclosures of the protected health information that is the subject of the amendment; and
      iv) The individual's right for a hearing to challenge the information.

   B) Statement of Disagreement. If the individual submits a statement of disagreement, the Privacy Officer will insert this statement into the appropriate portion of the record. Otherwise, the Privacy officer will insert into the record that the individual requested an amendment and the HCBDD's denial.

   C) Written Rebuttal. The HCBDD may prepare a written rebuttal to the individual's statement of disagreement. Whenever such a rebuttal is prepared, the HCBDD must provide a copy to the individual who submitted the statement of disagreement.

   D) Permanent Record. The inserted statement of disagreement and any rebuttal become a part of the permanent record and must be included with all future disclosures of the covered records.

   E) Individual's Request for Copy of Changed Record. At the individual's request, HCBDD will send a copy of the changed record to any party requested by the individual (per ORC 1347.09).

   F) Separate Transmission of Information in EDI Format. If the disclosure which was the subject of amendment was transmitted using a standard EDI format, and the format does not permit including the amendment or notice of denial, the HCBDD may separately transmit the information to the recipient of the transaction in a standard EDI format.
RECORDS HEARINGS

HCBDD must offer a Records Hearing to any individual who is denied a requested amendment of their records.

1) Hearing Procedures
   A) The HIPAA Privacy Officer will arrange the Records Hearing.
   B) The Privacy Officer must schedule the hearing within a reasonable time upon receiving a request.
   C) HCBDD shall give the individual notice of date, time and place reasonably in advance of the hearing.
   D) To conduct the hearing, the Privacy Officer may appoint any individual, including an official of HCBDD, who does not have a direct interest in its outcome.
   E) During the hearing, the parent shall have a full and fair opportunity to present evidence relevant to their objection. The individual or parent may obtain assistance of any individual(s), including an attorney hired at their own expense, to assist them.
   F) The decision shall be based solely on the evidence presented.
   G) The decision shall be documented in writing, within a reasonable time of the hearing, and shall include a summary of the evidence presented and the reasons for the decision.

2) Results of Hearing
   A) If, as a result of the hearing, HCBDD decides that the information in its records is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the individual, it must amend the information accordingly and inform the individual in writing.
   B) If, as a result of the hearing, HCBDD decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the individual, it must inform the individual of their right to place in the record a statement commenting on the information or setting forth any reasons for disagreeing with the decision of HCBDD.
   C) Any information placed in the record as a result of this hearing, HCBDD must maintain this statement as part of its permanent record, and include it with any subsequent disclosure.

Board Approval:  2/24/2014

Revised:  04/12/2019
Individual’s Right to Receive an Accounting of Disclosures

Purpose
HCBDD will follow all regulations when it comes to disclosure of information.

Policy
In accordance with HIPAA Regulations, Individuals must be told, if they ask, what personal health information has been sent to whom and why.

AUDIENCE
Privacy Officer, Supervisors

REFERENCES
45 CFR §164.528
45 CFR 164.528(d) Individual’s right to an accounting of disclosures of PHI
34 CFR 99.32 FERPA Recordkeeping requirements concerning requests and disclosures

Procedures
1) Proper Records. The Privacy Officer shall be responsible for insuring that proper records are kept to allow for proper and complete responses to any requests for accountings of disclosures. See also procedures listed in 1090 Disclosures that do Not Require an Authorization and 1050 Authorizations which detail the use of the Disclosure Log.

2) Individual’s Right to Request Accounting of Disclosures of PHI. Generally, an individual has the right to request an accounting of disclosures of their PHI by HCBDD and its business associates during a time period of up to six years prior to the date of the individual’s request. Most disclosures are not required to be included in the accounting. The types of disclosures which are not required to be accounted for are:
A) For the purposes of treatment, payment and health care operations (45 CFR §164.502);
B) To the individual receiving services, or to a parent, guardian or personal representative, of the individual’s own PHI (45 CFR §164.502);
C) Incidental disclosures, as detailed in (45 CFR §164.502);
D) Pursuant to an authorization (45 CFR §164.508);
E) To persons involved in the individual’s care or other notification purposes (45 CFR §164.510);
F) For national security and intelligence purposes, as detailed in (45 CFR §164.512(k)(2);
G) Disclosures to prisons and other law enforcement agencies regarding an individual who is in custody, as detailed in (45 CFR §164.512(k)(5).

3) **Employee Documentation of Disclosures.** Any employee who makes a disclosure other than listed above shall document the disclosure in the Individual File, with all information described in step 5b below. More specifically, the following types of disclosures must be documented:
   A) To public health authorities
   B) Birth and death reporting
   C) To law enforcement regarding crime on premises
   D) To law enforcement in emergencies where crime is suspected
   E) For cadaveric organ, eye, tissue donation purposes
   F) For judicial and administrative proceedings
   G) For research with an IRB waiver
   H) To military command authorities
   I) For Workers Comp purposes
   J) To correctional institutions except as detailed in 2G above
   K) About decedents to medical examiners, funeral directors, coroners
   L) For public health activities
   M) About victims of abuse
   N) Regarding child abuse or neglect
   O) To the FDA
   P) To a person who may have been exposed to a communicable disease
   Q) To health oversight agencies for audits, civil or criminal investigations, inspections, licensure or disciplinary actions
   R) In response to a court order
   S) In response to a subpoena or discovery request
   T) As required by law for wound or injury reporting
   U) For identification & locating suspect or fugitive
   V) Unlawful and unauthorized disclosures we have knowledge of

4) **Requests to Suspend Individual’s Right to Disclosure.** Health oversight agencies and law enforcement officials may request a suspension of an individual’s rights to disclosure. If such a request is received, follow procedures in 45 CFR § 164.528.

5) **Compliance with Request for Accounting Within 45 Days.** The HIPAA Privacy Officer shall comply with an individual’s request for an accounting within 45 days of the request. The HCBDD does not charge a fee for accountings.

6) **The written accounting must meet the following requirements:**
   A) All disclosures of the Individual’s PHI during the 6 years prior to the request (or such shorter period as is specified in the request) as stated above.
   B) As to each disclosure, the accounting must include:
      ii) The date of the disclosure.
      iii) The name of the entity or person who received the PHI, and, if known, the address of such entity or person.
      iv) A brief description of the PHI disclosed.
v) A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis of the disclosure, or as an alternative, a copy of the request for the disclosure.

vi) If during the time period for the accounting, multiple disclosure have been made to the same entity or person for a single purpose, the accounting may provide the information as set forth above for the first disclosure, and then summarize the frequency, periodicity, or number of disclosure made during the accounting period and the date of the last such disclosure during the accounting period.

vii) If the accounting request includes school records, consult legal counsel regarding the need to obtain records of redisclosures by state or local school officials (see 34 CFR 99.32).

C) HCBDD will retain documentation (in written or electronic format) for a period of 6 years:
   i) All information required to be included in an accounting of disclosures of PHI.
   ii) All written accountings provided to individual.

Approval: 2/24/2014

Revised: 04/12/2019
Individual’s Right to Request Additional Restrictions

Purpose
HCBDD will make every attempt to follow the requests of individuals when it comes to their information.

Policy
HCBDD supports Individual's right to request restrictions on the use or disclosure of protected health information which may be above and beyond the restrictions in organizational policy

AUDIENCE
Privacy Officer, Supervisors

REFERENCES
45 CFR § 164.522(a)

Procedures
1) Refer the Request to HCBDD’ Privacy Officer or Designee: All requests will be referred to the HIPAA Privacy Officer, or his/her designee. Upon receiving a request, the Privacy Officer shall consider the following factors, in the decision to grant or deny the request:
   A) Whether the restriction might cause the organization to violate applicable federal or state law;
   B) Whether the restriction might cause the organization to violate professional standards, including medical ethical standards;
   C) Whether HCBDD’ systems and organization make it very difficult or impossible to accommodate the restriction;
   D) Whether the restriction might unreasonably impede the organization’s ability to serve the Individual;
   E) Whether the restriction appears to be in the best interests of the Individual.
2) Decision Whether HCBDD will agree: The HCBDD is not obligated to agree to any requests for restriction, except in the unlikely event that the request is not to bill the Medicaid program or other 3rd party payer and that the individual receiving services agrees to pay for the service themselves.
3) Notify the Individual: HCBDD will notify the Individual of its final decision (whether approving or denying the request) in writing. The notice will be maintained in the Main Individual Record.
   A) Granting the Request: If HCBDD agrees to the restriction, the notice to the Individual will clearly state what restriction HCBDD is agreeing to in language the Individual will understand. This notice will state that the restriction will not apply if the information is needed for emergency treatment.
   B) Denying the Request: If the request is denied, the notice will clearly state why the request cannot be complied with, in language the Individual will understand.
4) **Take Appropriate Action to Implement Restrictions:** If HCBDD agrees to the requested restriction, the Privacy Officer/designee will be responsible for taking appropriate action to implement the restriction.

5) **Modifying or Terminating a Restriction:** An Individual may request a restriction to be eliminated at any time. If HCBDD desires a modification, consult legal counsel regarding appropriate procedures.

6) **Documentation:** The Privacy Officer is responsible for maintaining the following documents, to assure that additional privacy protections are handled properly, and assure they are maintained for six years from the date of their creation:
   A) Copies of Individual requests for restrictions.
   B) Copies of any notice informing the Individual about HCBDD’ decision to grant or deny a restriction.
   C) Copies of any written Individual request to terminate a restriction, or alternatively, copies of any documentation in the Individual's record that the individual made such request orally.

Board Approval: 2/24/2014

Revised: 04/12/2019
Individual’s Right to Request Confidential Communications

Purpose

HCBDD will make every attempt to follow the wishes of the individual (or their parents) in how we communicate confidential information.

Policy

Individuals (or their parents) are entitled to request confidential communications, including for example, to not receive communications at their home address. These requests will be honored to the extent that they can be reasonably accommodated with our administrative systems.

REFERENCES

45 CFR 164.502(h) Confidential communications
45 CFR 164.522(b) Confidential communications requirements

AUDIENCE

Privacy Officer

Procedures

1) Individual’s Right to Request Confidential Communications. Individuals, or their personal representative, may make a request for confidential communications in writing to the Privacy Officer.

2) Receiving a Request, When the Privacy Officer receives a request, the privacy officer may not ask the reason for the request. The Privacy Officer shall contact the individual making the request to obtain an alternate means of contacting them (e.g. cell phone, PO Box, etc.). The individual will be informed at that time of steps HCBDD will take to implement the request.

3) Implementing the Request, If existing systems are capable of administering the request, the privacy officer shall take necessary steps to implement the request, such as adjusted phone numbers or addresses in computer files or mailing lists.

4) Documenting the Request. The Privacy Officer shall document the request, and disposition, in the Individual’s Record.

5) Recommending Necessary Improvements in Computer Systems or Administrative Procedures. When needed, the Privacy Officer will make recommendations to the
Superintendent of improvements necessary in computer systems or administrative procedures in order to implement reasonable requests for confidential communications.

Board Approval:  2/24/2014
Revised:  04/12/2019
Individual’s Right to Notice of Privacy Practices and Policies

Purpose

HCBD will notify individuals and their families of the privacy practices followed by the board.

Policy

Individuals (or their parents) are entitled to a notice detailing the privacy practices of the board. The board will provide such notice in a manner compliant with both the HIPAA and FERPA regulations.

REFERENCES

45 CFR 164.520 Notice of privacy practices for protected health information

45 CFR 164.502(i) Uses and disclosures consistent with notice

34 CFR 99.7 Notice (FERPA)

AUDIENCE

Privacy Officer

Procedures

1) Drafting of Notice. The Privacy Officer shall draft a notice which is compliant with the requirements of the HIPAA regulations and FERPA regulations. This shall include translations as necessary based on the language needs of the individuals served. Further, the notice shall be consistent with the board’s privacy practices as detailed in these policies.

2) Updating Notice. The Privacy Officer shall update the Notice as necessary based on changes in the board’s privacy policies and/or the legal requirements. Upon update, the website and notices posted at each facility (see below) shall be updated.

3) Distribution of Notice. The Privacy Officer shall insure that Board policies and procedures, are maintained to insure appropriate distribution of Notice:
   A) The first distribution shall be documented in the records of the individual served. This documentation shall consist of a signed acknowledgement that the individual or parent received the Notice, for compliance with HIPAA requirements.
   B) While the individual is in Blanchard Valley School the Notice shall be distributed annually to all parents, in compliance with FERPA requirements for Annual Notice.
   C) An additional copy of the Notice shall further be provided upon request by an individual or parent.
4) **Posting of Notice.** The Privacy Officer shall insure that the Notice is posted:
   
   A) **Website.** On the board’s website.
   
   B) **At Each Facility.** At each facility, in a place where individuals served can be reasonably expected to see the notice.

Approval: 2/24/2014

Revised: 04/12/2019
Confidentiality Policies for Supervisors
Business Associate Contracts

Purpose

HCBDD administration will ensure all contracts and supervisors follow our confidentiality policies.

Policy

HCBDD will obtain satisfactory assurance that Business Associates will appropriately safeguard PHI by maintaining appropriate HIPAA Business Associate agreements or MOUs.

REFERENCES:

45 CFR 160.103
45 CFR § 164.502(e)
45 CFR § 164.504(e)
ORC § 5126.044 – Ohio Statute on confidentiality of records

Procedures

1) Business Associate Contract or Memorandum of Understanding. HCBDD will have a written Business Associate Contract with every Business Associate. For a COG or other government agencies, a Memorandum of Understanding will be executed. See Appendix A Identifying Business Associates.

2) Annual Review of all Contractual Relationships. On an annual basis, the HIPAA Privacy Officer will review all contractual relationships to and verify that up-to-date Business Associate contracts are in place.

3) Satisfactory Assurances. The Business Associate Contract will provide satisfactory assurances that the Business Associate will not use or disclose the PHI of HCBDD individuals receiving services other than as provided in the Business Associate Contract. The Business Associate Contract will conform to both the requirements of the HIPAA regulations. See Appendix B - Sample HIPAA Business Associate Agreement.

4) Material Breach or Violation of Business Associate Contract. In the event HCBDD learns of a pattern of activity or practice of a Business Associate that constitutes a material breach or violation of the Business Associate Contract, HCBDD will take steps to cure the breach or end the violation. If HCBDD is unable to cure the breach or end the violation, HCBDD will terminate the Business Associate Contract.

Approval: 2/24/2014

Revised: 04/12/2019
Notice of Privacy Practices

Purpose

HCBDD wants to ensure that all individuals know their rights of privacy.

Policy

HCBDD will provide a written Notice of Privacy Policies, as required by law, to each Individual.

REFERENCES

45 CFR 164.520
ORC § 1347.08(A)(3) (Personal Information Systems)
OAC § 5123:2-1-02(I) County Board Administration – Records, Informing individuals about policies
34 CFR 99.7 FERPA Annual Notification

LEGAL NOTES

FERPA Requires an annual notice. HIPAA requires a one-time notice, with redistribution upon change.

Procedures

1) Creation and Update of Notice.
   A) The HIPAA Privacy Officer shall create the Notice of Privacy Practices to conform with requirements of HIPAA and FERPA.
   B) Upon material change of the notice, which is required upon any material change of privacy policies, an updated copy will be provided to all Individuals receiving services and/or parents.

2) Distribution of Notice.
   A) All individuals and/or their parents will receive a copy of the Notice of Privacy Practices upon intake with the board.
   B) As part of that intake process, the Individual and/or parent, guardian or personal representative, shall sign an acknowledgement of their receipt of this Notice as part of the intake paperwork. This acknowledgement will be retained as part of the permanent record.
   C) For children in the school, an updated copy of the notice will be sent to individuals and/or their parents each year with the Back To School information.

3) Other Postings and Requirements
   A) The Notice of Privacy Practices will be posted in reception areas of all board facilities.
B) The Notice of Privacy Practices will be posted on the website.
C) Copies of the notice will be maintained for 6 years

Approval:  2/24/2014
Revised:  04/12/2019
Non-intimidation and Non-retaliation

Purpose

HCBDD wants to ensure people that no one will be harassed for exercising rights.

Policy

HCBDD will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against individuals who exercise any right, not against staff or other individuals who express the opinion that HCBDD policies are not consistent with the law, or not being implemented properly. HCBDD will not require any individual receiving services to waive any of his/her rights under HIPAA as a condition of education, treatment, or enrollment.

Procedures

1) HCBDD will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against:
   A) Individuals Receiving Services. Any Individual for the exercise by the individual of any right under, or for participation by the individual in any process established by the HIPAA compliance rule;
   B) Individuals receiving Services and others. Any Individual receiving services, or other person for:
      i) Filing of a complaint with the Secretary under HIPAA compliant;
      ii) Testifying, assisting or participating in an investigation, compliance review, proceedings or hearing under Part C of Title XI; or
      iii) Opposing any act or practice made unlawful by HIPAA compliance rules, provided the individual or person has a good faith belief that the practice opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of protection health information.

2) Retaliatory action is defined as doing any of the following:
   A) Removing or suspending the employee from employment;
   B) Withholding from the employee salary increases or employee benefits to which the employee is otherwise entitled;
   C) Denying the employee a promotion that would have otherwise been received;
   D) Transferring or reassigning the employee;
   E) Reducing the employee in pay or position.

3) Non-retaliation statement. A person who in good faith brings a complaint will not be subject to retaliation. Retaliation against any person who falls within this definition, either individual served or staff member of HCBDD, is strictly prohibited.

4) Prohibition against Waiver of Rights. No office, program, facility or employee of the HCBDD shall require individuals to waive any of their rights under HIPAA as a condition of treatment, payment, and enrollment in a health plan or eligibility for benefits.

5) HCBDD will also follow the whistleblower policy as appropriate.

Approval: 2/24/2014
Revised: 04/12/2019
HIPAA Assignments and Documentation

**Purpose**
HCBDD will be fair and transparent in documenting HIPAA regulations and compliance.

**Policy**
HCBDD will maintain written Policies and Procedures, including a 6-year audit trail. In addition, all documentation required by HIPAA regulations will be maintained for 6 years. The HIPAA Privacy Officer shall be responsible for insuring the proper maintenance of all required documentation.

**REFERENCES:**

Federal Law 45 CFR 164.530(j) – Documentation requirement,

164.520(e) – Notices of Privacy Practices;

164.524(e) – Access of individuals to protected health information;

164.526(f) – Amendment to protected information;

164.508(b)(6) – Uses and disclosures for which an authorization is required;

164.512(i)(2) – Uses and disclosures for research purposes;

164.522(a)(3) – Rights to request privacy protection for protected health information;

164.528(d) – Accounting of disclosures of protected health information – Implementation specification

ORC § 5126.044(E) (General records of DD Boards)

OAC § 5101:3-3-20(L) (ICFs/IID)

OAC § 5101:3-40-01 (ISPs for IO Waiver)

OAC § 5123:1-2-02(J)(8) (Waiver records)

OAC § 5123:1-2-08(R) (IO waivers)

OAC § 5123:1-2-11(P) (HCBS waivers for licensed providers)

OAC § 5123:2-1-02(l)(7) appointment of person responsible for ensuring the safekeeping of records and securing them against loss or use by unauthorized persons.

OAC § 5123:2-15-01(C)(6) (Habilitation Center/TCM records)
LEGAL NOTES

State law requires notice and approval prior to destruction of an individual’s records which contain PHI. There is no comparable requirement in HIPAA.

Procedures

1) **Designating a Privacy Officer and Other Individuals to Assist HIPAA Committee.** The superintendent shall designate an individual to be the Privacy Officer, who is responsible for development, implementation, enforcement, and update of HIPAA Privacy policies and procedures. The superintendent may also designate other individuals to assist, a HIPAA committee, which may include representatives from each program (e.g. workshop, adult services, residential services, administration, SSA, information systems).

2) **Documenting Records Covered by HIPAA and FERPA.** The records covered by HIPAA and FERPA shall be detailed and documented following the procedures for the “Designated Record Set” of the HIPAA regulations.

3) **HIPAA Mandated records.** HIPAA Mandated records include the following:
   A) HIPAA Required designations, including, Hybrid entity designation if applicable, description of records in Designated Record Set, the names of staff responsible for duties of Privacy Officer, receiving HIPAA complaints, providing access to Individual records, receiving requests for amendment of Individual records, answering questions about HIPAA policies and procedures.
   B) Notice of Privacy Practices, as described in **Notice of Privacy Practices.**
   C) Restrictions on use or disclosure of PHI agreed to by HCBDD as described in the **Individual’s Right to Request Additional Restrictions.**
   D) Records of disclosures, as required by the **Individual’s Right to Receive an Accounting of Disclosures.**
   E) Any signed authorization as described in **Authorizations.**
   F) All privacy-related complaints received, and their disposition, if any, as described in **Privacy Complaints.**
   G) Any sanctions that are applied as a result of non-compliance with HIPAA-mandated policies as detailed in **Policy 1080 Duty to Report Violations and Security Incidents.**
   H) Incident Reports and other documentation specified by **Policy 3035 Breach Reporting.**

The above records will be maintained for 6 years.

4) **Policy and Procedure Audit Trail.** When created or updated, all policies will be annotated with the approval date and revision history. Current policies will be maintained in a computer file folder designated “current policies”. Any previous versions will be renamed with the creation date in the file name, and placed in a computer file folder designated “archived policies.”

5) **Updating Required Designations.** The Privacy Officer, will maintain and update HIPAA Required Designations as necessary.

6) **Compliance Notes.** The Privacy Officer and Security Officer will maintain records of compliance activity including meeting notes, vendor contracts, internal audit activities.

7) **Internal Audit.** The privacy officer shall conduct a periodic audit, as necessary, to insure proper maintenance of all documentation itemized in this policy.

Approval:  2/24/2014

Revised:  04/12/2019
Privacy Complaints

Purpose

The HCBDD wants all individuals to advocate for their privacy.

Policy

Any individual or employee to may complain about the HCBDD’s Confidentiality and Privacy policies and procedures and/or the HCBDD’s compliance with those policies and procedures. The HCBDD shall take action and document all such complaints.

AUDIENCE

All Staff

AUTHORITY

45 CFR 164.530(d) HIPAA complaint procedures

ORC § 5123.64(A) requires establishment of a complaint procedure

OAC § 5123:2-1-12 administrative resolution of complaints involving the programs, services, policies, or administrative practices of a county board or the entities acting under contract with a county board

Procedures

1) The HIPAA Privacy Officer shall manage this complaint process, and shall be designated in the Notice of Privacy practices as the individual to receive complaints.

2) The HCBDD will extend the provisions of the whistleblower policy to all individuals who file confidentiality or privacy related complaint.

3) Employee to File Written Complaint with Privacy Officer. An employee or individual should file their complaint in writing to the privacy officer. Employees may review the whistleblower policy which provides for alternate officials to receive the written complaint.

4) Review and Investigation of Complaint. Upon receipt of a complaint, the Privacy Officer (or the employee’s supervisor or Superintendent) shall review and investigate the complaint.

5) Corrective Action. If warranted, the Privacy Officer shall take corrective action, which may include:
   A) Change of policy and/or procedure.
   B) Intervention with an employee who is not following procedures including additional training and/or sanctions.
   C) Other action as appropriate.

6) Communicating Results of Investigation and Corrective Action. The Privacy Officer shall communicate the results of the investigation and any corrective action taken to the individual filing the complaint.

7) Documentation of Complaints. The HCBDD shall document all complaints received and
the disposition of each complaint, if any. Documentation shall be maintained in accordance with Policy HIPAA Assignments and Documentation.

Approval: 2/24/2014
Revised: 04/12/2019
Policy Updating and Staff Training

Purpose
HCBDD wants to ensure all staff are trained.

Policy
HCBDD is committed to maintaining updated Policies as required by law, and to train staff as necessary on these policies.

REFERENCES
45 CFR 164.530(b)
45 CFR 164.530(i)
45 CFR 164.520
ORC § 5123.64(A) training in rights
OAC § 5123:2-3-08 staff training in licensed facilities
OAC § 5123:2-5-01(C)(12) training requirements for adult service workers
OAC § 5123:2-5-02(C)(12) training requirements for adult service workers
OAC § 5123:2-5-05(C)(13) training requirements for early intervention workers
OAC § 5123:2-5-07(C)(9) training requirements for investigative agents

Procedures
1) Annual Review and Update of All Policies. The HIPAA Privacy Officer shall each conduct an annual review of all policies, and update policies as necessary based on new circumstances, changes in federal regulations and any changes in Ohio state laws and regulations governing DD Boards. An audit trail of policy changes will be maintained as detailed in Policy 1330 HIPAA Assignments and Documentation.

2) Training New Staff on Confidentiality and Computer Security Policies. The HIPAA Privacy Officer shall insure that all new staff will be receive training on HCBDD Confidentiality and Computer Security policies promptly after hiring.

3) Training All Staff When Policies are Substantially Changed. The HIPAA Privacy Officer shall insure that staff receive training on Confidentiality and Computer Security policies when they are substantially changed. This training shall be implemented in DDWorks

Approval: 2/24/2014
Revised: 04/12/2019
HIPAA Security Policies – Policies for Executive Management & HIPAA Security Officer
Security Management Process

Purpose

HCBDD takes the security of the information we are entrusted with very seriously.

Policy

HCBDD will appoint a HIPAA Security Officer. The HIPAA Security Officer will orchestrate the board’s security management process.

AUDIENCE

Executive Management

AUTHORITY

HIPAA Privacy and Security Rules, 45 CFR Part 164

164.308(a)(2)

OAC § 5123:2-1-02(I)(7) appointment of person responsible for ensuring the safekeeping of records and securing them against loss or use by unauthorized persons.

Procedures

1) The Superintendent will designate a HIPAA Security Officer. The job responsibilities for this individual are detailed in Appendix C – Sample Job Descriptions for HIPAA Privacy Officer and Security Officer. The HIPAA Security officer will assume the duties detailed in OAC § 5123:2-1-02(I)(7)(a)(5), which include overall responsibility for safekeeping of all records, electronic and paper. Documentation of the designation of the HIPAA Security Officer will be retained with other HIPAA-mandated designations per Policy 1330 HIPAA Assignments and Documentation.

2) The HIPAA Security Officer will be responsible for security management process. This will include:

A) Security Team. The HIPAA Security Officer may issue a request to the Superintendent to appoint a Security Team consisting of managers representing the different functional areas and facilities maintained by the board. The Security Team’s charter would be defined by the board, to include assessing risks, recommending and implementing appropriate technical capabilities, drafting and deploying appropriate security policies and procedures, and periodically validating their effectiveness.

B) Computer Security Risk Assessment. The Risk Assessment is an accurate and thorough assessment of potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information held by the board. The Computer Security Risk Assessment will be handled as follows:
i) The county board will use the risk assessment methodology detailed in NIST SP 800-30 (2012).

ii) The results of this assessment shall be documented and maintained for 6 years.

iii) The Risk Assessment shall be updated on an annual basis.

C) Manage IT Infrastructure, Create and Deploy Security Policies. On an ongoing basis, implement and maintain the IT infrastructure, create Security Policies and Procedures, and deploy them. More specifically, he/she will:

i) Evaluate any regulatory requirements including HIPAA Security regulations, other applicable regulations, and industry best practices.

ii) Prepare recommendations for the Superintendent for approval by the board including implementation of new and updated policies, acquisition of technical security measures, or physical security measures. The Board shall have final authority on risk management decisions.

iii) Implement security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level so as to comply with HIPAA regulations.

iv) Train board staff regarding compliance.

v) Monitor Board compliance with the information security policies, and take action as appropriate based on this monitoring.

D) Information System Inventory. The HIPAA Security Officer and/or Security Team shall maintain an inventory of the hardware, software and networking infrastructure.

i) Content of Inventory:

1) Hardware inventory will document all servers, routers and other networking equipment, desktop computers, laptops, smartphones and other portable computing devices, external disk drives, and USB flash drives. Inventory will include physical location, primary user, manufacturer / model / serial number.

2) Network infrastructure documentation will include network topology and all other information necessary to recreate the network in the event of a catastrophic event.

3) Software inventory will include hardware installed on, Software manufacturer, program name, version number, license/serial number and date.

ii) Update frequency. This inventory should be updated on an ongoing basis with a physical inventory no less frequent than annually for mobile devices.

iii) Network Monitoring. (Optional Best Practice.) Network access monitoring may be performed to validate that devices which access the network are included in the inventory. Corrective action should be taken when an unknown device appears.

iv) Backup copy. A copy of this inventory shall be maintained off-site to insure availability in the event of a fire or other disaster.

REFERENCES


Center for Internet Security at www.cisecurity.org

Approval: 2/24/2014

Revised: 04/12/2019
Data Backup

Purpose

The HCBDD will ensure that the information we hold is maintained well.

Policy

The HIPAA Security Officer will insure that a robust data backup regimen is in place and operational at all times. The HIPAA Security Officer shall personally insure that the procedures below are consistently maintained.

AUDIENCE

HIPAA Security Officer

AUTHORITY

HIPAA Privacy and Security Rules, 45 CFR Part 164

164.308(a)(7)

Procedures

1) Data Criticality Analysis. A Data Criticality Analysis shall be performed and updated as appropriate. The backup regimen must be developed in a manner consistent with the data criticality.

2) Multiple Backup Generations. Backups should include as many generations as is practical to store. One backup per day is appropriate.

3) Backup Software. Appropriate backup software shall be maintained, with appropriate scripting. These scripts shall be reviewed and adjusted as appropriate whenever hardware or software upgrades are performed to insure that appropriate data backup is maintained.

4) Off-site storage. Backup regimens for data determined by data criticality analysis to be “mission critical” or “important” should include an off-site backup, that is, in a separate facility from the one containing the physical hardware.

5) Backup Documentation.

A) A written description of the backup regimen must be maintained, including a description of the backup software utilized, the backup method used (e.g. full system or incremental), details of the generations maintained, naming conventions used, names of backup scripts, and other information necessary to understand the backup strategy.

B) User documentation, for use by a system administrator, shall be maintained to allow for an alternate person to verify the daily operation of the backup.

6) Responsibility. The HIPAA Security Officer shall designate the employee with primary responsibility to personally handle the backup. In the event that he/she is absent from work, an alternate individual shall be responsible. All individuals responsible for this critical
function should be trained and familiar with the backup design and the procedure for daily verification.

7) **Backup Log.** A daily written log shall be maintained documenting the date, person, verification that backup was completed successfully, and any comments. Problems should be immediately reported to the HIPAA Security Officer, or if the HIPAA Security Officer is away from the office, to the superintendent.

8) **Backup Media Security.** Backup media shall be maintained in a secure location.

9) **Testing and Plan Revision.** REVIEW AND UPDATE OF THE DATA BACKUP PLAN SHOULD BE CONDUCTED WITH ANY SIGNIFICANT UPDATE OF THE TECHNICAL ENVIRONMENT. On at least a quarterly basis, a trial restore shall be performed from the backup to verify the proper function of the backup process. Based on the results of this test, and any other environmental changes, the Data Backup Policy and Disaster Recovery Plan shall be updated. The results of this process should be documented and maintained for 1 year.

10) **Data Recovery Plan.** The HIPAA Security Officer shall maintain a written plan for restoration of data in the event of various system failures.

Approval: 2/24/14

Revised: 04/12/2019
Disaster Recovery Plan and Emergency Mode Operation

Purpose

The HCBDD wants to be prepared for all contingencies.

Policy

Board personnel shall develop contingency plans to prepare for system failures, and for procedures for maintaining critical board operations in the event of system failure.

AUDIENCE

HIPAA Security Officer

AUTHORITY

HIPAA Privacy and Security Rules, 45 CFR Part 164

164.308(a)(7)

164.312(a)(1)

Procedures

1) **Disaster Recovery Team.** If appropriate, the HIPAA Security Officer shall establish a Disaster Recovery Team to assist in the preparation of contingency plans as well as to execute assigned tasks in the event of a disaster. The HIPAA Security Officer shall direct this team and is responsible for all tasks identified in this policy.

2) **Scenario Identification.** Contingency planning shall begin with identification of likely failure scenarios. These scenarios should include, at a minimum, failure of one or more servers, data corruption of one or more subsystems, and catastrophic loss of the entire facility due to fire or other natural disaster. These scenarios shall be included in the written plan, and serve as the basis for the measures outlined below.

3) **Preventative Measures.** The HIPAA Security Officer shall, on an ongoing basis, evaluate the activities that are critical to board operations and implement preventative measures to reduce the likelihood of system failure. These would include technical measures such as RAID arrays, backup power supplies, fire suppression systems, raised floors, security systems, database transaction logging and the like.

4) **System and Data Recovery Plan.** The HIPAA Security Officer shall maintain a written system and data recovery plan, and take reasonable steps to mitigate losses, for likely failure scenarios. The written plan should include:

A) Computer applications shall be reviewed and assessed as to their criticality for maintaining board operations. The results of this assessment shall be documented.

B) Development of written documentation of tasks and responsibilities for members of the Disaster Recovery Team in the event of various failure scenarios.

C) System configuration documentation, as specified in the policy "HIPAA Security Officer and Security Management Process" to facilitate replacement of vital equipment in the event of a catastrophic loss.
D) Complete and current employee information and vital records.
E) Identification of, and contact information for, vendors who will be used for replacing equipment following a disaster.

Reasonable steps to assure rapid recovery and mitigate losses can include, if appropriate:

A) Contracts with any necessary consultants and/or vendors to facilitate recovery, if deemed necessary and prudent by board management.
B) Contracts with hot and/or cold system sites if deemed necessary and prudent by board management.
C) Steps to manage risk, such as insurance policies, as deemed appropriate, for possible losses to mitigate the financial impact of disasters.

5) **Emergency Mode Operations Plan.** The HIPAA Security Officer shall maintain a plan to maintain vital operations in the event of a partial or complete system failure. This should begin with an identification of likely failure scenarios as described above. Elements of this plan may include:
   A) Identification of situations which occur where immediate access to Individual data is necessary, as in certain MUIs involving health emergencies,
   B) Maintenance of Critical Individual Data from electronic in a paper chart, or other plan to protect against loss of access due to technical failure,
   C) People assigned to assist Case Managers or other individuals with immediate access to this information in the event of an emergency regarding an Individual (accident, medical incident, etc.)
   D) Periodic training of staff, regarding how to access information in the event of simultaneous computer downtime and Individual emergency,
   E) For non-emergency situations, procedures which allow staff to function, to the extent possible, in the event of system downtime.

6) **Plan Testing.** The HIPAA Security Officer shall be responsible for plan testing. He or she shall design the approach to testing and the level of resources which are appropriate to invest in these activities based on the risk analysis.

7) **Off Site Storage of Key Documents.** A copy of the key documents described in this policy shall be maintained off site, in either paper or electronic form, so that they are readily and quickly assessable in the event of catastrophic loss of the facility.

**REFERENCES**

NIST SP 800-14
NIST SP 800-18
NIST SP 800-26
NIST SP 800-30
NIST SP 800-53

Approval: 2/24/14

Revised: 04/12/2019
Facility Security and Access Control

Purpose

HCBD wants to provide a secure and safe facility.

Policy

All employees shall be aware of facility security and access policies to insure that only authorized personnel physical access to the facility and its equipment.

AUDIENCE

HIPAA Security Officer

AUTHORITY

HIPAA Privacy and Security Rules, 45 CFR Part 164

164.310(a)(1)

Procedures

1) **Facility Security Planning.** The HIPAA Security Officer shall periodically evaluate physical security vulnerabilities, identify corrective measures, and develop a written facility security plan. The plan should focus especially on security of:
   A) Computer Servers
   B) Telephone and Networking equipment
   C) IT staff offices
   D) Workstation locations
   E) Individual Paper Records
   Attention should be given to areas with public access, whether workstations are protected from public access or viewing, the security of entrances and exits, and normal physical protections (locks on doors, windows, etc.).

2) **Employee Training.** The HIPAA Security Officer shall be responsible for employee training on their duties and responsibilities for facility security as described in the facility security plan.

3) **Maintenance of Physical Security Equipment.** The Director of Operations shall be responsible for maintaining equipment necessary to secure the facility, including locks, alarm systems, doors, security lighting, etc. Records of repairs and modifications shall be maintained.
4) **Unauthorized Individuals.** Any staff who sees an unauthorized, unescorted person in the facility, except for those Public Access Areas, shall, in a polite manner, escort the person to a common area. Any suspicious incident shall be reported to the HIPAA Security Officer and/or police.

**REFERENCES**

[**NIST SP 800-66**](#)

Approval: 2/24/14

Revised: 04/12/2019
Annual Security Evaluation

Purpose

HCBDD will continually monitor and revise our security.

Policy

Annually the HIPAA Security Officer shall conduct a technical evaluation of the board’s security policies and procedures, including a revised risk assessment, and update policies as necessary in response to environmental or operational changes affecting the security of electronic protected health information.

AUDIENCE

HIPAA Security Officer

AUTHORITY

HIPAA Privacy and Security Rules, 45 CFR Part 164 164.308(a)(8)

ORC § 5123:2-1-02(I) County Board Administration, Records, Annual Review of Safeguards

Procedures

1) **Annual Review of Regulations, Statutes, and Technological Issues to Update Security Policies.** On an annual basis, the HIPAA Security Officer will review any updates to federal HIPAA regulations, other applicable federal and/or state statues, and technological issues and update the organization’s security policies as appropriate. This review may be conducted internally, or upon the HIPAA Security Officer’s recommendation and approval by the superintendent and/or board, contracted to an outside firm.

   A) Standards and Measurements shall first be developed as the basis for the evaluation. These may include checklists, interviews with personnel, penetration testing, and review of required documentation. The evaluation design should evaluate compliance with current HIPAA Security requirements.

   B) The evaluation shall be conducted and the results documented. Weaknesses should be identified and any recommendations prepared.

2) **Report and Recommendations.** The HIPAA Security Officer shall submit their report to the Superintendent and/or Board including any recommendations.

3) **Documentation of Review.** The results of the review will be documented, and documentation shall be retained for 6 years.

4) **Additional Security Evaluation with the Introduction of New Technology.** A security evaluation should additionally be conducted with the introduction of new technology, such as wireless access, instant messaging, new smartphones etc., in response to newly recognized risks, or other event which would likely impact overall system security.
Audit Control and Activity Review  

Purpose

HCBDD will ensure that systems are monitored for activity.

Policy

System capabilities for maintaining audit trails of system use shall be enabled to permit forensic analysis and periodic activity reviews. Periodic activity reviews should be conducted to identify inappropriate activity so that appropriate corrective action is possible.

AUDIENCE

HIPAA Security Officer

AUTHORITY

HIPAA Privacy and Security Rules, 45 CFR Part 164  
164.312(b)  
164.308(a)(1)  
164.308(a)(5) Log-in Monitoring

Procedures

1) **System Activity Logs.** Activity logs shall be enabled at the following levels:  
   A) **Operating System** (Windows Server 20xx): Audit Policy should be set to log logon events, account management events, policy changes, and system events.  
   B) **Firewall Hardware and Software:** Logs should be enabled to track inbound and outbound activity, including internet access by individual.  
   C) **Application Software Logging:** All software which stores data on individuals served shall have audit trail capabilities. Logs should be enabled in application software such as clinical record software, billing software, or information systems which store information regarding Individuals being served.

2) **Security on Logs.** Appropriate security features and passwords should be used at all levels above to permit log file access only by the HIPAA Security Officer and/or an individual designated by him/her.

3) **Quarterly Audit of PHI Access.** A review of system activity will be conducted on at least a quarterly basis. The HIPAA Security Officer shall design an audit strategy to identify probable or anticipated violations. Suspicious and/or inappropriate activities include but are not limited to:  
   A) Access by individuals at unusual hours.  
   B) Higher access/usage levels than normal.  
   C) Accesses to records of relatives of celebrities, celebrities’ children or employees.  
   D) Unauthorized changes to security settings.
E) Web sites viewed by employees to verify that they are work related.
F) Outside probe attempts and/or accesses via the internet connection.
G) Other Unusual patterns of activity.
4) **System Activity Review.** In a manner determined by the Information System Officer, he or she will monitor system activity to detect suspicious or unusual system activity.
5) **Corrective Action.** The HIPAA Security Officer will initiate corrective action, in conjunction with other members of the management staff, in the event any inappropriate PHI access, or if suspicious or unusual system activity is detected.
6) **Purge of Log files.** System Log files which grow large may be purged under the direction of the HIPAA Security Officer.
7) **Annual Policy Review.** Annual attention should be given this policy regarding audit controls, as the threat level varies and the cost of monitoring tools changes.

Approval: 2/24/14

Revised: 04/12/2019
Malicious Software Protection

Purpose

HCBDD will ensure the systems are free from harmful software.

Policy

All company computer systems will be protected by virus and malicious software protection capabilities.

AUDIENCE

HIPAA Security Officer

AUTHORITY

HIPAA Privacy and Security Rules, 45 CFR Part 164

164.308(a)(5)

Procedures

1) Multi-Layered Defense Strategy. The HIPAA Security Officer will insure that the computer network be protected from malicious software using a multi-layered defense strategy:
   A) Appropriately configured, commercial-grade firewall (per Policy 3060 Technical Safeguards)
   B) Centrally managed and updated anti-virus software
   C) DNS filtering service to limit connections to malicious sites, phishing attacks, and botnets per Policy 3060 Technical Safeguards
   D) Patching of operating system and application software per Policy 3060 Technical Safeguards
   E) Monitoring system logs per Policy 3020 Audit Control and Activity Log Review

2) Special procedures will be used, if appropriate, for any users who routinely access on-line banking accounts.

3) Annual Review. Annual review of this policy will be conducted to insure that the products, services, and configuration, and policies appropriately manage risk for this rapidly evolving threat.

Approval: 2/24/14

Revised: 04/12/2019
**Breach Reporting**

**Purpose**

HCBDD will be transparent in any unintended disclosure of information.

**Policy**

The board will notify Individuals receiving services, the Secretary of HHS and, when appropriate, the news media regarding breaches of protected health information.

**AUDIENCE**

HIPAA Security Officer

**AUTHORITY**

HIPAA Privacy and Security Rules, 45 CFR Part 164, Subpart D

164.400, 164.402, 164.404, 164.406, 164.408, 164.410, 164.412, 164.414

**Procedures**

1) Upon becoming aware of a privacy rule violation or security incident, the HIPAA Security Officer and HIPAA Privacy Officer shall jointly determine if the incident meets the definition of a breach. If a Security Incident Response Team (Team) has not been assembled, they may assemble a Team at this point. Legal counsel and other outside expert advice shall be obtained, if appropriate, for additional guidance on the Team. An investigation should be launched, with attention to preserving evidence. The Team shall follow the following 3 step procedure:

A) Was there acquisition, access, use, or disclosure of PHI that violates the Privacy rule? If “no”, there is no breach. Otherwise, proceed to the next step.

B) Does one of the statutory exceptions listed in the breach definition in Policy apply? If “yes”, there is no breach. Otherwise, proceed to the next step.

C) Unless the incident is clearly a breach, the Team shall conduct a risk assessment. The risk assessment, per HIPAA regulations, shall consider at least the following factors:

   i) The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
   
   ii) The unauthorized person who used the protected health information or to whom the disclosure was made;
   
   iii) Whether the protected health information was actually acquired or viewed; and
   
   iv) The extent to which the risk to the protected health information has been mitigated.

   The results of this evaluation shall be documented and maintained for 6 years as detailed in Policy 1330 HIPAA Assignments and Documentation. If the risk assessment demonstrates that there is a low probability that PHI has been compromised, then no breach has occurred and this process may stop. Otherwise, a breach has occurred and the Team should proceed with the steps that follow in the remainder of this policy.
2) **Public Relations Strategy.** The Team should develop a public relations strategy to include when and who should speak to the media and what should be said.

3) **Breach Notification.** In the event of a breach, the Team shall:
   A) Notify Individuals affected by the breach without unreasonable delay (and in no case later than 60 calendar days after the discovery of the breach):
      i) In the event of an urgent situation, the board may use telephone, email or other means to immediately notify individuals of the breach.
      ii) Prepare formal written notification for approval by superintendent. The notification shall be written in plain language and include the following:
         1) A brief description of what happened, including the date of the breach and the date of discovery of the breach, if known;
         2) A description of the types of unsecured protected health information that were involved in the breach;
         3) Any steps that individuals should take to protect themselves from potential harm resulting from the breach;
         4) A brief description of what the board is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and
         5) Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, web site or postal address.
      iii) Send the primary breach notification to:
         1) Individuals affected by the breach by first-class mail at their last known address, or by e-mail if agreed in advance by the individual for this type of notice, or
         2) Parent, guardian, or HIPAA Personal Representative of the Individual in the event the individual is a minor and/or not competent to make decisions, or
         3) next of kin or personal representative of the Individual in the event that the individual is deceased and the next of kin name and address are available.
      iv) Track returned mail and provide a substitute notice to Individuals who did not receive the primary notification (no further effort is necessary for unreachable next-of-kin):
         1) In the event that fewer than 10 individuals, the HIPAA Security Officer shall research updated address and/or phone number and make best efforts to inform those individuals by either phone or mail.
         2) In the event that 10 or more individuals are not reachable by first class mail,
            a) A toll-free phone number shall be established, and staffed with operators, for at least 90 days
            b) a notice shall be conspicuously placed on the board’s web site home page with details of the above details on the breach plus the phone number
   B) Notify the news media if more 500 Individual records are involved in the breach
      i) Under direction of the board superintendent, a press release shall be prepared detailing the information in section 2Ab above, and other relevant information.
      ii) Upon approval of the board superintendent, the press release shall be issued without unreasonable delay (and in no case later than 60 days after discovery of the breach) to the major print, broadcast and online media serving the county.
   C) Notify the Secretary of the Department of HHS regarding the breach
      i) In the event that the breach involves 500 or more individuals, notice to the Secretary should be provided at the same time as the Individual notification in the manner detailed on the HHS Web site.
      ii) For breaches involving fewer than 500 individuals, a log including at a minimum the information in 2Ab above, and other relevant information, should be maintained. At
the end of the calendar year, the contents of the annual log should be provided to the secretary in the manner detailed on the HHS Web site.

2) **Breaches by Business Associates.** Breaches by business associates are handled in the same manner. Business associates are obligated to cooperate in providing necessary information; the board is responsible for issuing the notice detailed in this policy.

3) **Law Enforcement Delay.** The notices to Individuals and the media may be delayed if a request is received by a law enforcement official:
   A) If written notice is received from a law enforcement official which specifies the time period of delay, the board shall comply with that request.
   B) If the request is made orally, the notification shall be delayed but not longer than 30 days from the date of the oral request.

4) **Documentation.** Documentation, including any notices provided, incident reports, meeting notes, especially those which document the date of the breach, shall be maintained for 6 years. For the legal purposes, including the timelines in policy, the date of breach discovery shall be the date that the board should have become aware if it exercised reasonable diligence.

Approval: 2/14/2014

Revised: 4/12/2019
Security Awareness Program

Purpose
HCBD will continuously strive to keep persons up to date on security awareness.

Policy
The board will conduct an ongoing security awareness program to train and refresh staff on the board’s security policies. Priority topics shall include recognizing and avoiding malicious software, avoiding “social engineering” ploys, using passwords effectively, and adhering to workstation use policies.

AUDIENCE
HIPAA Security Officer

AUTHORITY
HIPAA Privacy and Security Rules, 45 CFR Part 164
164.308(a)(5)

Procedures
1) Security Training Program for New Employees. The HIPAA Security Officer shall develop, and maintain, a security training program for new employees. This should include, at a minimum:
   A) Password policies
   B) Recognizing and avoiding malicious software
   C) Understanding e-mail attachments
   D) Safe web browsing practices
   E) Dangers of downloading files from the internet
   F) Understanding of “Social Engineering” and how to recognize such ploys
   G) Knowledge of Workstation Use Policies
   H) Consequences for non-compliance
   I) Security Incident Reporting Procedures
   Other appropriate topics may be included at the discretion of the HIPAA Security Officer. The program may be conducted one-on-one, via e-learning system, or other media as determined by the HIPAA Security Officer.

2) Upon initial implementation, the Security Training program will be provided to all staff. Subsequently, all new staff should receive the training.
3) **Periodic security awareness training will offered to all employees.** The HIPAA Security Officer shall develop an annual plan specifying the scope of the program; the goals; the target audiences; the learning objectives; the deployment methods; evaluation and measurement techniques; and the frequency of training. Possible topics would include:  
A) Reinforcement of topics for the Security Training Program and Security Policies  
B) Advisories regarding current threats  
C) Issues with new technologies such as smartphone/tablet security  
A variety of media and avenues should be explored such as sign-in banners, security reminder cards for posting at workstations, articles in employee newsletters, posting on bulletin boards, etc. At a minimum, Computer Security Awareness will be included annually.

Approval: 2/24/2014

Revised: 04/12/2019
Device and Media Disposal and Re-Use

Purpose

HCBDD will ensure information is protected upon disposal or re-use of equipment.

Policy

Electronic storage media and devices shall be cleaned of protected health information and other confidential information prior to disposal and/or re-use.

AUDIENCE

HIPAA Security Officer

AUTHORITY

HIPAA Privacy and Security Rules, 45 CFR Part 164

164.310(d)(1)

Procedures

1) Media Disposal Handled by HIPAA Security Officer. As specified in Policy 3080 Computer Usage, board employees are prohibited from storing Protected Health Information on the board's on removable media. In the event of a legitimate requirement to store data on a device such as a CD or USB drive, the employee should be instructed to give it to the HIPAA Security Officer for disposal when it is no longer needed.

2) Technical Guidance. In accordance with instructions from the Secretary of HHS, technical guidance regarding media disposal should be obtained from NIST SP 800-88 Guidelines for Media Sanitization. The board requires that at a minimum, data from electronic media should be “cleared”, that is, protected against a robust keyboard attack but not necessarily against a laboratory attack.

3) Media Disposal and Re-use. Procedures vary based on type of storage media:
   A) CDs, DVDs and Tapes: CDs, DVDs and Tapes should be physically destroyed by a service who will issue a certificate of destruction.
   B) Hard Drives and floppy disks. Hard drives and floppy disks should be reformatted prior to disposal or re-use.
   C) Other Media. See NIST SP 800-88 for disposal/recycling methods for other media.

4) Records. Records of Media disposal should be maintained for 6 years. The following records should be maintained:
   A) Item Description
   B) Make/Model
   C) Serial number(s) / Property Number(s)
   D) Backup Made of Information (Yes/No)
   E) If Yes, location of backup
   F) Item Disposition (Clear/Purge/Destroy)
      i) Date Conducted
      ii) Conducted by
iii) Phone #
iv) Validated By
v) Phone #
G) Sanitization Method used
H) Final disposition of media (Disposed/Reused Internally/Reused Externally/Returned to Manufacturer /Other)

Approval: 2/24/2014

Revised: 04/12/2019
Technical Safeguards

Purpose

HCBDD wants to be sure that all data is secured.

Policy

Technical Safeguards will be employed as necessary to maintain the integrity of data, and to insure the security of data during transmission.

AUDIENCE

HIPAA Security Officer

AUTHORITY

HIPAA Privacy and Security Rules, 45 CFR Part 164

164.312(c)

164.312(d)

164.312(e)

Procedures

1) **Firewalls.** Commercial-grade hardware and/or software firewalls shall be employed to protect against network intrusions and to manage/monitor outbound traffic. Workstation-based software firewalls (e.g. Windows Firewall) should be used on laptop computers since they may be connected to an outside network.

2) **Secure Configurations.** Workstations and servers will be installed with a standard configuration that meets the following specifications:
   A) A standard list of software to be installed will be maintained. Only vendor-supported versions of software should be used. Additional software may be installed for specific users based on unique requirements.
   B) Windows, Microsoft Office, and Internet Explorer should be securely configured. Microsoft’s security configuration guides shall be used, using the “Enterprise Client” level of security, with modifications as necessary to allow for functionality.
   C) Microsoft Security Configuration Manager and Active Directory will be used to maintain and enforce security configurations.

3) **Operating System and Application Software Patching.** Operating Systems, application software and hypervisors, if used, shall be patched regularly on both servers and workstations. Auto-update functionally may be employed and update servers. Centralized patch management software such as Microsoft WSUS and/or third party-software may be utilized.
4) Virtualization Software and environment. If virtualization technology is employed, the virtualization-enabling software, aka “hypervisors”, shall be secured as follows:
   A) Unneeded capabilities shall be disabled to reduce potential attack vectors.
   B) A strong password (minimum of 8 characters, 1 upper case, 1 lower case, 1 digit) shall be used for the management console.
   C) Synchronize the virtualized infrastructure to a trusted authoritative time server, and synchronize the times of all guest OS’s.
   D) Harden the host OS of the hypervisor by removing unneeded applications, and setting OS configuration per the vendor’s security recommendations.
   E) Use separate logon credentials for each virtual server.
5) DNS Filtering shall be employed to reduce access to unsafe websites and to reduce phishing attacks, using OpenDNS or an alternative service.
6) Wireless Networks. Wireless networks, if employed, will be implemented with the following security options:
   A) The beacon shall be enabled.
   B) The SSID should be changed from the default.
   C) WPA/WPA2 should be enabled.
   D) WPS should be disabled.
   E) These security options should be reviewed annually and adjusted as appropriate as improved industry standards for wireless security are developed.
7) E-mail. For transmission of PHI, secure, encrypted e-mail should be employed.
8) Encryption of desktop, mobile devices and portable media. When encryption of end-user devices is determined appropriate based on risk analysis, the board shall employ the framework detailed in NIST Special Publication 800-111, Guide to Storage Encryption technologies for End User Devices. Specifically, the board should:
   A) consider solutions that use existing system features (such as operating system features) and infrastructure;
   B) use centralized management for all deployments of storage encryption except for standalone deployments; and very small-scale deployments;
   C) select appropriate user authenticators for storage encryption solutions; and
   D) implement measures that support and complement storage encryption implementations for end user devices.
9) Transmission Security. For data in motion, the HIPAA Security Officer implements solutions consistent with the Secretary of HHS’s guidance on securing PHI. Valid encryption processes for data in motion are those that comply with the requirements of Federal Information Processing Standards (FIPS) 140-2. These include, as appropriate, standards described.
   B) NIST 800-77, Guide to IPsec VPNs.
   C) NIST 800-113, Guide to SSL VPNs.
   D) Other FIPS 140-2 validated processes.
10) Appropriate Audit Controls in Board-Used Software. Software used by board should be evaluated for the appropriate level of audit control, such as logging of all transactions or logging of key events such as creating, viewing, changing, or deleting PHI. In the event of deficiency of software currently in use, requests to vendors for enhancements should be made as appropriate. Appropriate audit controls should be a criteria for continued use of and/or procurement of any new operating or application software.
11) **Software utilizing Electronic Signatures.** The HIPAA Security Officer will review and approve any software that offers electronic signature capability prior to implementation at the county board. The HIPAA Security Officer shall be responsible for implementation and ongoing monitoring/auditing of the software as specified in [Policy 3070 Electronic Signatures](#).

12) **Automatic Log Off.** Appropriate measures shall be taken, based on the technology available, to enable the automatic log-off provisions as determined by the risk assessment. See also [Policy 3080 Computer Usage](#) and [Policy 3075 Employee System Access and Termination Procedures](#).

13) **Integrity Checks.** Automated integrity checks should be run on server data periodically. Any problems should be reported to the HIPAA Security Officer for corrective action.

Approval: 2/24/2014

Revised: 04/12/2019
Mitigation

Purpose

HCBDD understands that inappropriate disclosure of information could be detrimental.

Policy

In the event of an inappropriate use or disclosure of an individual’s PHI, the HCBDD will take reasonable steps to mitigate the harmful effects of the disclosure.

AUDIENCE

Privacy Officer

AUTHORITY

HIPAA Privacy and Security Rules, 45 CFR Part 164

164.530(f) – Mitigation

DEFINITIONS

Procedures

1) **Mitigating Harmful Effects of Privacy Violation.** In the event of a HIPAA Privacy rule violation, the Privacy Officer, in conjunction with other members of the management staff as he/she deems appropriate, shall take action to mitigate the harmful effects of the Privacy Violation, if this is reasonable and possible. The mitigation action should correspond to the nature of the violation. For example, if social security numbers are breached, it may be appropriate to purchase identity theft protection for 1 year.

Approval: 2/24/2014

Revised: 04/12/2019
Electronic Signatures

Purpose

HCBDD strives to make processes for individuals and families easier.

Policy

Electronic signatures may be utilized at HCBDD by both employees and providers. Electronic signatures are legally binding as a means to identify the author and to confirm that the contents are what the author intended.

AUDIENCE

Employees Using Electronic Signatures; Managers

AUTHORITY

ORC § 1306 Ohio Uniform Electronic Transactions Act

ORC § 304 Electronic Records and Signatures for Counties

ORC § 9.01 Official Records – Preserving and Maintaining

ORC § 117.111 State Audits shall review method, accuracy and effectiveness of electronic signature security procedures

DEFINITIONS

1) Electronic Signature, as defined by the Ohio Revised Code, means an electronic sound, symbol or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record.

2) Electronic facsimile. A computer image, such as one maintained in an electronic document imaging system, of a conventionally signed document is not an electronic signature. Rather, the electronic facsimile is legally equivalent to the original, traditionally signed document.

Procedures

1) Security

A) Confidentiality statement. Anyone authorized to utilize electronic signature will be required to sign a statement attesting that he or she is the only one who has access to his/her signature/ logon password, that the electronic signature will be legally binding and that passwords will not be shared and will be kept confidential.

B) Passwords. All users will have their own user ID and password. Passwords must conform to complexity guidelines detailed in Policy 3080 Computer Usage.

C) Personal Identification Numbers (PIN)/ Secondary Passwords. PIN numbers and/or secondary passwords may be assigned when possible for use with electronic signatures
to allow for another level of security (this is optional and county specific). PIN numbers or secondary passwords are not viewable on any screen.

D) Vendors, outside agency or providers who have access to using an application requiring an electronic signature based upon the user’s ID and password as described in this policy, shall use additional controls to ensure the security and integrity of each user’s electronic signature:
   i) Follow loss management procedures to electronically de-authorize lost, stolen, missing or otherwise compromised documents or devices that bear or generate identification code or password information and use suitable, rigorous controls to issue temporary or permanent replacements;
   ii) Use safeguards to prevent the unauthorized use or attempted use of passwords and/or identification codes; and
   iii) Test or use only tested devices, such as tokens or cards that bear or generate identification code or password information to ensure that they function properly and have not been altered.

2) Creating, Maintaining an Electronic Signature
   A) Electronic signatures can be used wherever handwritten signatures are used except where stated by a specific law or rule.
   B) All who use a system that uses electronic signatures are required to review their entries.
   C) Once an entry has been signed electronically, the computer system will prevent it from being deleted or altered. If errors are later found in the entry or if information must be added, this will be done by means of addendum to the original entry. The addendum should also be signed electronically and date/time stamped by the computer software.
   D) System specific standards and procedures for use may vary by system and it will be required that the board must establish and maintain system specific procedures for any system which also satisfies other current policies.

3) Auditing Electronic Signature Procedures
   The computer software and anyone using the software system must use a secure, computer-generated, time-stamped audit trail that records independently the date and time of user entries, including actions that create, modify or delete electronic records. Record changes shall not obscure previously recorded information. Audit trail documentation shall be retained for a period at least as long as that required for the record and shall be made available as needed upon request. Any misuse or disregard of electronic signature policy will be reviewed and acted upon by the Superintendent or designee.

4) Review and Approval Prior to Using Electronic Signatures
   The HIPAA Security Officer shall review the software utilized for electronic signatures, and other procedures utilized, for compliance with this policy prior to permitting the use of electronic signatures. This review shall be conducted for each transaction to be electronically signed.

Approval: 2/24/2014
Revised: 04/12/2019
Security Policies for HR Staff and Supervisors

Employee System Access and Termination Procedures

Purpose

HCBDD will be consistent in the access and or denial of access for resources.

Policy

System access will be granted to employees in a manner consistent with the HIPAA Privacy laws and other state regulations, including specific policies for access control, granting access to new staff and staff with assignment changes, handling staff terminations, password selection, maintenance and use, and access to the system in the event of an emergency.

AUDIENCE

Human Resource Department, Supervisors, HIPAA Security Officer

AUTHORITY

HIPAA Privacy and Security Rules, 45 CFR Part 164

164.308(a)(3)

164.308(a)(4)

164.312(a)(1)

164.314(d)

164.308(a)(5) Password Management

Procedures

AUTHORIZATION TO SYSTEMS AND ROLE-BASED ACCESS CONTROLS

Audience: HIPAA Security Officer, Privacy Officer

1) **Minimum Necessary Analysis.** The HIPAA Security Officer shall coordinate with the Privacy Officer to maintain and document a current “minimum necessary” analysis, per Policy 1020 Minimum Necessary Policy which identifies the classes of persons (job descriptions) and the categories of Protected Health Information which they need access to.

2) **Access Profiles.** The HIPAA Security Officer shall utilize the security capabilities of the various network and application software systems at the board and develop role-based “Access Profiles” for these different job descriptions. Vendors will be contacted for any enhancements necessary for appropriate implementation of these access profiles.
3) **Granting Access to Information Systems.** The authority to grant access to information systems rests with the board of directors and is delegated to the human resources department. Implicit in a hiring decision is the provision of access to the information systems necessary for the job, as determined above based on the minimum necessary analysis and the Access Profiles.

4) **Granting Access Beyond the Standard Access Profile.** In certain situations, such as when employees are assigned special projects, information access may be required beyond what the job description would dictate. In these cases, the HIPAA Security Officer, after any necessary consultation with the management staff at the board, shall have the authority to grant access to information systems which go beyond the standard Access Profiles described above. Access should be terminated when the need for access is completed.

5) **Inventory of Employees with Access to PHI.** The HIPAA Security Officer shall maintain an updated, inventory of employees with access to PHI and the access rights which are granted.

6) **Annual Audit of Access Controls.** On an annual basis, the HIPAA Security Officer shall audit the access controls to verify that the above policies have been implemented properly and consistently. Such an audit could include verification that recently terminated employees no longer have access, a review of access for employees with job changes in the previous year, and a random sampling of other employee access authorization. Based on the results of this audit, the HIPAA Security Officer shall adjust policies and/or staff training as appropriate.

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**SYSTEM AND FACILITY ACCESS FOR NEW HIRES**

**Audience:** Supervisors, Human Resource Department

1) **Requests for Access to Information Systems.** Supervisors and/or the human resources department shall direct requests for access to information systems shall be directed to the HIPAA Security Officer or his/her designee. The HIPAA Security Officer shall verify with the human resources department in the event of any question regarding the accuracy of the job assignment.

2) **Assigning User ID and Password.** The HIPAA Security Officer will assign new hires requiring computer access a unique network User ID and password, and/or User IDs and passwords for other application systems. Security settings appropriate for the individual will be assigned in accordance with this policy, as described above.

3) **Communicating User ID and Password.** The HIPAA Security Officer shall communicate the User IDs and passwords in a manner which does not compromise security by revealing the passwords to another person.

4) **Documentation of System Access Rights.** As described above, the HIPAA Security Officer will maintain documentation of system access rights.

5) **User Data Area.** The HIPAA Security Officer will configure a User Data Area on the Server to provide data storage space for the employee. All data is to be stored on the server and not on individual workstations.

6) **Security Awareness Training.** Employees will receive Security Awareness Training, in the manner chosen by the HIPAA Security Officer, in accordance with the Policy 3040 Security Awareness Program. In addition, new employees should receive a written copy of the Policy 3080 Computer Usage, and they will sign written acknowledgement that they understand and will adhere to all policies. This will be maintained in the employee personnel file.
PASSWORDS and PASSWORD MANAGEMENT

Audience: HIPAA Security Officer

1) **Password Complexity.** Network policies shall be established to enforce password complexity as follows: 6 character minimum, minimum of 1 upper case letter, 1 lower case letter and 1 non alphanumeric symbol.

2) **Lockout.** The system shall lock accounts after 5 unsuccessful attempts.

3) **Password Reuse.** The system shall maintain the previous 5 passwords and prohibit re-use of any of these recent passwords.

4) **Password Changes.** The HIPAA Security Officer may implement a mechanism to ensure that all employees change their passwords at least every 6 months.

EMPLOYEE JOB CHANGES

Audience: Human Resources Department, HIPAA Security Officer

1) The Human Resource Department shall notify the HIPAA Security Officer of all job changes so that adjustments to system access can be made if necessary.

EMPLOYEE TERMINATION

Audience: Supervisors, Human Resource Department, HIPAA Security Officer

1) **Change Employee Password and Disable User ID.** On the last day of employment, employee passwords to the network and Application Software will be changed and/or their User IDs will be disabled.

2) **Documentation.** The HIPAA Security Officer shall document the disabling of system access.

3) **Security Precautions for Involuntary Terminations.** For involuntary terminations, in the event that any manager believes there is the potential for any retaliatory behavior, that manager should notify the head of human resources who shall coordinate with the Information Security Manager so that appropriate precautions will be taken to insure the integrity and security of confidential board information. This could include such measures as:
   A) Physically escorting the individual off the premises after notifying him/her of the termination.
   B) Disabling system access as specified above on a timely basis.
   C) Requiring all staff in the individual’s workgroup to change passwords.
   D) Other measures as deemed appropriate by the Information Security Manager based on the technical sophistication of the individual and perceived threat.

EMERGENCY SYSTEM ACCESS

Audience: Supervisors, HIPAA Security Officer
In the event of an emergency, such as a MUI in which immediate access to PHI is required, a staff member who does not have appropriate system permission but requires access shall contact the HIPAA Security Officer (or another staff person in that department) who will provide the necessary access on an expedited basis.

Approval: 2/24/2014

Revised: 04/12/2019
HIPAA Administrative Requirements
Security Policies for all staff

Computer Usage

Purpose

HCBDD wants to provide all staff with appropriate tools to do their jobs.

Policy

Each staff member is responsible for understanding and following the policies regarding workstation use and security.

AUDIENCE

All Staff

AUTHORITY

HIPAA Privacy and Security Rules, 45 CFR Part 164

164.310(b) Workstation Use

164.310(c) Workstation Security

164.308(a)(5) Log in Monitoring

Procedures

WORKSTATION USE

1) System is for Job Duties. Computer workstations, including use of internal systems, e-mail and the internet, are for use by employees to conduct their job responsibilities. These responsibilities include matters related to the individuals we serve: their treatment, care coordination, documentation, billing, financial accounting, internet access for matters such as access to DODD systems, regulatory and business affairs, facilitating payment by 3rd party payers, and other matters which are specifically job related.

2) Personal Use of Computer Workstation, Including Internet Use. Employees are expected to be productive and to perform their job duties during work hours. Limited use of computer workstations is allowed for personal use. “Limited use” is not easily defined so employees should contact their supervisors for clarification. In general, “limited use” means:

A) Employees may use their workstations for personal purposes on their “own time”, which means before or after the workday, or during their lunch hour.
B) At other times, personal use should be limited to brief accesses such as quickly checking the weather forecast.

C) Workstations must never be used for any activity that would be embarrassing to the Board if it became public. It is difficult to provide a complete list of such activities; a partial list includes:
   i) downloading or viewing pornographic, racist, profane or otherwise objectionable material
   ii) conducting conversations of a sexual nature of relating to an illicit affair
   iii) relating to any illegal activity
   iv) political activity
   v) operating a business
If an employee has any questions about whether a personal use is allowed, he or she should obtain permission from his/her supervisor.

D) Personal use of Social Networking tools, such as Facebook, Twitter, LinkedIn, MySpace and others is detailed separately.

E) Employees are discouraged from staying logged in to social networking sites, instant messaging sites/tools, and their personal email except during their own time.

3) **E-Mail Use.** Employees with board e-mail accounts should check e-mail daily. Board E-mail accounts in general are to be used for board purposes only. E-mail should be written in professional manner and should be courteous and respectful. Other policies when using e-mail:
   A) Use of e-mail internally is acceptable for transmitting PHI. Be aware that e-mail to outside parties is not secure and must not be used Protected Health Information unless it is appropriately encrypted.
   B) When participating in internet discussion groups, employees in general should clarify that their comments are their own and do not necessarily represent the board.
   C) Employees should recognize that email are considered a public record and subject to disclosure to the general public as detailed in the public records policy
   D) For personal matters, employees must use a personal account such as Gmail or Yahoo mail.
      i) In the event that any board e-mail is received on a personal account, the employee must forward the email to the employee’s Board account so that it is entered into the public record.
      ii) In the event that a personal email is received on a Board account, redirect the discussion to a personal email account.

4) **Storage of PHI or Confidential material to Removable Media Prohibited.** Personnel may not copy to removable media, such as Flash drives, CDs, DVD or portable hard drives, or transmit via e-mail or fax or other method, any board confidential information or Protected Health Information on board computer system, except when specifically authorized by the HIPAA Security Officer for board purposes.

5) **All Usage is Logged.** The Board reserves the right to monitor all usage of board workstations, through the logging and storage of all activity, including all e-mails sent or received, websites browsed, and other activity, including any personal use of board computers. All logs of employee activity are property of the board.

6) **Data Storage on Server Only.** All data must be stored on the server. Employees must use proper procedures to store word processing files, spreadsheets, financial programs, and other data files in the appropriate User Directory on the server. The storage of large
volumes of images is discouraged because of the large storage capacity used. Any staff unfamiliar with the proper procedure should contact the HIPAA Security Officer for instructions on how to access their User Directory on the server. NO DATA ON WORKSTATIONS IS BACKED UP!

7) **Duplication of copyrighted material prohibited.** No employee may duplicate copyrighted software or other media using board equipment.

8) **Board approved hardware only.** Only board approved and installed hardware may be utilized. No wireless networking equipment, smartphones, video cameras, or other hardware or software may be installed or used without permission of the systems department.

9) **Electronic signatures.** Employees using software that includes board-approved electronic signature capabilities shall follow all procedures specified in [Policy 3070 Electronic Signatures](#).

**WORKSTATION SECURITY**

1) Except with specific approval of the HIPAA Security Officer, workstations must not be setup in a public access area.

2) All employees should understand how to avoid malicious software, and must not adjust any settings on anti-virus software installed on workstations.

3) Workstation monitors that are used to access PHI should not face in a direction that makes visual access available to unauthorized users.

4) Workstations should be configured with automatic logoff capability so that they will become inaccessible after 20 minutes of system inactivity. Employees must not install any software on their computer without authorization from the HIPAA Security Officer, and must not alter or reconfigure network settings, printers, logging software, audit controls, or security settings without permission of the systems staff.

5) All board servers must be secured with a strong password (see “User IDs and Passwords” below) and setup to automatically lock out user access after a maximum of three (3) minutes of inactivity.

**USER IDs and PASSWORDS**

1) Each employee is assigned a unique User ID and Password. Employees must only use their User ID to access board systems – and employees will be held accountable for all system activity performed using this User ID. Inappropriate use of systems attributable to an employee’s User ID may result in employee sanctions, including termination, and in the event of violation of laws, civil and criminal prosecution. Consequently, passwords should be kept secure and confidential and not shared with anyone else. If an employee reveals a password, or if becomes known to someone else, that employee must change the password.

2) Passwords should be at least 8 characters long and include upper case letters, lower case letters and numbers. The letters should not spell a word in a dictionary or a person’s name. The password should not be related to the person in any way, as in a birth date, spouse, pet name, or anything which can be easily guessed.

3) In general, passwords should be memorized and not written. Any written reminder should not be maintained in the vicinity of the workstation.

4) Users may be required to change all passwords at least every 6 months.
5) Users are not permitted to allow others to access the system with their User ID and/or divulge their password.

**EMERGENCY SYSTEM ACCESS**

1) In the event of an emergency where immediate access to system information is required but not immediately possible, employees should contact the HIPAA Security Officer, who has contingency plans to allow access to vital data in a wide variety of scenarios (system down, MUIs, Individual emergencies which mandate system access by personnel who otherwise are not permitted access.)

Approval: 2/24/2014

Revised: 04/12/2019
Social Media Use

Purpose

HCBDD wants to provide clear guidelines for use of social media.

Policy

Social networking sites, notably Facebook but including many others, have become a significant communication medium in our world. The board mandates specific guidelines for the use of these sites both limiting certain activities to ensure confidentiality and privacy of individuals supported while permitting other uses that advance the mission of the board, for example with fundraising.

DEFINITIONS

Social Networking Sites – means sites that enable linking with other people, sharing information, and communicating. Popular examples include Facebook, Twitter, LinkedIn, Snap Chat, Instagram, Google+ and others.

Procedure

1) Board Sponsored Use. The HIPAA Privacy officer or Superintendent may approve the establishment of a board sponsored Fan Page or Group.
   A) Guidelines. The guidelines for Board sponsored social media including Instagram, Facebook, Twitter, LinkedIn, etc. is to promote awareness, education and interaction among our stakeholders. The Board reserves the right to hide, delete and/or report comments that contain abusive, vulgar, offensive, threatening or harassing language, personal attacks of any kind, or offensive terms that target specific individuals or groups. This includes any abbreviations or variations of words with the same meaning.
      i) Screening. The County Board screens comments and posts as much as possible but will not be held responsible for misconduct by a user or between users. BVC has the right to challenge any negative review of itself on social media pages or sites. BVC screens comments between 8am-4pm Monday-Friday, excluding federal holidays. After hours and weekends will be monitored intermittently.
      ii) Responses. The County Board will respond to messages and posts to pages, sent to us via social media, generally within 24 hours during normal business hours (Monday-Friday 8am-4pm). These are reviewed by the Quality Services Department.

2) Personal use of Facebook and other social network sites by employees.
   A) Employee Personal use of Facebook.
      i) Employee Use During Work Hours. During work hours, employees are expected to focus on work-related activities. Consequently, in general, they are expected to not to post to Facebook or other social media sites as management believes that this communication medium has the potential to be distracting and has the potential to reduce the employee’s productivity.
      ii) Employee Use at any time. Facebook is a communication medium. The medium
is semi-public; while it includes many options for specifying levels of privacy, Facebook users often share private information in unintended ways. Further, the Facebook site has a history of malfunctions and security breaches. Consequently, any use of Facebook or other social platform has the potential to become a public communication, so, employees of the board must follow the following guidelines:

1) **Sharing of work-related activities.** Employees should limit the sharing of any Board related information to information that they would be acceptable to be made public, for example, on the front page of a major newspaper.

   a) Examples of information that would be appropriate to share on one’s wall include:
      i) The employee’s excitement and satisfaction with the work and mission of the board.
      ii) Details of an upcoming public event sponsored by the board, such as a local “Special Olympics” day.
      iii) The name of a friend who is a co-worker at the board.

   b) Examples of information that would be inappropriate to share on one’s wall include:
      i) The name of an Individual receiving services from the Board.
      ii) A complaint about the Board such as displeasure with a supervisor or co-worker.
      iii) Any Protected Health Information, or PHI, (which includes facial images of Individuals being served).

Employees are further encouraged but not required to limit communications on Facebook to those that would portray them in a professional manner.

Board Approved: 2/24/2014

Revised: 04/12/2019, 12/17/19
Portable Computing Devices and Home Computer Use

Purpose

HCBDD will protect information on equipment.

Policy

Data on laptops should be encrypted and various security measures should be employed with employee-owned devices.

AUDIENCE

All Staff

AUTHORITY

HIPAA Privacy and Security Rules, 45 CFR Part 164

164.312(a)(2)(iv) Encryption and decryption

Procedure

1) Encryption on Laptops and other mobile devices. Employees who use board provided laptop computers, smartphones, or other portable computing devices containing PHI shall use the encryption features to reduce the impact of disclosure in the event that the device is lost or stolen. The IT staff will use an encryption solution as detailed in Policy 3060 Technical Safeguards.

2) Lost devices. Employees must immediately report lost or stolen devices to their supervisor and the HIPAA Security Officer in accordance with the Security Incident procedure.

3) Employee-owned portable computing devices. Employees may not use their personal smartphones or other portable devices to conduct board activities.

4) Work at home and use of employee’s home computer. Employees needing to work at home should not use their home computers for work purposes. Consult your Director or IT department for assistance. Employees must consult with the HIPAA Security Officer regarding safeguards prior to using any PHI on their home computers.

5) Training. The HIPAA Security Officer will provide training, as necessary, to employees on how to implement the security features required while using these devices.

Approval: 2/24/2014

Revised: 04/12/2019
Security Incident Response and Reporting

Purpose

The HCBDD strives to maintain appropriate documentation of incidents.

Policy

The board will monitor all electronic information systems for breaches of security, mitigate harmful effects of security incidents to the extent practicable, and document any such security incidents and their outcomes.

AUDIENCE

All Staff

AUTHORITY

HIPAA Privacy and Security Rules, 45 CFR Part 164
164.308(a)(6)

Procedures

Creation of Response Team, Contingency Planning and Drills

1) Incident Response Team. The HIPAA Security Officer is responsible for managing security incident response and reporting. As part of a pro-active management process, he or she may recommend to the Superintendent assignment of individuals for an Incident Response Team. The mandate to this group would be to coordinate the board’s response to security incidents. This would include mitigation strategy, communications with law enforcement, the individuals receiving services from the Board and the media.

2) Contingency Plans. The Incident Response Team may meet on a periodic basis to develop contingency plans, such as identification of a security consulting firm, public relations firm, or legal counsel who can be contacted in the event of a serious incident.

3) Security Incident Drills. The Incident Response Team may conduct security incident drills to develop skills and improve performance in the event of a serious security incident.

Security Incident Reporting and Response Procedure

1) Reporting Security Incidents. Any employee who becomes aware of a potential security incident must immediately contact the HIPAA Security Officer to report the incident.

2) Response Procedure. The HIPAA Security Officer and/or Incident Response Team will respond to all security incidents in an expedited manner to mitigate the potential harmful effects of the security incident. Procedures specified in Policy 3035 Breach Reporting and Policy 1080 Duty to Report Violations and Security Incidents, Policy 3065 Mitigation will be followed as appropriate. The superintendent of the Board will be notified and any contingency plans will be activated.
3) **Documenting Security Incidents.** In conjunction with the HIPAA Security Officer, a written report must be filed within seventy-two hours (or as soon as practically possible) of becoming aware of the incident. The report should include:
   A) Date and time of report
   B) Date and time of incident
   C) Description of circumstances
   D) Corrective action taken
   E) Mitigating action taken

Documentation will be kept for 6 years.

4) **Post-Incident Analysis.** The HIPAA Security Officer and/or Incident Response Team will conduct a post-incident analysis to evaluate the organization’s safeguards and the effectiveness of response, and recommend to management any changes they believe appropriate.

Approval: 2/24/2014

Revised: 04/12/2019
Appendix E: Minimum Necessary – Workforce, Disclosures and Requests

**Workforce Access to PHI and Safeguards**

<table>
<thead>
<tr>
<th>Person, Classes of Persons, or Business Associates</th>
<th>Categories of PHI Needed</th>
<th>Additional Safeguards(*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
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<tr>
<td>Superintendent</td>
<td>All</td>
<td></td>
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<tr>
<td>Business Manager</td>
<td>All</td>
<td></td>
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<tr>
<td>Payroll Records Clerk</td>
<td>All</td>
<td></td>
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<tr>
<td>Administrative Assistant</td>
<td>Computer data</td>
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<tr>
<td>Administrative Secretary</td>
<td>Computer data</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td><strong>Service &amp; Support</strong></td>
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<tr>
<td>Service &amp; Support Director</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Administrative Secretary</td>
<td>All</td>
<td></td>
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<tr>
<td>Service &amp; Support Administrators</td>
<td>All</td>
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<tr>
<td><strong>Transportation/Maintenance</strong></td>
<td></td>
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<tr>
<td>Grounds Maintenance</td>
<td>None</td>
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<tr>
<td>Mechanic</td>
<td>None</td>
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<tr>
<td><strong>School</strong></td>
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<tr>
<td>------------------------------------</td>
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</tr>
<tr>
<td>Principal</td>
<td>records regulated under FERPA</td>
<td></td>
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<tr>
<td>Administrative Assistant</td>
<td>records regulated under FERPA</td>
<td></td>
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<tr>
<td>Classroom Instructors</td>
<td>records regulated under FERPA</td>
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<tr>
<td>Instructor Assistants</td>
<td>records regulated under FERPA</td>
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<tr>
<td>Language Development Specialist</td>
<td>Medical Needs, notes pertinent to speech/language</td>
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<tr>
<td>Occupational Therapist</td>
<td>Medical needs, notes pertinent to service provision</td>
<td></td>
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<tr>
<td>Physical Therapist</td>
<td>Medical needs, notes pertinent to service provision</td>
<td></td>
</tr>
<tr>
<td>Early Intervention Specialists</td>
<td>All Early Intervention files</td>
<td></td>
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</tbody>
</table>

<p>| <strong>Business Associates</strong>            |                                |                                |
|------------------------------------|--------------------------------|                                |
| County Auditor's Office            | records pertinent to bill payment |                                |</p>
<table>
<thead>
<tr>
<th>The AME Group</th>
<th>All computer data</th>
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</thead>
<tbody>
<tr>
<td>BizWit</td>
<td>All computer data</td>
</tr>
<tr>
<td>Primary Solutions, Inc.</td>
<td>Database Data</td>
</tr>
<tr>
<td>DODD</td>
<td>Medical needs</td>
</tr>
</tbody>
</table>

*Safeguards: All employees will receive training on board confidentiality policies and will be subject to sanctions for violations. The table above lists additional safeguards that will be employed.*
**Procedures for Routine Disclosures of PHI**

Note: Disclosures to medical, vocational, residential and other providers, and service coordination with other agencies are “treatment” and not part of Minimum Necessary procedures.

1) **Software & Network Providers** – Information in the computer system is incidentally available during system support activities.
   A) **The AME Group.** Network support vendor is under contract to provide 24/7 network support. Access is provided at all times.
   B) **Primary Solutions and other Support.** Primary Solutions and other support vendors will be granted access rights on an as needed basis. Technical solutions for implementing this authorization will be deployed by the board.

2) **Job and Family Services** – For services rendered, which are reimbursed by ODJFS, submit requested information to JFS.

3) **Health Department** – Contents of the early intervention file may be shared with the Health Department, upon their request, if the initial referral for services came through the Help Me Grow network.

4) **Prosecutor’s Office.** When a warrant or subpoena is presented, any file may be released to the Prosecutor’s Office. In addition, if the Board is seeking legal counsel, file contents to be revealed will be reviewed by the Privacy Officer to ensure that minimum necessary standards are being followed.

5) **Auditor’s Office** – When authorizing payment of bills, fiscal files may be reviewed by the Auditor’s office prior to authorization of payment.

6) **DODD** – Information will be shared routinely with Ohio DODD in order to ensure continuity of services for individuals. Specific to MUI case files, the Investigative Agent and internal UI staff will utilize the State’s secure website to input required information.

7) **Surveyors** – Upon confirmation of surveyors credentials, the superintendent or his/her designee may authorize review of any files requested by the surveyor with the exception of MUI State Files.

8) **Transportation Providers** – To ensure quality of care for individuals, medical needs and guardian/family contact information will be shared with contracted providers.

9) **County School Districts** – Individual information will be shared, upon written request on School District letterhead, if the request for services originated in the school district.

10) **Bureau of Disability Determination** – Using the Bureau’s forms, assessment information will be shared in order to determine individual's eligibility for benefits.

11) **Attorneys** – When a subpoena is presented, the protocol in **Disclosures that do Not Require an Authorization** will be carefully followed to determine, with legal counsel assistance, if the subpoena should be honored.

12) **Other Outside Agencies** – In order to ensure continuity of services to individuals, the Director of SSA or the Director of Adult Services will share IP, medical limitation and incident reports with authorized contacts from Family Services.
13) **Law Enforcement** – As identified by the Director of Services & Supports, guardianship, family contact information and behavior support plans will be shared with law enforcement agencies. In addition, upon presentation of a warrant and verification of credentials if presented in person, other file information may be shared with law enforcement agencies. See [Disclosures that do not Require an Authorization](#).

**Procedures for Routine Requests of PHI**

1) **Eligibility Inquiry** – Individual insurance eligibility will be verified by using procedures provided by the Ohio Dept of DD.
<table>
<thead>
<tr>
<th>Date</th>
<th>Person or Entity receiving Records</th>
<th>Description of records disclosed</th>
<th>Purpose of disclosure</th>
<th>Description of threat to health or safety (if reason is in response to health or safety threat or emergency)</th>
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</table>
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Name of Individual Served __________________________________________ Date of Birth _____________

I authorize HCBDD to:

Release to: Obtain from:

The following information: The following information:

___ Assessment and diagnosis (MFE) ___ Assessment and diagnosis (MFE)
___ Treatment and progress (F.E.D.) ___ Treatment and progress
___ Social History ___ Most current IP (ISP, IEP, IHP)
___ Psychological Test results ___ Psychological Test results
___ Other ___ Results of recent physical examination

___ Other

The purpose of this disclosure is

___ Coordination of care
___ Requested by Individual Receiving Services, or guardian/parent
___ Other

1) I understand that I may revoke this authorization at any time by submitting a written request, unless the records have already been released.
2) I understand that the party receiving my information might not be subject to HIPAA,
FERPA or Ohio confidentiality laws and might be allowed to disclose this information.

3) The XCBDD does not require that I sign this authorization in order to receive services.

Expiration Date:

___ 90 days from date signed
___ other date: _______________

Approved by: ______________________________________________________
Date: ______________

If signed by someone other than the Individual being served:

Print Name________________________________________________________

Authority to sign:   ____ Parent or Guardian

        ____ Appointed by Individual as HIPAA Personal Representative

            ____ Other ____________________________________________

For staff use (complete the following steps and indicate by a check. Name of Staff Person ________________)

        ___ Copy of signed authorization given to Individual / Parent / Guardian

        ___ Copy of records released given to individual / Parent / Guardian (if requested)

        ___ Disclosure logged on Disclosure Log

        ___ Revocation received on ___________ and acted upon.
Abuser Registry Annual Notice

Purpose

The purpose of the Abuser Registry Annual notice policy was established in Ohio law, to track those who are prohibited from working with people with developmental disabilities.

Policy

Abuser Register Annual Notice Policy The Ohio Revised Code, 5123.542, requires that annual written notice be provided to each of its DD employees, explaining the conduct for which a DD employee may be placed on the Abuser Registry. Those parties who must provide this written notice are the following:

(a) The Ohio Department of DD (DODD)

(b) Each county DD board, including the HCBDD

(c) Each entity providing specialized services under contract with a DD board; and

(d) Each owner, operator or administrator of a residential facility, as defined in ORC 5123.19, or of a program certified by the DODD to provide supported living services.

Board Approved: 8/24/17, 7/22/19

Procedure

Annually, all employees of the HCBDD will be provided, via DD Works, and/or annual staff inservice the form entitled “Abuser Registry Annual Notice,” and will obtain the electronic signature of the employees, affirming only that they have received this DODD mandated written notice, per ORC 5123.542. The Ohio Department of Developmental Disabilities ("Department") maintains an Abuser Registry which is a list of employees who the Department has determined have committed one of the Registry offenses listed below. If your name is placed on the Registry you are barred from employment as a Developmental Disabilities employee in the state of Ohio. Because other state agencies require employers to check the Abuser Registry, placement on the Registry also prohibits you from being employed (1) by a Medicaid agency, being an owner (5 percent or more) of an agency or having a Medicaid Provider Agreement as a non-agency provider; (2) in a position to provide Ombudsman services or direct care services to anyone enrolled in a program administered by the Ohio Department of Aging; and (3) by a home health agency in a direct care position and may prevent you from being hired in a nursing home or residential care facility in a direct care position.

After 1 year, the person may petition the Department for removal of their name from the Registry. If the petition is denied, the name remains on the Registry.

The name of any "Developmental Disabilities (DD) employee" may be placed on the Registry. DD employee includes any Department employee, any employee of a county board of DD, an independent provider under Ohio Revised Code section 5123.16, and any employee providing...
specialized services to an individual with developmental disabilities. A specialized service is a program or service designed to primarily serve individuals with developmental disabilities including services by an entity licensed or certified by the Department.

**Abuser Registry Offenses**

The Department may place the name of a DD employee on the Abuser Registry if it determines that the employee has committed any of the below offenses against an individual with DD.

- **Physical Abuse** - the use of any physical force that could reasonably be expected to result in physical harm.
- **Sexual Abuse** - unlawful sexual conduct (unprivileged intercourse or other sexual penetration) and unlawful sexual contact (unprivileged touching of another's erogenous zone).
- **Verbal Abuse** - purposely using words to threaten, coerce, intimidate, harass or humiliate an individual.
- **Prohibited Sexual Relations** - Consensual touching of an erogenous zone for sexual gratification and the individual is in the employee's care and the individual is not the employee's spouse.
- **Neglect** - when there is a duty to do so, failing to provide an individual with any treatment, care, goods or services necessary to maintain the health or safety of the individual.
- **Misappropriation (Theft)** - obtaining the property of an individual or individuals, without consent, with a combined value of at least $100. Theft of the individual's prescribed medication, check, credit card, ATM card and the like are also Registry offenses.
- **Failure to Report Abuse, Neglect or Misappropriation** - the employee unreasonably does not report abuse, neglect or misappropriation of the property of an individual with developmental disabilities, or the substantial risk to such an individual of abuse, neglect or misappropriation, when the employee should know that their non-reporting will result in a substantial risk of harm to such individual.

Conviction or plea of guilty to:
- **Offense of Violence** - R. C. 2901.01, including convictions for the offense of Assault, Menacing, Domestic Violence or Attempting to commit any offense of violence; Sexual Offenses - R. C. Chapter 2907; Theft Offenses - R. C. Chapter 2913; Failing to provide for a functionally impaired person – R.C. 2903.16; Patient Abuse or Neglect - R.C. 2903.34; Patient Endangerment - 2903.341; and/or Endangering Children - 2919.22.

More information about the Abuser Registry is on the Department’s website at http://dodd.state.oh.us, or may be obtained by calling (614) 995-3810.

Board Approved: 10/23/2017

Reviewed: 3/8/19
Classification Plan/Layoff

Purpose

The purpose of this policy is to describe the classification of positions and lay off procedures.

Policy

Specifications have been developed for each classification and are used as a guide in classifying individual jobs. Very few jobs may fit a specification exactly, but an attempt is made to place each one in the classification it fits best. The specifications establish the qualifications that a person would have for work in each classification. The Board has adopted position descriptions and specifications.

An employee may request that his/her position be audited for proper classification by requesting a review by the Board's Human Resource Manager. Unless duties are substantially altered on a permanent basis, the employee may not request such a review for a year from the date of the results of the last review.

Employees in the classified civil service may be laid off whenever a reduction in force is necessary due to a lack of funds, lack of work, reorganization, or the abolishment of positions in accordance with R.C. §§124.321 to 124.327.

Procedure

If it becomes necessary for an appointing authority to reduce its work force, the appointing authority shall lay off employees in accordance with R.C. §§124.321 to 124.327. If an appointing authority abolishes positions in the civil service, the abolishment of positions and any resulting displacement of employees shall be made in accordance with R.C. §§124.321 to 124.327.

Layoff Procedure - Unclassified

Definitions:

"Board" means the Hancock County Board of Developmental Disabilities.

"Employee" means a management employee of a Board.

"Job title" means the working title of a position from which the Board determines a reduction in force is necessary.

"Reduction in force" means a reduction in the number of employees employed by a Board, which results in layoffs.

"Seniority" means the total number of quarters of employment completed by an employee with the Board.
(B) When a Board determines a reduction in force is necessary, it may lay off employees. The provisions of R.C. §§124.321 to 124.327 do not apply to reductions in force under this section.

(C) The Board, in its sole discretion, shall determine the job titles in which a reduction in force shall occur. Within each job title, the order of layoff shall be as follows:

1. All employees holding limited contracts for that title shall be laid off before any employee holding a continuing contract for that title is laid off.

2. Within each category of contract, part time employees shall be laid off before full time employees.

3. Layoffs shall proceed in inverse order of seniority.

(D) Employees may not bump into other job titles.

(E) Employees retain the right to be reinstated to the job title from which they were laid off for one (1) calendar year following layoff.

1. Employees shall be offered reemployment in inverse order of layoff as provided in division (C) of this section.

   (a) When a vacancy occurs in a job title from which employees have been laid off, the employee eligible for reinstatement shall be notified, in writing of the vacancy. Notice shall be mailed, certified U.S. mail, return receipt requested, to the employee’s last known address. Laid off employees are responsible for notifying the Board, in writing, of any change of address.

   (b) Laid off employees shall accept or decline the offer of reinstatement within five (5) days after it is received. Offers of reinstatement are deemed received on the earlier of ten (10) days after mailing to the correct address or actual receipt. Failure to respond to an offer of reemployment within the time limits imposed by this division constitutes refusal of that offer.

   (c) Any employee who declines reemployment under this division forfeits his/her right to reemployment except that no employee shall lose the employee’s right to reemployment for refusing to accept a part-time position. (2) No person may be hired into any job title in which a layoff has occurred, other than by reinstatement, until:

      (a) All laid off employees have been reinstated or declined reinstatement or

      (b) More than one (1) year has elapsed since the layoff occurred.
(F) No person shall be hired into any position for which a laid off employee holds a continuing contract until that position has been offered to and declined by all eligible employees in manner provided in division (E) of this section.

Board Approved: 4/22/19, 9/23/19
Company Property Usage

Purpose
The purpose of this policy it to outline the benefits and responsibility of using company property.

Policy
General Conditions

It is the responsibility of each employee to maintain his work environment in an orderly fashion and follow all agency guidelines to ensure its proper use and maintenance.

Should any employee have knowledge of any misuse of property, the employee must notify their supervisor immediately.

Any employee found to neglect, or misuse agency property will be sanctioned under the disciplinary policies. This may include termination. If the neglect is determined to be gross, the agency will expect remuneration for part or all the replacement cost. Blanchard Valley Center may elect to file civil action to enforce the remuneration. Misappropriation of Blanchard Valley Center property is grounds for immediate termination and possible criminal action.

Procedure

Electronic Devices

Electronic devices shall be defined, but not limited to such items as computers, laptops, pagers, cell phone, cameras, video players, projectors, etc.

If you have access to Board owned equipment: Only Board business may be conducted on these devices. Any staff member using board-owned, leased, or rented equipment or property for personal use or for other than board-sponsored services and business or events, as authorized by the Superintendent, may be subject to disciplinary action up to and including termination. The Board reserves the right to prosecute any person for theft or misuse of County property.

Each employee assigned an electronic device will be required to complete an acknowledgment form stating that they understand that they will take proper care of all company equipment that is entrusted to them and acknowledge that they understand that upon termination, they will return all property of Blanchard Valley Center and that the property will be returned in proper working order. This agreement includes but is not limited to devices assigned or available to the employee by Blanchard Valley Center. The employee will acknowledge that failure to return equipment may be considered theft and may lead to criminal prosecution by HCBDD.

Board Approved: 7/20/18; 5/20/19
Continuation of Health Care Benefits

Purpose

The purpose of this policy is to establish guidelines for COBRA, the continuation of applicable health care benefits.

Policy

The Board will comply with Public Law 99-272, Title X (COBRA) to provide continuation of applicable health benefits to eligible former employees who were covered by the Board's group health plan or their spouses and dependent children if they meet the COBRA requirements. COBRA does not apply to life insurance or disability insurance. "Qualified Beneficiary" will be offered the opportunity to continue under COBRA the group health care insurance benefits the individual was receiving immediately before the qualifying event.

Procedure

In order for continuation coverage to be made available, one of the following "qualifying events" which would result in a loss of coverage must occur:

1. Death of a covered employee
2. The termination of the covered employee's employment (termination other than by reason of misconduct)
3. Voluntary resignation
4. Reduction in work hours (strike, layoff, leave of absence, full-time to part-time).
5. The divorce or legal separation of the covered employee from the employee's spouse.
6. The covered employee becoming entitled to Medicare benefits.
7. A dependent child ceasing to be an eligible family dependent under the plan requirements.

Should a "qualifying event" take place, a "qualified beneficiary" includes one or more of the following individuals who, on the day prior to the "qualifying event", is a covered member under the Board's group health plan. Each qualified beneficiary may make an individual decision in reference to determining COBRA plan coverage. A "Qualified beneficiary" is:

1. A covered employee
2. The spouse of the covered employee.
3. The dependent child of a covered employee.

"Qualified beneficiaries" shall be responsible for 100% payment of all health care premiums plus 2% of the monthly premium for administrative fees. All premiums and fees must be paid by the first day of the month by cashier's check or money order. The premium shall be made payable to Benefit Services. If payment is not made timely, health insurance coverage will cease immediately.
"Qualified beneficiaries" may elect to continue coverage up to 18 months from the date coverage would have terminated due to being:

1. A covered employee who was terminated (gross misconduct exception), had a reduction of hours of employment which resulted in loss of coverage, or voluntarily resigned.
2. The spouse and/or dependent children of a covered employee who was terminated, had a reduction of hours of employment which resulted in loss of coverage, or voluntarily resigned.

A "qualified beneficiary" who is disabled (according to Title II or XVI of the Social Security Act) at the time of the 18-month qualifying event may elect to continue coverage up to 29 months. The "qualified beneficiary" must provide the plan administrator with Notice of Disability (from Social Security Administration) before expiration of eighteen (18) month COBRA period and within sixty (60) days of notice.

A "qualified beneficiary" may elect to continue coverage up to 36 months from the date coverage would have terminated due to being:

1. A surviving spouse and/or children of a deceased employee.
2. A legally separated or divorced spouse and/or dependent children of the covered employee.
3. The spouse and/or dependent children of a covered employee becomes eligible for and enrolls in Medicare benefits.
4. The spouse and/or dependent children of a covered employee currently in a period of 18-month coverage and a second qualifying event occurs before the end of that 18-month period.
5. Dependent child ceasing to be dependent.

COBRA coverage may be terminated by the Board under the following conditions:

1. Eighteen (18) months from the event date for individuals whose coverage ended due to termination or reduction of hours.
2. Twenty-nine (29) months from the event date of an individual whose coverage ended due to a termination or reduction in hours where the continuation coverage was extended to twenty-nine (29) months due to the individual's Social Security disability determination.
3. Thirty-six (36) months from the event date of an individual whose coverage ended because of the death of the employee, divorce/legal separation, a dependent child ceasing to be a dependent or the employee's Medicare entitlement.
4. The date the individual becomes entitled to Medicare unless the Medicare entitlement is due to End Stage Renal Disease (ESRD) or the individual being deemed a "disabled active individual" under a "large group health plan".
5. The first day for which timely payment is not made to the plan.
6. The date the individual becomes covered under another group health plan that does not limit coverage for a pre-existing condition of the beneficiary.
7. In the case of a beneficiary who was deemed disabled by the Social Security Administration and is receiving the eleven (11) month COBRA extension, coverage may terminate the month that begins thirty (30) days after the date
of the final determination that the individual is no longer disabled.

8. In the case of a Medicare entitlement (where insurance is not lost) COBRA shall not terminate for qualified beneficiaries other than the employee for such event or subsequent event, before thirty-six (36) months after the date of the Medicare entitlement.

9. The day the employer ceases to maintain any group health plan.

COBRA Notification and Election Timeframes:

1. “Qualified beneficiaries” shall be notified of their COBRA rights by the employer and/or plan administrator at the time of commencement of coverage under the plan. Notification shall be sent first class mail to the enrollee, spouse and dependent(s) at the last known address. Notification to the spouse is deemed notification to all individuals resident with the spouse.

2. Following a death, termination of employment, reduction in hours or Medicare eligibility, the Board must notify the beneficiary of the eligibility for continuation coverage within thirty (30) days.

3. Qualifying event notification shall be made to inform each qualified beneficiary that they have rights to continue their health insurance coverage under COBRA. Notification shall be sent with proper language within fourteen (14) days of a qualifying event. Notification shall be sent first class mail to the enrollee, spouse and dependent(s) at the last known address. Notification to the spouse is deemed notification to all individuals residing with the spouse.

4. An eligible beneficiary shall have sixty (60) days to exercise the continuation coverage option. The sixty (60) day period shall begin on the later of the date when existing coverage ends or when the beneficiary receives notice of the continuation coverage options.

5. "Qualified beneficiaries" shall have forty-five (45) days from the date they elect coverage to pay any and all back premiums.

6. Following a change of family status, such as in the case of divorce, or legal separation, or dependent child ceasing to be a dependent, the employee or the qualified beneficiary must notify the Group Health Plan Administrator and the Superintendent of the qualifying event with sixty (60) days of the later of the date of the event or the date the Qualified Beneficiary would lose coverage due to the event. Upon notification by the employee or affected beneficiary, the Board must notify the beneficiary of the continuation coverage options within fourteen (14) days.

7. The Board upon notification of a COBRA extension may provide extension notification to inform the qualified beneficiary of new continuation coverage time frame, monthly premium rates, premium due date and reasons coverage can be canceled prior to the end of the maximum coverage period. Extension of COBRA coverage can be extended for the following reasons: a) standard secondary event, b) special Medicare entitlement, c) Medicare entitlement interruption, and d) disability. Notification shall be sent first class mail to the enrollee, spouse and dependent(s) at the last known address. Notification to the spouse is deemed notification to all individuals residing with the spouse.

8. The Board shall notify all COBRA continues of open enrollment periods. The notification shall be sent prior to open enrollment and inform the continuee
of the open enrollment period, the options available during the enrollment period and the monthly premium rates for those options. Notification shall be sent first class mail to the enrollee, spouse and dependent(s) at the last known address. Notification to the spouse is deemed notification to all individuals residing with the spouse.

9. The Board shall notify all COBRA continuees of plan changes. The notification shall be sent as soon as the employer is aware of the plan change and inform the continuee of the plan benefit changes, premium rate changes and other modifications to the plan. Notification shall be sent first class mail to the enrollee, spouse and dependent(s) at the last known address. Notification to the spouse is deemed notification to all individuals residing with the spouse.

10. The Board shall notify all COBRA continuees of the right to convert. The notification shall be to notify the individual that the COBRA coverage is coming to an end and they have the right to elect an individual conversion policy (if such a policy is available under the group health plan). Plan administrators are required to notify all Qualified Beneficiaries of their right to elect a conversion option within one hundred and eighty (180) days prior to the expiration of their COBRA coverage. Notification shall be sent first class mail to the enrollee, spouse and dependent(s) at the last known address. Notification to the spouse is deemed notification to all individuals residing with the spouse.

Mutual Health Services process COBRA for the Hancock County Board of DD.

Board Approved: 7/20/18, 3/25/19
Credit for Previous Work Experience

Purpose

The purpose of this policy is to establish guidelines for credit given for previous work experience.

Policy

The HCBDD, upon recommendation of the Superintendent, may recognize up to five (5) years of similar work experience in placing the employee on the appropriate salary per the hiring range. The HCBDD shall recognize previous public employment in Ohio counties, for the purpose of vacation leave accumulation, according to the Ohio Civil Service Rules. This shall be in effect for all employees whose employment with the HCBDD commenced on or after July 5, 1987.

Procedure

Employment to be Considered for Prior Work Experience
Full-time and part-time work (pro-rated), in a single position for a calendar year or more, unless otherwise specifically provided in law. Substitute work shall not be considered for the purpose of placement on the salary/wage schedule.

Type of Work to be Considered
Duties and responsibilities of prior work must be essentially similar to that of the employee’s position.

Employees must present documentation of prior work experience including job title, description of job duties, status (full or part-time), hours worked per week, and dates employed from the previous employer signed by an authorized representative. The employee must present this to the Superintendent or designee, within thirty (30) days of employment to be given credit.

Board Approved: 7/20/18, 3/25/19
Disciplinary Policy

Purpose

The Board has adopted this progressive discipline policy as a guide for the uniform administration of discipline. It is not, however, to be construed as a delegation of, or a limitation upon, the statutory rights of the county and the Board as set forth in the Ohio Revised Code.

Policy

Rules of progressive discipline shall not diminish the authority of the Superintendent to terminate an employee during the second half of the employee's initial probationary period.

DISCIPLINARY PRINCIPLES

1. The Board believes that certain basic principles, set forth below, must consistently be applied in order to effectively and fairly correct unsatisfactory job performance or conduct.
2. Employees shall be advised of job expectations, the types of conduct that the Board has determined to be unacceptable, and the penalties for unacceptable job performance or conduct.
3. Immediate attention shall be given to policy infractions. Discipline shall be applied uniformly and consistently.
4. Each offense shall be dealt with objectively.
5. Discipline shall usually be progressive, but, depending on the severity of the offense, may proceed immediately to termination.
6. An employee's immediate supervisor, Department Manager/Supervisor, Human Resource Manager and the Superintendent shall be responsible for administering discipline.

Disciplinary Action-Verbal and Written Reprimands

When an employee’s conduct comes under scrutiny for possible disciplinary action, the supervisor may issue a verbal reprimand as well as a written reprimand depending upon the severity of the situation. Oral or written reprimands are a less severe form of disciplinary action. The immediate supervisor must consult with the Department Director/Supervisor and Human Resources prior to issuing a verbal or written reprimand. A copy of any record of oral reprimand or any written reprimand shall be given to the employee and placed in the employee's personnel file in the Human Resource Office.
Disciplinary Action- Suspension, reduction or removal

Whenever the Department Director/Supervisor or designee determines that an employee may be reduced in pay or position, suspended or terminated, a pre-disciplinary conference will be scheduled to give the employee an opportunity to explain his/her conduct. Pre-disciplinary conferences will be conducted by a neutral person who will be selected by the Human Resource Manager from those persons not directly in the chain of command of the employee. Although, ideally, the neutral person will be another Department Director/Supervisor, an employee under the jurisdiction of the Board need not be used. Not less than twenty-four (24) hours prior to the scheduled starting time of the conference, the Human Resource Manager will provide to the employee a written outline of the charges that may be the basis for disciplinary action. The employee must choose to:

1. Appear at the conference to present an oral or written statement in his/her defense;
2. Appear at the conference and have a chosen representative present an oral or written statement in defense of the employee; or,
3. Elect in writing to waive the opportunity to have a pre-disciplinary conference.

At the pre-disciplinary conference, the neutral person will ask the employee or his/her representative to respond to the allegations of misconduct that were outlined to the employee. Employees are not required to respond. Employees may be disciplined if they lie at the pre-disciplinary conference. The employee or his/her representative will be permitted to question witnesses who have been called by the presiding officer. The conference shall be informal and the rules of evidence shall not apply. The neutral person will prepare a written conclusion as to whether or not the alleged conduct occurred. A copy of the neutral person's report will be provided to the Superintendent within five (5) working days following its preparation. The Superintendent will decide what discipline, if any, is appropriate, meet with the employee and notify the employee in writing at the meeting. A copy of the neutral person's report will be provided to the employee within five (5) working days following its preparation and submission to the Superintendent.

It is the responsibility of all supervisors to recognize the need for disciplinary action, and to take the appropriate action. The Department Director/Supervisor must contact the Human Resource Manager for all disciplinary action. Disciplinary action will be taken with an employee in accordance with O.R.C. §124.34.

Pursuant to O.R.C. §124.34, employees may be reduced in pay or position, suspended, or removed for incompetency, inefficiency, dishonesty, drunkenness, immoral conduct, insubordination, discourteous treatment of the public, neglect of duty, violations of such sections, or the rules of the director of administrative services or the commission, or any other failure of good behavior, or any other acts of misfeasance, malfeasance, or nonfeasance in office.
**Suspension**

Suspensions are usually given as a less severe form of disciplinary action. Suspensions of less than twenty-four (24) hours, for overtime eligible employees, and less than forty (40) hours, for overtime exempt employees, are not appealable by the employee. A suspension of twenty-four (24) hours or more, for overtime eligible employees, and forty (40) hours or more, for overtime exempt employees are appealable to the State Personnel Board of Review. In all cases of suspension, the statutory grounds listed in O.R.C. §124.34 must be given as reasons for the suspension. Appeal rights shall be outlined in the Order of Suspension. Employees may be required to work during the period of their suspension. While the employee will be paid for working during the period of suspension, the suspension will nevertheless have the same force and effect as an unpaid suspension.

**Reduction**

Reduction is a change to a classification including a reduction of duties with a lower base pay range, a change to a lower step within a salary range or a lower classification, or the foregoing of a pay increase to which an employee would have been otherwise entitled. Reductions are appealable and rights to appeal shall be outlined in the Order of Reduction.

**Removal**

Removal is the most severe form of disciplinary action. It is a permanent separation from Board service. Appeal rights available to the employee shall be outlined in the Order of Removal, which is the official notice to the employee.

**Policy**

A. RC Section 124.34 sets out the forms of misconduct which are the legal basis for reduction, suspension or removal of a classified staff member. Those forms of misconduct are:

1. Neglect of duty;
2. Incompetency;
3. Inefficiency;
4. Dishonesty;
5. Drunkenness;
6. Immoral conduct;
7. Insubordination;
8. Discourteous treatment of the public;
9. Any other failure of good behavior;
10. Any other acts of misfeasance, malfeasance or nonfeasance; or
11. Any violation of DAS rules.

B. The offenses set forth in Groups I, II and III below are non-inclusive examples of the above forms of misconduct and guidelines for determining the appropriate level of discipline for staff members.

C. In general, Group I Offenses may be defined as those infractions which are of a relatively minor nature and which cause only a minimal disruption to productivity, efficiency and/or morale. Group I Offenses, if left undisciplined by proper authority, will usually cause only a temporary impact against the organization unless such acts are compounded over time.

D. Group II Offenses may be defined as those infractions which are of a more serious nature than the Group I Offenses and which, in turn, cause a more serious and longer lasting disruption to the organization in terms of decreased organizational productivity, efficiency and/or morale. Group II Offenses, if left undisciplined by proper authority, can cause a more serious and longer lasting impact against the organization than the Group I Offenses.

E. Group III Offenses may be defined as those infractions which are of a very serious or possibly criminal nature and/or which cause a critical disruption to the organization in terms of decreased productivity, efficiency and/or morale. Group III Offenses, if left undisciplined by proper authority, may have a long lasting and serious adverse impact on the organization.

F. This discipline policy is a general guideline only. The following examples of specific offenses are not only inclusive, and are not intended to be binding on the employer.
GROUP I OFFENSES

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<td>THIRD OFFENSE</td>
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<td>Five to fifteen day working suspension or suspension without pay</td>
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Following are examples of Group I Offenses. Following each offense in parentheses are examples of the various charges of misconduct which may be applicable under RC Section 124.34.

1. Failure to properly and completely clock/sign in or out (inefficiency, neglect of duty, or failure of good behavior) without justification. One minute is considered a late arrival, after seven minutes late, pay will be docked.

2. Failure to properly “report off” work for any absence or failure to timely notify the proper party of absence (neglect of duty, failure of good behavior or nonfeasance) at least one hour prior to start time.

3. Failure to be on time and ready to begin working at the staff member’s scheduled starting time (neglect of duty or failure of good behavior).
4. Creating or contributing to unsanitary or unsafe conditions or poor housekeeping (inefficiency, neglect of duty or failure of good behavior).

5. Failure to observe official safety rules or common safety practices (inefficiency, neglect of duty, failure of good behavior or nonfeasance).

6. Failure to report accidents, injuries or equipment damage (inefficiency, neglect of duty, failure of good behavior or nonfeasance).

7. Discourteous treatment of the public (discourteous treatment of public or failure of good behavior).

8. Inattention to the needs of the public (discourteous treatment of public or failure of good behavior).

9. Distracting the attention of others, unnecessary shouting, use of profane, or other inappropriate language toward subordinates, other staff members, persons supported, or the general public, misuse of two-way radios or otherwise causing disruption on the job (inefficiency, neglect of duty or failure of good behavior).

10. Malicious mischief, horseplay, wrestling or other undesirable or potentially harmful conduct (inefficiency, immoral conduct, discourteous treatment of public or failure of good behavior).

11. Interfering with the work performance of subordinates/other staff members or causing other disruptions of the workplace (inefficiency, neglect of duty, failure of good behavior or nonfeasance).

12. Failure to cooperate with other staff members (inefficiency, neglect of duty, failure of good behavior or nonfeasance).

13. Neglect of or careless failure to observe Employer rules, regulations, policies and procedures (inefficiency, neglect of duty, failure of good behavior or nonfeasance).

14. Excessive garnishments (failure of good behavior or nonfeasance).

15. Excessive use of the Employer’s telephone or other employer-owned property (inefficiency, neglect of duty, failure of good behavior or nonfeasance).

16. Obligating the Employer for any minor expense, service or performance without prior authorization (dishonesty, neglect of duty, failure of good behavior or misfeasance).

17. Neglect of or failure to care for Employer property or equipment (inefficiency, neglect of duty, failure of good behavior or nonfeasance).

18. Inefficiency (e.g., lack of application or effort on the job, unsatisfactory performance, failure to maintain required performance standards, etc.) (inefficiency, neglect of duty, failure of good behavior or nonfeasance).

19. Neglect of, or careless failure to, prepare required reports or documents (inefficiency, neglect of duty, failure of good behavior or nonfeasance).
20. Failure of supervisor to administer discipline as provided herein or to otherwise enforce the rules, regulations, policies and procedures of the Employer (inefficiency, neglect of duty, failure of good behavior or nonfeasance).

21. Failure to commence duties at the beginning of the work shift or leaving work prior to the end of the work shift (inefficiency, neglect of duty or failure of good behavior).

22. Leaving the job or work area during the regular working hours without authorization (neglect of duty, failure of good behavior or nonfeasance).

23. Making preparations to leave work without specific prior authorization before the specified quitting time (neglect of duty, failure of good behavior or nonfeasance).

24. Establishing a pattern of sick leave use or other misuse or abuse of sick leave (neglect of duty, malfeasance, failure of good behavior).

25. Failure to follow policy or procedure (neglect of duty, failure of good behavior)

26. Conviction of any violation of law which may adversely affect the public’s trust in the staff member’s ability to perform the duties of the staff member’s position (dishonesty, failure of good behavior or malfeasance).
GROUP II OFFENSES

FIRST OFFENSE
A working suspension of less than 3 days; or a suspension without pay of less than 3 days

SECOND OFFENSE
Five to fifteen day working suspension or suspension without pay

THIRD OFFENSE
Up to and including termination of employment.

Following are examples of Group II Offenses. Following each offense in parentheses are examples of the various charges of misconduct which may be applicable under RC Section 124.34.

1. Disregarding job duties and neglecting work by sleeping, reading for pleasure, playing games, viewing TV, personal use of phone etc. when there are work duties to be completed (inefficiency, neglect of duty, failure of good behavior, or nonfeasance.)

2. Reporting to work or working unfit for duty (incompetence or failure of good behavior).

3. Failure to report for overtime work, without proper excuse, after being scheduled to work (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).

4. Willful refusal to clock/sign in or out when required (inefficiency, neglect of duty, failure of good behavior, or misfeasance).

5. Performing private work on Employer time (inefficiency, neglect of duty, failure of good behavior, or misfeasance).

6. Neglect or careless failure to observe official safety rules or common safety practices (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).

7. Threatening, intimidating, or coercing subordinates, other staff members, or the general public (inefficiency, neglect of duty, or failure of good behavior.)

8. Use of abusive or offensive language or gestures toward subordinates, other staff members, persons supported, or the general public (immoral conduct, insubordination, failure of good behavior, or malfeasance).
9. The making or publishing of false, vicious, or malicious statements concerning other staff members, persons supported, the Employer, or its operations (dishonesty, failure of good behavior, or malfeasance).

10. Solicitation or distribution on Employer property in violation of the solicitation and distribution policy (inefficiency, neglect of duty, failure of good behavior, or misfeasance).

11. Willful disregard of the Employer’s rules, regulations, policies, and procedures (inefficiency, neglect of duty, failure of good behavior, misfeasance, malfeasance, or nonfeasance).

12. Negligent failure to obey a reasonable order of a supervisor or failure to carry out work assignments, including verbal instructions (inefficiency, neglect of duty, failure of good behavior, or misfeasance).

13. Neglect or carelessness in the use of Employer property or equipment (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).

14. Obligating the Employer for a major expense, service, or performance without prior authorization (dishonesty, neglect of duty, failure of good behavior, or misfeasance).

15. Unauthorized use of Employer property or equipment, (inefficiency, neglect of duty, failure of good behavior, or misfeasance).

16. Negligent failure to report accidents, injuries, or equipment damage (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).

17. A traffic violation or accident while driving an Employer vehicle which evidences recklessness by the staff member (inefficiency, neglect of duty, failure of good behavior, or misfeasance).

18. Refusing to provide testimony or information in court, during a public hearing (SPBR, SERB, etc.) or any other official hearing, investigation, or proceeding involving the Employer (insubordination, failure of good behavior, or nonfeasance).

19. Refusing to provide testimony or information concerning any Employer investigation (insubordination, failure of good behavior, or nonfeasance).

20. Possession or storage of alcoholic beverages on the Employer’s premises (neglect of duty, drunkenness, failure of good behavior, or malfeasance.)

21. Unauthorized presence on the Employer’s property (failure of good behavior or misfeasance).

22. Habitual neglect of timely completion of required reports or documents (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).

23. Willful failure to timely complete required reports and documents (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).

24. Willful failure to follow policy or procedure. (neglect of duty, failure of good behavior).
25. Unauthorized posting or removal of notices or documents on or from bulletin boards (failure of good behavior or misfeasance).

26. Conviction of any violation of law which may adversely affect the public’s trust in the staff member’s ability to perform the duties of the staff member’s position (dishonesty, failure of good behavior or malfeasance).

GROUP III OFFENSES

FIRST OFFENSE Up to and including termination of employment

Following are examples of Group III Offenses. Following each offense in parentheses are examples of the various charges of misconduct which may be applicable under RC Section 124.23.

1. Wanton or willful neglect in the performance of assigned duties (inefficiency, neglect of duty, failure of good behavior, misfeasance, or malfeasance).

2. Instigating, leading, or participating in any walkout, strike, sit-down, stand-in, sympathy strike, call-in, slow-down, refusal to work at the scheduled time for a scheduled shift, or other concerted curtailment, restriction or interference with work in or about the Employer's premises in violation of R.C. Chapter 4117 (neglect of duty, failure of good behavior, or misfeasance).

3. Refusal, without legitimate reason, to work during emergency situations or conditions (insubordination, neglect of duty, failure of good behavior, or nonfeasance).

4. Signing/clocking or altering other staff members’ time cards or records; altering one’s own time card or record or having one’s time card or record signed/clocked or altered by another, without authorization (dishonesty, failure of good behavior, or malfeasance).

5. Knowingly concealing a communicable disease (i.e., T.B., etc.) which may endanger others (neglect of duty, failure of good behavior, misfeasance, or malfeasance).

6. Carrying or possessing firearms, explosives, or weapons in the work area (failure of good behavior or malfeasance).

7. Willfully withholding information which threatens the safety and security of the Employer, its operations or staff members (dishonesty, failure of good behavior, misfeasance, or malfeasance).
8. Willfully demeaning, verbally abusing, and/or humiliating persons supported, staff member or other person (discourteous treatment of the public, neglect of duty, failure of good behavior, or malfeasance).

9. Threatening, intimidating, or physically abusing persons supported, staff member, or other person (malfeasance or failure of good behavior).

10. Committing an act of discrimination, harassment, or engaging in conduct giving insult or offense on the basis of race, color, gender, military status, age, ancestry, religion, national origin, or disability (immoral conduct, neglect of duty, failure of good behavior or malfeasance).

11. Fighting with or attempting to injure a staff member or other person (discourteous treatment of the public, neglect of duty, failure of good behavior or malfeasance).

12. Insubordination by refusing to perform assigned work or to comply with the written or verbal instructions of a supervisor (insubordination, neglect of duty, failure of good behavior or nonfeasance).

13. Providing false testimony, statements or information in any official Employer, court or administrative investigation, hearing or proceeding (dishonesty, failure of good behavior, malfeasance or neglect of duty).

14. Providing false information, making a false statement, committing a fraudulent act or withholding pertinent information in the employment application process (dishonesty, failure of good behavior, misfeasance or malfeasance).

15. Gambling during work hours (inefficiency, neglect of duty, failure of good behavior, misfeasance, malfeasance).

16. Stealing or similar conduct, including destroying, damaging, concealing or converting any property of the Employer or of other staff members (dishonesty, failure of good behavior, or malfeasance).

17. Dishonesty or dishonest action. Examples of “dishonesty” or “dishonest actions” are: theft, pilfering, making false statements to secure an excused absence, or justify an absence or tardiness. These are examples only and do not limit the terms dishonesty and dishonest action (dishonesty or malfeasance).

18. Engaging in unauthorized political activity as provided in the Political Activity Section of this manual (failure of good behavior or malfeasance).

19. The unlawful manufacture, distribution, dispensation, possession or use of alcohol or a controlled substance which takes place in whole or in part in the workplace (drunkenness, immoral conduct, neglect of duty, failure of good behavior or malfeasance).

20. Driving a motor vehicle on duty or Employer business without a valid, applicable operator’s license (dishonesty, failure of good behavior, malfeasance, or neglect of duty).
21. Failure to obtain, maintain and/or report the loss of required licenses, certifications or other qualifications of a staff member’s position (dishonesty, failure of good behavior, malfeasance or neglect of duty).

22. Conviction of any violation of law which may adversely affect the public’s trust in the staff member’s ability to perform the duties of the staff member’s position (dishonesty, failure of good behavior or malfeasance).

23. Intentional misuse of Employer or other public funds (dishonesty, neglect of duty, failure of good behavior or malfeasance).

24. Willful neglect or intentional misuse, abuse or destruction of the property, equipment or tools of the Employer or another staff member (inefficiency, neglect of duty, failure of good behavior, misfeasance or malfeasance).

25. Soliciting or accepting a gift, gratuity, bribe or reward for the personal benefit of the staff member, or otherwise using one’s position, identification, name, photograph or title for personal gain, or otherwise violating the Employer’s Code of Conduct or Ohio’s ethics laws for public employees (inefficiency, neglect of duty, failure of good behavior, misfeasance or malfeasance).

26. Engaging in off-duty employment activities which the Employer has determined to be an interest or time conflict (inefficiency, neglect of duty, failure of good behavior or misfeasance).

27. Making false claims or misrepresentations in an attempt to obtain any benefit (dishonesty, failure of good behavior, neglect of duty or malfeasance).

28. Misusing, removing or revealing documents or information of a confidential nature or revealing such information without prior and appropriate authorization (dishonesty, neglect of duty, failure of good behavior or malfeasance).

29. Misuse, removal or destruction of Employer records without prior authorization (dishonesty, neglect of duty, failure of good behavior or malfeasance).

30. Willful or reckless disregard of official safety rules or common safety practices (inefficiency, neglect of duty, failure of good behavior or nonfeasance).

31. Failure to report a health/safety violation or Workers’ Compensation injury.

32. Conviction of certain felonies.

33. Willful failure of a supervisor to immediately report to administration anything of a medical nature regarding a staff member which could indicate the staff member qualifies for Family and Medical Leave.

34. Verbal abuse, physical abuse, violation of rights, mistreatment or neglect of person’s supported including failure to report incidents
Procedure

A. Multiple minor policy infractions should be dealt with by following the progressive discipline procedure set forth below:

1. Multiple offenses which are unrelated are progressively disciplined in the groups in which the offenses are outlined in these guidelines;

2. Multiple offenses which are related are progressively disciplined regardless of the groups in which the offenses are listed and regardless of the order in which the offenses occurred; and

3. Multiple offenses which are closely related in time, even if unrelated or in different groups hereunder may be combined to result in discipline which exceeds the severity of the total sum of the separate offenses.

B. Examples of the difference between the treatment of related and unrelated offenses are as follows:

1. If, as a first offense, a staff member commits Group I Offense #1, “failure to properly and completely sign in or out,” the staff member would normally receive a verbal warning. If within 24 months this staff member commits an unrelated offense, Group II Offense #18, “unauthorized use of Employer property or equipment…,” the staff member would receive one to three-day suspension without pay. If, however, the second offense had been related to the first offense, such as Group II Offense #5, “willful refusal to sign in or out when required,” the staff member would receive a five to 15-day suspension without pay.

2. If, as a first offense a staff member commits Group III Offense #3, “refusal without legitimate reason, to work during emergency situations or conditions,” the staff member would be disciplined up to termination. If the staff member is not terminated, for whatever reason, and if within 24 months the staff member commits an unrelated offense, Group II Offense #6, “performing private work on Employer time,” the staff member would receive one to three-day suspension. If, however, the second offense had been related to the first offense, such as Group II Offense #3, “failure to report for overtime work, without proper excuse, after being scheduled to work in accordance with overtime policy,” the staff member would be subject to termination.

Board Approved: 5/21/18
Reviewed: 3/8/19
Drug-Free Workplace/Drug Testing

Purpose

The purpose of this policy is to reduce accidents, injuries and fatalities resulting from substance abuse and to ensure that employees are not in use of any of these substances while employed.

Policy

It is the policy of the Board to provide a workplace free of alcohol and drugs and to take reasonable measures to ensure that employee alcohol or drug abuse does not exist. The Board realizes that a successful policy may combine education, counseling, assistance and/or discipline. No employee will engage in the unlawful manufacture, distribution, dispensing, possession, sale, or use of a controlled substance, drug and/or alcohol on the property. No employee shall report for duty or remain on duty with any evidence of alcohol use, or while using any controlled substance, except those whose usage is pursuant to the lawful direction and supervision of a licensed physician who has advised the employee that the substance does not adversely affect the employees ability to safely perform their duties. The Board will follow the Hancock County Alcohol and Drug Policy.

Procedure

Education and Training

The Board will provide training to employees stating that it is unlawful to manufacture, distribute, dispense, possess, use or work under the influence of a controlled substance in any of the facilities of the Board. This statement will place employees on notice that disciplinary action may be taken if the Board discovers an employee to be in violation of this policy.

Conditions

1. As a condition of employment, each employee shall abide by the terms of the drug-free workplace statement.
2. Any employee convicted (for purposes of this policy, pleading guilty has the same effect as a conviction) of violating a criminal drug statute, or convicted of violating a drug/alcohol statute that results in a misdemeanor of the first degree and a felony on subsequent offenses, shall provide written documentation to the personnel department within five (5) working days.
3. Within ten (10) days of receiving actual notice that an employee has been convicted of any of the aforementioned, the Board is required by the federal Drug Free Workplace Act to notify the Ohio Department of Developmental Disabilities of this fact. Within thirty (30) days of receipt of such notice, the board shall:
   a. Terminate the employee with cause if the conviction is for dispensing, trafficking, distributing, or manufacturing.
   b. Require such employee to satisfactorily complete a drug/alcohol abuse assistance program or rehabilitation program of the Board’s choosing if the conviction is for possession, under the influence of, or using. Before
an employee returns to work after engaging in prohibited alcohol and/or controlled substance conduct, the employee must complete a drug/alcohol test.

c. Failure to report an alcohol or drug related conviction may be disciplined, up to and including termination.
d. Failure to satisfactorily complete the program will result in termination with cause of the employee.
e. As a further condition of employment, the employee must agree to random drug/alcohol testing for a period of twenty-four (24) months upon their successful completion of the program and return to work.
f. Any further convictions will result in termination with cause.

Pre-employment

Pre-employment testing applies to individuals whom the Board intends to hire or use, on a permanent or temporary basis. “Applicants” may be prospective employees or current employees who have served in other capacities, with the Board. Any prospective employee who tests positive for the use of alcohol or controlled substance will not be hired.

Reasonable Suspicion

If the Superintendent, upon the recommendation of the department Directors and the Human Resource Manager, has reasonable suspicion that any of the qualifying criteria in the conditions of this policy has been violated by an employee, the Superintendent can require that such an employee undergo drug/alcohol testing. Reasonable suspicion must be based on specific, contemporaneous, articulated knowledge and/or observations concerning the appearance, behavior, speech or body odors of the employee.

Post Vehicle Accident

If an employee has an accident while operating a vehicle during work hours, the employee shall be required to submit to a drug/alcohol test. Such test will be required as soon as practical following the accident. Testing is to occur immediately after a need has been determined. If the test is not administered within 32 hours (8 hours for a breath or saliva test) following the accident, the test shall not be administered and a written statement explaining why the test was not administered shall be submitted to the County. Failure to comply may result in corrective action up to and including termination.

Post-Accident

Post-Accident drug/alcohol testing shall be required, as soon as practical, for all workplace injuries that are caused by an accident that requires more than first aid.

If the employee refuses such testing, the employee will immediately be terminated with cause. If the employee complies and the test is positive, the terms of (b/c/d/e/f) will apply.
The Board will follow cut off levels standards that have been established for each of the tested areas. These levels will be used to interpret all drug screens/tests no matter for what reason the test is being used.

**Additional Disciplinary Action**

The Board has established policies and practices in order to protect our employees and our Board from the effects of substance abuse. When there is a violation of this policy, the violation will serve as a basis for discipline, up to and including termination, even for a first offense. The degree of the action chosen will depend on the circumstances of each case.

The Board recognizes that alcoholism/addiction is a disease and, based upon the facts of each case, the Board will attempt to reasonably accommodate an employee who has been diagnosed with this illness and who is actively undergoing a program of rehabilitation and treatment.

Board Approved: 9/23/19
Equal Employment Opportunity/Affirmative Action/ADA

Purpose

The purpose of the Equal Employment Opportunity/Affirmative Action/ADA policy is to provide all employees and applicants an equal opportunity for employment.

Policy

The Board is an Equal Opportunity Employer. It is the Board's policy to comply with all federal and state laws concerning the employment of persons with disabilities and to act in accordance with regulations and guidance issued by the EEOC. All employees and applicants for employment will be recruited, hired, promoted, transferred, demoted, laid off, terminated, suspended, evaluated, and otherwise dealt with in a fair and equitable manner based upon merit, fitness and such qualifications as each individual might possess. No personnel decisions shall be based upon race, color, religion, sex, national origin, age, handicap, or other prohibited criteria.

The Human Resource Manager will serve as the EEO Coordinator to be responsible for formulating, implementing, coordinating and monitoring all efforts in the area of equal employment opportunity. While overall authority for administering this policy shall be delegated to such person(s), supervisors and division heads shall also maintain responsibility for their actions in regard to providing equal opportunity to each employee or applicant. It is the organization's policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment. The Board is committed to providing accommodations that will allow its employees with disabilities to contribute at the highest levels.

The Board shall maintain an Affirmative Action Plan (incorporated within the procedure of this policy) describing our goals and methods for the provision of equal employment opportunities for all persons under its authority. (Reference: R.C. §5126.07) A copy of this plan shall be available in each facility where employees are assigned to work.

Procedure

The Board will make a good faith effort to recruit a diverse group of employees and provide equal opportunity for minorities, women and disabled persons to become competitive in employment opportunities. The HCBDD will advertise positions in a variety of media outlets that will provide information and access to the underserved populations.

The Board will utilize procedures, processes and techniques that are fair and do not have an adverse impact on minorities, women or disabled persons. Prospective employees will not be excluded from the hiring process due to race, color, religion, sex (including sexual harassment), national origin, disability, age (40 years old or more), military status, and veteran status.

The Board will provide newly hired employees with basic employment information during the first couple weeks on the job. New employee position descriptions, fringe benefits information, policies, procedures and EEO are a few of the topics which should be covered. Employees will
not be denied fringe benefits and/or opportunities for promotion based on race, color, religion, sex, national origin, disability, age (40 years old or more), military status and veteran status.

The Board will evaluate the performance of their employees on an annual basis. It should provide the necessary supervisory feedback to identify areas to be improved as well as to reinforce those activities that meet or exceed standards. Performance appraisal will be evaluated without regard to race, color, religion, sex, national origin, disability, age (40 years old or more), military status and veteran status.

The Board will set clear disciplinary standards and warn of consequences for non-compliance. Discipline will be designed to rehabilitate employees who choose to correct their behavior as well as justify the termination of those who do not. The employer will not mistreat or unfairly discipline an employee based on race, color, religion, sex, national origin, disability, age (40 years old or more), military status and veteran status.

The Board will conduct exit interviews as a problem-solving tool in an attempt to reveal employee turnover. Exit interviews can provide the organization with information about how to correct the causes of discontent and reduce the costly problem of employee turnover.

The Board will ensure Human Resources, managers and supervisors understand this plan and hold managers and supervisors accountable for the effective of this plan.

Any employee or applicant who feels that he/she has been the victim of discrimination may contact the Equal Employment Opportunity Coordinator to obtain information concerning complaint procedures.

**Requesting Accommodations**

When an individual with a disability requests accommodation and can be reasonably accommodated without creating an undue hardship or causing a direct threat to workplace safety, he or she will be given the same consideration for employment as any other applicant. Applicants who pose a direct threat to the health, safety and well-being of themselves or others in the workplace when the threat cannot be eliminated by reasonable accommodation will not be hired.

The Board will reasonably accommodate qualified individuals with a disability so that they can perform the essential functions of a job unless doing so causes a direct threat to these individuals or others in the workplace and the threat cannot be eliminated by reasonable accommodation or if the accommodation creates an undue hardship. Contact human resources (HR) with any questions or requests for accommodation.

Employees or applicants with disabilities may request reasonable accommodations of the employer, regardless of title, salary or employment status. This request should be made by the employee in writing to their supervisor or to the human resources department. The reasonable accommodation does not have to be requested at the beginning of employment. However, a reasonable accommodation request will not cancel out any prior performance
improvement or disciplinary actions. Upon receiving the reasonable accommodation request, the human resources team member will meet with the employee to conduct an informal, interactive discussion. If the disability is not obvious and there is no other medical information already on record for the employee, the Board may require the employee to provide medical documentation. Accommodation will be determined on a case by case basis.

The following complaint procedure has been adopted by the Board.

**Filing of Discrimination Complaint**

Any employee or applicant having a complaint of discrimination on basis of race, color, religion, sex, national origin, military status, disability, genetic information, or age (40 and over) may file a written discrimination complaint in the office of the Equal Employment Opportunity Coordinator located Human Resource Manager. A complaint form is available for this purpose, and can be obtained from the EEO Coordinator.

The complaint must be filed within thirty (30) days of the alleged discriminatory action, except that this time limit may be extended if the complainant can show that he or she did not have notice of the time limit, or was prevented by circumstances beyond his/her control from submitting the complaint within the time limit, or for other reasons considered sufficient by the Coordinator.

A complaint shall be deemed filed on the date it is received, or on the date postmarked if mailed. The EEO Coordinator shall acknowledge receipt of the complaint in writing, and inform the complainant in writing of the complaint procedure and of his/her right to file with the EEO Commission and the Ohio Civil Rights Commission.

**Complainant’s Right to Representation**

At any time during the course of the procedure, the complainant has the right to be accompanied, represented, and advised by a representative of his/her choosing. If the complainant is an employee and has designated another employee as his or her representative, both the representative and the complainant will be given a reasonable amount of time off work during normal working hours to present the complaint. Time spent during non-working hours to prepare the complaint will not merit compensation under this policy.

**Rejection of Complaint**

The EEO Coordinator may reject a complaint that was not timely filed or where information supplied by the complainant is deemed insufficient for the purpose of conducting an investigation.
The EEO Coordinator shall reject those complaints that do not allege discrimination on the basis of race, color, religion, sex, national origin, disability, genetic information, age (40 and over), or which are substantially identical to a previous complaint filed by the same complainant, which is pending or has been decided under this procedure.

The decision to reject a complaint, and the reason(s) for the decision, shall be communicated to the complainant in writing within ten (10) days of the filing of the complaint.

**Informal Resolution of Complaint**

Upon receipt of complaint, the EEO Coordinator shall have twenty-one (21) days in which to investigate and attempt to resolve the complaint informally. If an informal resolution of the complaint is achieved, the terms of the resolution shall be set forth in writing, made part of the complaint file, and a copy shall be provided to the complainant.

If an informal resolution of the complaint is not achieved, the EEO Coordinator shall notify the complainant in writing: (1) of the proposed disposition of the complaint; and (2) of his/her right to a determination by the Personnel Committee of the Board if the complainant notifies the Board's Personnel Committee Chairperson in writing of his/her desire for a determination within fifteen (15) days of his/her receipt of this notice.

**The Determination by the Personnel Committee of the Board**

Upon receipt by the Personnel Committee Chairperson of the Board of the complainant's written notification of his/her desire for a determination, the Personnel Committee of the Board shall have thirty (30) days in which to conduct a determination proceeding on the complaint.

The EEO Coordinator shall transmit to the Personnel Committee all materials concerning the complaint that have been acquired. Should the Personnel Committee determine that further investigation is needed, the Committee may direct the EEO Coordinator to conduct such investigation.

The determination proceeding shall be conducted in accordance with the following:

- Adequate notice to parties of the determination proceeding including time, place, and procedures.
- Reasonable timing.
- Right of each party to representation.
- Right of each party to present evidence.
- Right of each party to question evidence of the other.
- Decision made solely on the basis of the evidence.

The Personnel Committee shall have authority to:
- Regulate the course of the determination proceeding. - Exclude irrelevant or unduly repetitious evidence. - Limit the number of witnesses. - Exclude any person from the determination proceeding for misconduct.

The Personnel Committee shall render a decision within ten (10) days of the conclusion of the determination proceeding or as soon thereafter as possible. The decision shall be made in writing and shall contain a statement of the reason(s) for the decision. Copies of the decision shall be provided to the Superintendent, the EEO Coordinator, and the complainant. In addition, a letter shall be provided the complainant informing him/her of his/her right to file with the EEO Commission and the Ohio Civil Rights Commission. The complainant has the right to file with the EEO Commission and the Ohio Civil Rights Commission within 180 days (federal) 6 months (state) of the date of the alleged discrimination.

The decision of the Personnel Committee shall be final; however, the Committee may refer the matter to the entire Board.

**Freedom from reprisal**

Complainants, their representatives, and witnesses shall be free from restraint, interference, coercion, discrimination, or reprisal during all stages and following the completion of the complaint procedure.

Board Approved: 4/22/19
Employee Property Damage

Purpose

The purpose of the Employee Property Damage policy is to establish guidelines for damage to employee property.

Policy

The Hancock County Board of DD shall ensure that all methods and measures of internal controls are practiced which will safeguard against the loss of personal property at comparable worth.

Procedure

1. Replacement of damaged items will be at comparable worth. A receipt for recently purchased items will be compensated at the cost of the item.
2. A replacement purchase may be made for a like item in the event of loss of receipt; however, the “similar” replacement item must be purchased prior to funds being disbursed.
3. A report will be required for each event when an item is requested for replacement.
4. In the event the item is destroyed or damaged due to neglect on the part of the staff member, the item will not be replaced.
5. For items such as glasses, the replacement will be made after all insurance forms have been filed and compensation or a denial letter received. The difference in cost versus compensation will then be determined and paid accordingly.
6. The documents will be the property of the Hancock County Board of DD for filing with the voucher packet.
Expense Reimbursement

Purpose

The purpose of this policy is to identify the expenses that will be reimbursed by the Hancock County Board of Developmental Disabilities.

Policy

Employees will submit expense reports for reimbursement based on approved expenditures, as listed in the procedure below.

Board Approval: 11/26/18
Revised: 11/13/18

Procedure

Reimbursements

Employees of the Board may receive reimbursement for expenses incurred while traveling on official Board business. Employees are eligible for expense reimbursement only when travel has been authorized by the creation of the Purchase Order and signed
off by the supervisor of the expense report. Requests should be completed prior to month end and submitted to the Fiscal office. The Employee Expense Reimbursement Request, not to exceed the Purchase Order balance, should be submitted monthly by the fifteenth day of the month following when the actual expenses were incurred. This form should be filed with the Fiscal office. Reimbursements filed after the fifteenth of the month, will not be paid until the following month.

**Mileage, Parking and Tolls**

As the County Board assigns vehicles to departments, employees must use Board vehicles if one is available. The process of requesting a vehicle will be to send a request to the Operations Receptionist via email. If the request is denied (meaning no vehicle available), you will need to attach the e-mail to the expense form for reimbursement.

Employees using personal vehicles when no County Board vehicle is available shall be reimbursed for actual miles while on official Board business and at the approved Hancock County Commissioner mileage rate. No reimbursement shall be made for employees using county vehicles. Such payment is total reimbursement for all vehicle-related expenses. If more than one employee is going to the same location, carpooling is required. If no vehicle is available and a personal vehicle is used, mileage reimbursement is payable to only one employee when two or more employees traveling on the same trip use the same vehicle. Mileage reimbursements shall be charged to/from BVC to/from destination or home to/from destination to capture the shortest distance. If an employee chooses to take a personal vehicle rather than using a County Board vehicle, no mileage reimbursement will be paid to the employee.

Charges incurred for parking and tolls are reimbursable at the actual amount. Receipts for parking costs and tolls are **required**.

No expense reimbursements are paid for travel between home and office location (BVC).

**Meals**

There will be no reimbursement for meals covered by registration fees.

An itemized receipt must accompany any reimbursement request. Receipts should indicate time and date of the transaction. No alcohol related expenses will be reimbursed if receipts are not satisfactorily itemized. An affidavit may be completed
and must include the details of the transaction to be submitted to the Court House for reimbursement.

Meals will only be reimbursed if staff are required to stay overnight outside of Hancock County. Meals are not to exceed $35 per day within a 24-hour period.

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Staff who are required to attend an outing with an individual, which includes a meal, will have their meal reimbursed with no restriction to county boundaries. Authorized dollar limits still apply. These meals may be subject to the terms of fringe benefits, ie. taxes, etc.

The above reimbursement amounts may be exceeded in unusual circumstances upon prior approval from the Superintendent.

**Overnight Expenses**

Expenses covering the cost of a hotel room may be reimbursed when an employee travels out of the county on official board business, and such travel requires an overnight stay. Expenses will be reimbursed only with prior written authorization by the Superintendent/designee.

**Registration Fees**

Registration fees may be reimbursed with prior approval of the Board.

Board Approved: 4/19/02, 11/26/18


Reviewed: 5/23/16; 3/8/19
Purpose

The purpose of this policy is to establish guidelines for hiring, employment with the Board and employment outside of the Board. All Employees are expected to work in accordance with the laws of the State of Ohio and other rules and regulations that are applicable.

Policy

The Board is an Equal Employment Opportunity (EEO) employer. It is the Board’s policy that all employees and applicants for employment will be recruited, hired, promoted, transferred, demoted, laid off, terminated, suspended, evaluated, or otherwise dealt with in a fair and equitable manner based upon merit and bona fide occupational qualifications for the position. No personnel decisions shall be based upon race, color, religion, sex, national origin, age, military status, disability, genetic information, or other prohibited criteria. Procedures for hiring and employment shall conform to the Americans with Disabilities Act of 1990 (ADA) including reasonable accommodations unless such accommodations cause undue hardship to the agency. It is the Board’s policy that all employees follow the laws of the state of Ohio and other rules and regulations that are applicable to employment with and outside of the Board.
Board Approved: 8/26/19

Procedure

The Appointing Authority has appointed the Human Resource Manager to be responsible for formulating, implementing, coordinating and monitoring all efforts in the area of equal employment opportunity. While overall authority for administering this policy shall be delegated to such person(s), supervisors and division heads shall also maintain responsibility for their actions regarding providing equal opportunity to each employee or applicant.

The Board shall maintain an Affirmative Action Plan describing the goals and methods for the provision of equal employment opportunities for all persons under its authority. (Reference: R.C. §5126.07). A copy of this plan shall be available in each facility where employees are assigned to work.

Any employee or applicant who feels that he/she has been the victim of discrimination may contact the Equal Employment Opportunity Coordinator to obtain information concerning complaint procedures.

Notification of Available Positions

All open positions shall be posted in a manner to encourage application from any potential candidate. Such postings may include e-mail to all employees and a posting on the Blanchard Valley Center website at www.blanchardvalley.org and may include notices to universities, local newspapers, state associations, ODE, and DODD. Each job posting or notice of vacancy, insofar as practicable, shall specify the title, nature of the job, the required qualifications, and method of application. Positions shall be posted for a minimum of one week for all positions.

Applications

An electronic application (available at www.blanchardvalley.org) must be properly completed and submitted to Human Resources before an applicant will be considered for employment. Current employees must e-mail, their interest to the Human Resource Manager. Falsification of information on the application will nullify the application and will result in dismissal if falsification is verified after employment.

Nepotism Policy

Members of the immediate families of Board members or the Hancock County Commissioners may not be hired to work for the Board. (Reference R.C. §5126.03) No employee shall occupy any position in which he/she could directly supervise or otherwise influence a decision in favor of or against another member of his/her immediate family.

Citizenship and Naturalization

To be eligible for employment with the Board, the applicant must be a citizen of the United States or a legal resident with authorization to work in this country.
Evaluation of Applicants/Background Investigations

Applicants shall be evaluated according to how well their qualifications meet the requirements of the position. Not all applicants will be interviewed for each vacancy. Applicants must submit to reference checks, interviews, background checks, validated performance tests, pre-employment drug/alcohol testing and/or other job-related screening procedures.

An applicant shall be required to provide any information such as transcripts, licenses and certificates, and undergo any examinations necessary to demonstrate qualification for the position sought, insofar as such information and examination is job-related.

The Board seeks to hire and retain qualified individuals who will enable Blanchard Valley Center to achieve its mission. Unless otherwise in accordance with law, the Board will not employ or continue to employ any individual who has been convicted or plead guilty to any offense that relates in any way to the duties of a position authorized by the Board. This policy allows the Board to conduct appropriate background investigations of applicants and employees in furtherance of its goals.

Investigations/Criminal Background Checks

Each individual applying for employment shall be notified at the initial interview that a background check shall be conducted on each individual who is under final consideration, including a set of impressions of the applicant’s fingerprints for a criminal records check and a certified abstract of the applicant’s record of convictions for violations of motor vehicle laws if the applicant will be required to transport clients or to operate a Board vehicle for any other purpose. The applicant shall be required to sign an authorization for release of information from his present or previous employer(s) and for criminal convictions from law enforcement agencies in any community in which the applicant has resided, the Bureau of Criminal Identification and Investigation (BCII) and any other state or federal agency. In addition, the Board shall request the Registrar of Motor Vehicles to supply a certified abstract regarding the record of convictions for violations of motor vehicle laws of each applicant.

When the initial interview is completed, and the applicant is under final consideration for final offer of employment, the Superintendent or his designee shall initiate the following procedures for the background check.

A. Contact personal and professional references.
B. Request information pertaining to any criminal convictions or any pleas of guilty by the applicant.
C. Arrange for the applicant to be fingerprinted. An applicant’s refusal to be fingerprinted shall result in no further consideration of his/her application. If an applicant becomes a Board employee and the employee holds an occupational or professional license or similar credentials, the Superintendent may request that the regulating state or federal agency supply the Board with a written report of any information pertaining to the employee’s criminal record that the agency obtains in the course of conducting an investigation or in the process of renewing the employee’s license or other credentials.
D. Request a driver's abstract for all applicants.
E. Review the findings of all background check(s) and consider them along with other factors in the decision to employ or retain an individual. The applicant shall not be appointed to fill a position in either classified or unclassified service of the Board if the background check discloses information that he or she has:

1. Displayed work performance patterns that, in the judgment of the Superintendent or designee, would prevent him/her from performing the essential functions of the position being filled;

2. Been dismissed for good cause from any branch of public service if the reason for dismissal bears a direct and substantial relationship to the position being filled;

3. A driving record unacceptable to the Board or Board's insurance carrier. The only exceptions to this policy are substitute school aides and substitute clerical;

4. Per O.R.C. §5123, been convicted of or plead guilty to the violation of any of the following:
   b. Any felony that bears a direct and substantial relationship to the duties and responsibilities of the position being filled.
   c. A violation of an existing or former law of this state, any other state, or the United States, if the offense is substantially equivalent to any of the offenses described in (4)(a) or (4)(b) of this policy.

F. The Board will consider the following factors in determining if the offense bears direct and substantial relationship to the position being filled:

1. The essential functions of the position being filled;

2. Whether the position being filled provides an opportunity for the commission of similar offenses;

3. Whether the circumstances leading to the offense will reoccur;

4. Whether the individual has committed other offenses following the conviction or the individual's conduct since the conviction makes it likely that the individual will commit other offenses;

5. The number of offenses and the circumstances of each offense;

6. The time elapsed since conviction;

7. The individual's complete employment history;

8. The individual's efforts at rehabilitation; and

9. Whether employment of the individual may increase the likelihood that the
Board will incur liability.

G. The Board shall, prior to employing an applicant, require the applicant to submit a statement that the applicant has not been convicted of or pleaded guilty to any of the offenses described in (F)(4) of this policy. All applicants will be required to sign an agreement stating that the applicant will notify the Superintendent if, while employed by the Board, the person is ever formally charged for any of the offenses described in (F)(4) of this policy and that failure to report such charges may result in dismissal from Board employment. (Reference: R.C. §5123).

The Superintendent and Human Resource Department shall be notified of the reasons for hiring or not hiring any applicant. The EEO officer of the Board shall maintain files of this information.

The BCII response (and the response from any other local, state or federal agency contacted) regarding any felony convictions or guilty pleas shall be compared to the information on the application and statement signed by the applicant. If the applicant has been appointed to a position, any falsification on the application or statement, which is discovered by this comparison, shall be cause for removal of the employee from his position.

Employment with the Board shall be considered the employee's primary occupation, taking precedence over all other occupations. Under no circumstances shall an employee have other employment which conflicts with the policies, objectives and operations of the Board.

Employees must notify the HR department prior to accepting any outside employment. Employees that are currently employed outside of the Board, will be required to notify the HR department for conflict review.

A. Employment conflicts:
   1. **Time Conflict** - when the working hours required of a “secondary job” directly conflict with the scheduled working hours with the Board; or when the demands of a secondary job prohibit adequate rest, thereby adversely affecting the quality standard of the employee’s job performance with the Board.

   2. **Interest Conflict** - when an employee engages in outside employment that tends to compromise judgement, actions and/or job performance with the Board or which impairs the Board's reputation in the community.

Individuals who also work for, have ownership, or hold management positions in an external agency or who have family connections to some agencies must identify such relationships. The Board If applicant/employee is an employee, or immediate family member of an agency contracting to provide services with the Board; has an immediate family member who serves as a Hancock County Commissioner; Is employed by , has an ownership interest in, performs or provides administrative duties for, or is a member of the governing board of an entity that provides specialized services to people with disabilities, regardless of whether the entity contracts with the Board. Employees must promptly report such relationships when they develop during employment with the Board.

The applicant or employee can only be employed by the Board and the other individual, agency or entity at the same time if the following conditions are met and approved according
to the Ethics Committee:

1. They are not in a capacity to influence the award of any contract.

2. They have not attempted in any manner to secure a contract on behalf of the individual, agency, or other entity.

3. They are not employed in a management position.

4. They are not employed by the Board as an administrator or supervisor responsible for approving or supervising services under a contract, and the person agrees not to take such a role of developing or supervising a contract for services on behalf of another person, agency, or entity, regardless of whether the position with the Board is related to the services provided.

5. They have not taken any actions on behalf of another person, agency or entity that creates the need for services to be provided under a contract between the Board and the other person, agency or entity.

6. If requested by a person to provide service to him/her, agency, or other entity and the request is approved by the Board’s Ethic Committee/Policy, the person may provide the services to a person served by the Board if the person has expertise and familiarity with the care and condition of the person and others are unavailable.

The Board may hire persons who are immediate family members of an employee of an agency contracting with the Board. (O.R.C. §5126.0228). The Board shall abide by the provisions of O.R.C. §5126.0228(B)(2). In situations where the immediate family member of a Board applicant/employee is employed by an agency contracting with the Board, the Board shall adopt a resolution authorizing the applicant/employee’s employment with the Board following review/recommendation by the Board’s Ethics Council.

An employee of the Board may also be a member of the governing board of a political subdivision, including the board of education, or an agency that does not provide specialized services. The Board may contract with such a board, provided that the employee who is a member of the other board does not vote on any matter before that other board concerning a contract with the Board or participate in any debate or discussion regarding such a contract.

Employees may not have financial interests in companies that do business with public agencies and/or profit from public contracts, unless otherwise permissible under Ohio law. Employees who have any doubt concerning possible violations of applicable statutes are advised to consult their own attorney.

An employee shall not use his or her position to secure a contract with the Board benefiting a family member or a business associate.
No employee shall solicit or accept compensation from any person or entity for performing his/her duties on behalf of the Board.

No employee shall represent private interests in any action or proceedings against the interest of the Board in any matter in which the Board is a party.

No employee shall, without proper legal authorization, disclose confidential or proprietary information concerning the property, government or affairs of the county or the Board.

Training
All personnel employed by or under contract with the Board are required to complete the appropriate mandatory training. New employees will complete the staff orientation program within 30 days of their initial date of hire. Training shall occur on an annual basis via staff meetings, in-services, seminars and conferences. All staff members shall be required to complete training and professional growth activities necessary for maintenance of his/her required registration, certification or license. Each employee is responsible to ensure they have obtained the appropriate amount of training required.

Resignation/Voluntary Separation
Resignation is a voluntary separation from the Hancock County Board. It is the staff member's responsibility to submit a written notice to his/her supervisor stating the reason for the resignation and the last day worked. Resignation notice period must be days worked, not Personal, Sick or Vacation leave. Personal, Sick and Vacation leave cannot be taken during this time, any eligible leave time will be paid out following the resignation date. Staff are expected to work through their notice period, unless an alternative arrangement has been made. The resignation date must reflect the last day the staff member will be at work.

A staff member paid on an hourly basis is expected to give at least two weeks' notice and a staff member paid on a salary basis is expected to give 30-day notice. This notice should be in writing.

Any employee who resigns is encouraged to give his/her reasons for resigning and to discuss with his/her supervisor any working conditions that he/she feels are noteworthy. Employee should also complete an Exit Interview Questionnaire.

Board Approved: 8/26/19
Leave Conversion Plan

Process

In effort reduce a significant impact from inevitable severances, a conversion plan has been formed. Dependent on annual approval per Superintendent, staff will be able to convert leave balances to cash for the previous calendar year. Staff will not receive OPERS employee- or employer-contribution towards any hours converted in relation to this plan.

A conversion of leave to cash will take effect in the January following the calendar year being considered. For example, the conversion plan for 2020 will be paid in January of 2021.

LIFO – Last in First Out

- Staff will be able to cash in the hours they accrued but did not use for the previous calendar year.
- For example, if an employee earns 119.6 hours for 2020 but uses 50 hours, the employee would be eligible to convert 69.6 hours to cash. The amount of hours would be multiplied against their hourly rate for conversion.

Sick Leave

- Employees eligible for LIFO will be able to convert their sick balance to cash.
- The maximum amount of hours one may convert to cash is the amount of hours they earned but did not use within the year.
- Staff must maintain a minimum of four week of sick leave.

Vacation Leave

- Employees may convert up to four weeks of vacation, in addition to LIFO.
- Staff must maintain a minimum of two weeks of vacation.

Eligibility Requirements

- Staff must be employed for a minimum of one year at HCBDD.
- Employee must be employed on December 31st for the year the conversion is considered.
- Hours carried over from a previous PERS-eligible entity will not be considered in the conversion plan. For example, if an employee comes to HCBDD with 300 sick hours on January 2, then earns an additional 119.6 through the course of a year, the only hours that could be converted are the hours not used of the 119.6.
• Donated leave will be considered as leave used. For example, employee has 150 hours of sick leave. They donated 40 hours. Their unused leave balance will be 110. This amount will be considered for leave conversion.

Board Approved: 5/21/2018
Leave Policy

Purpose

The purpose of this policy is to describe the types of leave available to employees at the Hancock County Board of Developmental Disabilities (HCBDD).

Policy

Employees will use the appropriate leave type per the procedure listed below.

Procedure

Each type of leave listed below has different rules. See each type of leave for specific information on the use and accrual.

Leave with Pay

1. Administrative Leave with pay: May only be granted by the Superintendent.
2. Court Leave / Jury Duty: Court leave with pay shall be granted to employees summoned for jury duty during normal working hours by a federal, state or any other court of competent jurisdiction. Court leave with pay shall be granted to employees subpoenaed to appear before any court or other body authorized by law to require attendance of witnesses during normal working hours where the employee is not a party to the action. An employee who is the appellant in an action before the State Personnel Board of Review or the claimant before the Bureau of Workers Compensation for a Board-related claim, and who is in active pay status at the time of the scheduled hearing or examination, shall be granted leave with pay for purposes of attending such hearing or examination during a normally scheduled work day.
   a. Any compensation or reimbursement received related to jury duty or for court attendance compelled by subpoena must be remitted to Human Resources when such duty was performed during normal working hours.
   b. An employee who is appearing before a court or other authorized body in which he/she is a party to the action, except as noted, may request vacation or personal time. Such instances would include, but not be limited to, criminal or civil cases, traffic court, divorce proceedings, custody or appearing as directed as a parent or guardian of juveniles. (Reference: Ad. Code 123:1-34-03)
3. Vacation Leave:

Full-time employees. All full-time classified employees earn annual vacation leave according to their number of years of service with the state of Ohio or any political subdivision of the state at a rate proportionate to the regular number of hours in the employee's biweekly period as set forth below. (Except for employees who have retired according to the provisions of any retirement plan offered by the state and have returned to public service after June 24, 1987. Such employees will not receive service credit for service prior to retirement with the state of Ohio or any political subdivision of the state.
<table>
<thead>
<tr>
<th>HOURS*</th>
<th>80**</th>
<th>75</th>
<th>72.5</th>
<th>70</th>
<th>VACATION DAYS/YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEARS OF COMPLETED SERVICE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 - 7</td>
<td>3.1</td>
<td>2.9</td>
<td>2.809</td>
<td>2.712</td>
<td>10</td>
</tr>
<tr>
<td>8 - 14</td>
<td>4.6</td>
<td>4.312</td>
<td>4.168</td>
<td>4.025</td>
<td>15</td>
</tr>
<tr>
<td>15 - 24</td>
<td>6.2</td>
<td>5.812</td>
<td>5.618</td>
<td>5.425</td>
<td>20</td>
</tr>
<tr>
<td>25 - UP</td>
<td>7.7</td>
<td>7.218</td>
<td>6.977</td>
<td>6.737</td>
<td>25</td>
</tr>
</tbody>
</table>

* Hours are bi-weekly

** Accrual rates for 80 hours are set by law. All pro-rataion is based on the 80-hour standard.

The service required in each instance need not be continuous. Completion of a total of one (1) year of public service as defined in O.R.C. §9.44 is required before eligibility for any vacation leave is established. No further eligibility requirement need be met and vacation leave may be used as it is accrued, with approval of the Division Department Director and consistent with the other sections of this manual pertinent to vacation.

a. 9 month / Intermittent and/or substitute employees are not eligible to accrue or use vacation time.

b. Carry-over to following year. No vacation leave shall be carried over for more than three (3) years. (Reference: O.R.C. §325.19

c. Holidays falling during scheduled vacation. Days designated as holidays are not charged to vacation leave regardless of the day of the week on which they occur.

d. Unpaid absences. Vacation leave is earned during the time the employee is on active pay status. It is not earned while on unpaid leave of absence or unpaid military leave.

e. Overtime. Vacation time used by an employee is considered non-work time for purposes of calculating overtime pay or compensatory time accrual.

f. Separation/Termination. Upon separation or termination from county service, an employee is entitled to compensation for any earned but unused vacation leave credit at the time of separation/termination. However, no payment will be made to employees having less than one (1) year of public service. Upon termination, all accumulated vacation will be paid to the employee at the employee’s current hourly rate at the time of separation.

g. Death of employee. In the case of the death of an employee, any earned but unused vacation leave shall be paid to the date of death in accordance with O.R.C. §2113.04 to the deceased employee’s estate.

h. Minimum units. Vacation may only be used in 15 minute units.

Request and Approval:

Vacation leave will normally be granted on a first request basis. The Board reserves the right to approve vacation consistent with operational need. Vacation may be rescinded based on adequate work progress of the employee and/or the department.

Vacation shall be requested electronically in the TouchScreen System.
Vacation balances in the payroll system will prohibit employees from requesting vacation beyond the current balance. Vacation approval from a supervisor must happen before the employee takes leave.

4. **Sick Leave**

Sick leave is administered in accordance with O.R.C. §124.38 for all employees. An employee may request sick leave for absences resulting from illness as described below, provided the employee notifies a supervisor at least one hour prior to report time. The employee must contact their supervisor, via phone call only, text messages will not be accepted. If no answer, leave a message, your supervisor will call you back, you must answer their return call. Sick leave may be requested for the following reasons:

1. Illness, injury or conditions of the employee or a member of the employee’s immediate family – defined as self, spouse, parent/step parent, child (foster, step, custodial, adopted, biological)
2. Exposure of employee or a member of the employee’s immediate family to a contagious disease that would have the potential of jeopardizing the health of the employee or the health of others.
3. Death of a member of the employee’s immediate family as defined above. Up to 5 sick days may be used per occurrence. Additional time may be granted upon Superintendent's approval.
4. Death of a member of the employee’s extended family defined as mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandparent, grandchild, sister, brother, aunt, uncle, niece, nephew. Up to 3 sick days may be used per occurrence. Additional time may be granted upon Superintendent’s approval.
5. Medical, dental or optical examinations or treatment of employee or a member of the employee’s immediate family.
6. Pregnancy, childbirth and/or related medical conditions of the employee.

The Superintendent or designee shall require an employee to furnish a satisfactory written, signed statement to justify the use of sick leave. **An approved leave request in the Touchscreen payroll system meets this requirement.** If medical attention/appointment is required, a written excuse will be required from a licensed physician to justify the use of sick leave. The amount of sick leave approved will be for the actual examination or treatment time, plus travel time. Any additional time requested shall be taken as personal or vacation leave. If after his/her appointment the staff member does not feel well enough to return to work and wishes to use more sick leave, the staff member is required to immediately notify his/her supervisor.

The Superintendent maintains the right to investigate any staff member’s absence, requiring a physician’s written statement describing the nature of illness or condition for which sick leave was applied, and verifying the need of the staff member to be absent from work. The statement must also provide an estimated return to work date. Reasons to investigate include but are not limited to:
1. Excessive use of sick leave; defined as using 80 hours or more in a year;
2. Maintaining a zero balance or near zero balance (16 hours or less);
3. Sick leave taken before or after scheduled days off, holidays, or program closing days.

Part-time employees accrue sick leave on a proportionate basis to the hours paid each pay period. Intermittent and/or substitute employees are not eligible to use sick leave.

The amount of sick leave time any one (1) employee may accrue is unlimited.

For each completed hour in active pay status, an employee earns .0575 hours of sick leave. For the purposes of this section, active pay status is defined as hours worked, hours on paid vacation, hours on holiday leave, hours on paid sick leave, and hours on paid compensatory time.

Employees absent on sick leave shall be paid at the same basic hourly rate as when they are working.

An employee fraudulently obtaining sick leave, or anyone found falsifying sick leave records, shall be subject to disciplinary action up to and including termination in accordance with policies outlined in this manual.

Altering a physician’s certificate or falsification of a written, signed statement shall be grounds for immediate dismissal.

Sick leave shall be used in minimum amounts of fifteen (15) minutes.

**Retirement**

At the time of any retirement through an official state retirement plan, under the provisions of State law, the County Board must receive satisfactory documentation in order to meet the following sick leave payouts.

**Group 1 Retirement**

An employee retiring from active service of ten (10) years or more with the Board, an employee hired prior to January 1, 1995, shall be paid two-thirds (2/3) the value of accrued, but unused sick leave credit, based upon the rate of pay at the same time of retirement or death, not to exceed one hundred twenty (120) days. Such payment shall be made once and shall eliminate all sick leave credit accrued by the employee.
Group 2 Retirement

An employee hired after January 1, 1995, at the time of retirement from active service with the political subdivision, and with thirty two (32) or more years of service with the state, any political subdivisions, or any combination thereof, shall be paid in cash for one-fourth (¼) the value of the employee’s accrued but unused sick leave or credit. The payment shall be based upon the employee’s rate of pay at the time of retirement and eliminates all sick leave credit accrued but unused by the employee at the time the payment is made. An employee may receive one or more payments under this division, but the aggregate value of accrued but unused sick leave credit that is paid shall not exceed, for all payments, the value of sixty (60) days of accrued but unused sick leave.

Group 3 Retirement

An employee at the time of retirement from active service with the political subdivision, and with ten (10) years of service with the state, any political subdivisions, or any combination thereof, shall be paid in cash for one-fourth (¼) the value of the employee’s accrued but unused sick leave or credit. The payment shall be based upon the employee’s rate of pay at the time of retirement and eliminates all sick leave credit accrued but unused by the employee at the time the payment is made. An employee may receive one or more payments under this division, but the aggregate value of accrued but unused sick leave credit that is paid shall not exceed, for all payments, the value of thirty (30) days of accrued but unused sick leave.

5. Personal Leave

a. Personal leave days will be placed to the employee’s credit on the first day of July. New employees will receive pro-rated personal leave based on start date. Full-time employees hired between March 1st and June 30th will receive eight hours of personal leave, part-time employees will receive four hours. A full-time employee hired between November 1st to February 28th will receive sixteen hours of personal leave, part-time employees will receive eight hours. A full-time employee hired date between July 1st and October 31st will receive twenty-four hours of personal leave and a part-time employee would receive sixteen.

b. Intermittent and/or substitute employees are not eligible for personal leave as described in this policy.

c. Prior written approval by the Department Director/Supervisor on the electronic leave form in the Touchscreen payroll system must be obtained before using this benefit.

d. Personal leave with pay may not be accumulated, and may only be used during the year in which it is granted. An employee can cash out any unused Personal time at the end of June to be paid at the employee’s regular hourly rate. The personal leave payout will be paid on or before the second pay in August.

e. Personal Leave may only be taken in minimum increments of fifteen minutes.
Short term leave without pay will be considered in the following circumstances:

1. Approval of personal leave shall be based on the operational need of the Board.
2. For purposes of this policy, program year is defined as the period of time between July 1 of any year and June 30 of the following year.

6. **Holidays**

Eligible employees are entitled to the following legal holidays: (ORC§325.19)

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Year’s Day</td>
<td>First day of January</td>
</tr>
<tr>
<td>Martin Luther King Day</td>
<td>Third Monday in January</td>
</tr>
<tr>
<td>Presidents’ Day</td>
<td>Third Monday in February</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>Fourth Monday of May</td>
</tr>
<tr>
<td>Independence Day</td>
<td>Fourth Day of July</td>
</tr>
<tr>
<td>Labor Day</td>
<td>First Monday in September</td>
</tr>
<tr>
<td>Columbus Day</td>
<td>Observed December 24th</td>
</tr>
<tr>
<td>Veterans’ Day</td>
<td>Observed December 31st</td>
</tr>
<tr>
<td>Thanksgiving Day</td>
<td>Fourth Thursday in November</td>
</tr>
<tr>
<td>Christmas Day</td>
<td>Twenty-Fifth day of December</td>
</tr>
</tbody>
</table>

And any other day designated for County employees by an act of the President of the United States, the Governor of this State or the Board.

If the holiday falls on a Saturday, it will be observed on the preceding Friday; if it falls on Sunday, it will be observed on the following Monday.

An employee who actually works as required, with prior approval of the Superintendent or designee, on one of the recognized, legal holidays is entitled to receive compensation at the rate of one and one-half (1 1/2) times the hours worked. Exempt, intermittent, or substitute employees are excluded from this provision.

Part-time employees are entitled to holiday pay at a pro-rated amount. If a holiday occurs while an employee is on vacation or sick leave, such vacation day or sick day will not be charged against his or her vacation leave or sick leave.

**Leave without Pay**

All leave without pay must be approved by the Superintendent.

Short term leave without pay will be considered in the following circumstances:
new employees with less than 1 year of service, requests of leave prior to hire, serious injury or illness, death of immediate family member, court dates or other situations as approved at the discretion of the Superintendent.

If an employee’s leave without pay is denied but leave is still taken, employee may be subject to discipline.

The Superintendent may grant a leave of absence to any employee for a maximum duration of six (6) months for any personal reasons of the employee, which includes any reason acceptable under the Family and Medical Leave Act subject to that Act’s time limitations. Such a leave may be extended an additional six (6) months at the discretion of the Superintendent upon request of the employee.

During the first thirty (30) days of leave without pay, the Board shall maintain the employee's group health care insurance coverage under the conditions for which coverage would have been provided if the employee had continued employment. The employee must pay his/her contribution by the required due date for any family coverage. After the first thirty (30) days, the employee is responsible for the full premium of any single or family coverage.

Leave may be granted for a maximum six months for the disabling illness, injury or condition of an employee. If the employee is unable to return to active work status within six months, the employee may be given a disability separation. An employee requesting a leave of absence without pay due to a disabling illness, injury or condition must present, at the time the request is made, a licensed practitioner’s certificate stating the probable period for which the employee will be unable to perform the essential job duties of the employee’s position. Prior to return to work, the employee shall provide a physician’s certificate that confirms the employee is able to perform the essential job duties of the employee’s position.

The authorization of a leave of absence without pay is a matter of administrative discretion. The Superintendent will decide in each individual case if a leave of absence is to be granted.

The granting of any leave of absence is subject to approval of the Superintendent. Except for emergencies and subject to the Family and Medical Leave Act, employees will advise the Superintendent thirty (30) days prior to commencement of the desired leave so that the various functions may proceed properly.

Upon completion of a leave of absence, the employee is to be returned to the position formerly occupied, or to a similar position if the employee's former position no longer exists. Any replacement in the position while an employee is on leave will be terminated subject to established layoff procedures, upon the reinstatement of the employee from leave. The terminated employee may be considered for other vacancies.
An employee may return to work before the scheduled expiration of leave if requested by the employee and approved by the Superintendent. An employee who fails to return to work within three (3) working days of the completion or a valid cancellation of a leave of absence without pay without explanation to and approval from the Superintendent or designee may be removed from his/her position. An employee who fails to return to service from a leave of absence without pay and is subsequently removed or voluntarily resigns from the service is deemed to have a termination date corresponding to the starting date of the leave of absence without pay.

Leave without pay cannot be utilized until all other forms of legally available leave have been exhausted including vacation, personal leave and sick leave. Sick leave can only be used as described in this policy.

**Religious Holidays**

It is the policy of the Board, in a flexible and fair manner, to permit and assist employees to observe religious holidays that have not been granted by law. While the granting of leave for such holidays may not always be possible, efforts will be made to accommodate the needs of the employee.

Employees observing religious holidays on days other than the already approved holidays may apply for Administrative Leave with Pay for the observance of a maximum of two (2) religious holidays per program year.

The time granted for Administrative Leave with Pay for religious holidays is to be made up by being assigned to work within the agency at times when the employee would not normally be scheduled to work.

Except by special permission, the employee will be assigned to work this make-up time in advance of the religious holidays to be taken. The time will be banked for use during the program year. Selection of time to work as make-up must be approved in writing by the Superintendent/designee.

The employee may also choose to use his/her personal day(s), vacation days, or approved leave without pay for observance of religious holidays. The policies governing use of personal days, vacation days or approved leave without pay must be followed.

If any of those days granted as Administrative Leave with Pay for observance of religious holidays are not made up by the end of the current program year, the employee will have a deduction made in that amount from his/her last pay for the program year or from the final pay if he/she should resign during the year.

For the purposes of this policy, program year is defined as the period of time between July 1 of any year and June 30 of the following year.
Military Leave

A. An employee who is drafted or is called up for service in the "uniformed services" generally shall (in accordance with federal and Ohio law) be entitled to re-employment upon discharge from the uniformed services. In all cases, the Board will comply with the provisions of the Uniformed Services Employment and Reemployment Rights Act of 1994 ("USERRA"), 38 U.S.C.A.

4303. For purposes of this paragraph of the policy, the term "uniformed services' shall have the same meaning as found in the USERRA. "Uniformed services" means the Armed Forces; the Army National Guard and the Air National Guard when engaged in active duty for training, inactive duty training, or full-time National Guard duty; the commissioned corps of the Public Health Service; and any other category of persons designated by the President in time of war or national emergency. "Services in the uniformed services" includes the performance of duty on a voluntary or involuntary basis in a uniformed service under competent authority. "Service in the uniformed services" includes active duty, active and inactive duty for training, National Guard duty under Federal statute, and a period for which a person is absent from a position of employment for an examination to determine the fitness of the person to perform such duty. The term also includes a period for which a person is absent from employment to perform funeral honors duty.

An employee is eligible for reemployment by meeting the following criteria:

(1) The employer had advance notice of the employee's service;

(2) The employee has five (5) years or less of cumulative service in the uniformed services in his or her employment relationship with a particular employer;

(3) The employee timely returns to work or applies for reemployment; and,

(4) The employee has not been separated from service with a disqualifying discharge or under other than honorable conditions.

An employee in need of military leave should inform the Board at least thirty (30) days prior to departure for uniformed service when it is feasible to do so, and as much advance notice as possible unless giving such notice is prevented by military necessity, or is otherwise impossible or unreasonable under all the circumstances.

An employee’s right to reemployment is terminated if the employee is:
(1) Separated from uniformed service with a dishonorable or bad conduct discharge;

(2) Separated from uniformed service under other than honorable conditions, as characterized by regulations of the uniformed service;

(3) A commissioned officer dismissed by sentence of a general court-martial; in commutation of a sentence of a general court-martial; or, in time of war, by order of the President; or,

(4) A commissioned officer dropped from the rolls due to absence without authority for at least three months; separation by reason of a sentence to confinement adjudged by a court-martial; or, a sentence to confinement in a Federal or State penitentiary or correctional institution.

An employee must timely reapply to the Board, and, in accordance with the law, provide appropriate documentation establishing eligibility for reemployment. Upon completing service in the uniformed services, the employee must notify the Board of his/her intent to return to the employment position by either reporting to work or submitting a timely application for reemployment.

Whether the employee is required to report to work or submit a timely application for reemployment depends upon the length of service, as follows:

(1) **Period of service less than 31 days or for a period of any length for the purpose of a fitness examination.** If the period of service in the uniformed services was less than thirty-one (31) days, or the employee was absent from a position of employment for a period of any length for the purpose of an examination to determine his or her fitness to perform service, the employee must report back to the employer not later than the beginning of the first full regularly-scheduled work period on the first full calendar day following the completion of the period of service, and the expiration of eight hours after a period allowing for safe transportation from the place of that service to the employee’s residence. If it is impossible or unreasonable for the employee to report within such time period through no fault of his/her own, he or she must report to the employer as soon as possible after the expiration of the eight-hour period.

(2) **Period of service more than 30 days but less than 181 days.** If the employee’s period of service in the uniformed services was for more than thirty (30) days but less than one hundred eighty-one (181) days, he/she must submit an application for reemployment (written or verbal) with the employer not later than fourteen (14) days after completing service. If it is impossible or unreasonable for the employee to apply within fourteen (14) days through no fault of his/her own, he/she must
submit the application not later than the next full calendar day after it becomes possible to do so.

(3) Period of service more than 180 days. If the employee’s period of service in the uniformed services was for more than one hundred eighty (180) days, he/she must submit an application for reemployment (written or verbal) not later than ninety (90) days after completing service.

If the employee is hospitalized for, or convalescing from, an illness or injury incurred in, or aggravated during, the performance of service, he/she must report to or submit an application for reemployment to the Board at the end of the period necessary for recovering from the illness or injury. This period may not exceed two (2) years from the date of the completion of service, except that it must be extended by the minimum time necessary to accommodate circumstances beyond the employee’s control that make reporting within the period impossible or unreasonable.

Upon timely application, the employee will be promptly reemployed. Generally, the employee will be reemployed in the job position that he or she would have attained with reasonable certainty if not for the absence due to uniformed service. The reemployment position will be determined in accordance with USERRA.

Even if the employee makes a timely application, reemployment may be denied when the Board demonstrates:

1. Its circumstances have so changed as to make reemployment impossible or unreasonable, such as an intervening reduction in force that would have included the employee.

2. Assisting the employee in becoming qualified for reemployment would impose an undue hardship on the Board; or,

3. The employment position vacated by the employee in order to perform service in the uniformed services was for a brief, nonrecurrent period and there was no reasonable expectation that the employment would continue indefinitely or for a significant period.

B. O.R.C. §5923.05 requires that members of the Ohio National Guard, Ohio Naval Militia, Ohio military reserve, and all U.S. Armed Forces reserve components, who are permanent public employees, be granted a leave of absence without loss of pay for the time they are performing service in the uniformed services, for periods of up to one month, for each calendar year in which they are performing service in the uniformed services. For purposes of this policy, “one month” means twenty-two (22) eight (8) hour work days or one hundred seventy-six (176) hours within one calendar year. An employee shall submit to the Board the published order authorizing the call or order to
the uniformed services or a written statement from the appropriate military commander authorizing that service.

C. Any employee who is entitled to the leave provided under paragraph B of this policy, and who is called or ordered to the uniformed services for longer than a month, for each calendar year in which the employee performed service in the uniformed services, because of an executive order issued by the President of the United States, because of an act of Congress, or because of an order to perform duty issued by the Governor is entitled, during the period designated in the order or act, to a leave of absence and to be paid, during each monthly pay period of that leave of absence, the lesser of the following:

1. The difference between the permanent public employee’s gross monthly wage or salary as a permanent public employee and the sum of the permanent public employee’s gross uniformed pay and allowances received that month;
2. Five hundred dollars.

Calamity Days

The superintendent/designee may authorize an emergency closing for the agency due to inclement weather conditions or other emergencies.

Unless directed by superintendent, employees should not report to work on calamity days. A calamity day shall be considered a regular work day subject to applicable polices. Employees will be paid in the same manner as they are paid for holidays in which they do not work, except as noted in this policy.

School employees may be expected to make up days, per ODE rule. Employees who are in a non-pay status before and after a calamity day will not be paid for the calamity day. Employees who are on scheduled leave or call off on a calamity day shall be charged with the appropriate leave requested.

Volunteering

Unless directed by your supervisor, any after hours (weekend, holiday) will strictly be on a volunteer basis.

(Reference: Ad. Code 123:1-34-01)
Revised: 7/16/18, 11/29/18, 1/8/20
Medical Examinations/Fitness for Duty

**Purpose**

The purpose of this policy is to establish guidelines to ensure that employees are physically and mentally fit for duty as well as free from drugs and alcohol.

**Policy**

All employees are expected to be “fit for duty” at all times. The Superintendent is authorized to establish guidelines to regulate the implementation of this policy.

All employees shall be able and ready to work according to the appropriate HCBDD adopted annual calendar.

**Procedure**

1. A medical examination by a qualified physician is required of all employees upon employment. The examinations may include such tests as determined for job-related duties of the position.
2. School staff shall have physicals according to Ohio Department of
Education Rules and Regulations. The ODE form must be utilized; this is the responsibility of the employee. Employee is required to have their Primary Care Physician/Well at Work Physician complete this form and return it to the HR office once annually.

3. The Superintendent may require any employee to submit to a physical examination when that employee is not, as a result of apparent medical problems, performing his/her job in a satisfactory manner. Refusal by the employee to submit to examination or refusal to release the results of examination constitute an admission of no physical or medical impairment justifying substandard work. Fees for medical examinations under this section shall be paid by the Board. (O.A.C. 123:1-30-03)

4. The cost of mandated medical examinations and mandated drug testing for employment shall be paid by the Board. (O.A.C. 123:1-9-03)

5. If the results of the medical examinations indicate the otherwise qualified applicant or employee has a disability as defined by the Americans with Disabilities Act, the Board will make reasonable accommodations to allow the individual to perform the essential functions of the employee’s job unless such accommodations cause an undue hardship to the Board.

Physical Ability to Lift, Carry, and Move Individuals
Employees must be physically capable of lifting, carrying, moving individuals, including children, adolescents, and adults in a safe manner, according to in-service training, job description, and essential functions for the position.

Mental Health Fitness
Psychological factors such as persistence, reliability, interpersonal functioning, stress tolerance and job-specific requirements are all necessary elements to perform the essential functions of the position. Employees must have the capacity to perform the essential functions of their position.

Freedom from Controlled Substances
It is the HCBDD’s expectation that the workplace will be free of evidence of, use of, and/or abuse of, controlled substances, including drugs and alcohol, per Public Law 100-690.

Need for Assistance
Employees who are considered to be unfit for duty as determined by a requested examination shall be required to seek appropriate rehabilitative assistance.

Board Approved: 7/20/18, 3/25/19
Performance Standards, Training, & Evaluation

Purpose

The purpose of the Performance Standards, Training and Evaluation policy is to create a culture in which each employee’s goals and performance expectations are aligned with the agency’s Mission Statement. Through this process the employee receives meaningful and objective feedback.

Policy

Evaluation of an employee’s performance is a continuous process based on conferences, discussions, and observations and is a method for increasing the worker’s competence and his/her effectiveness with the program. Each new employee shall have a written evaluation from the immediate supervisor at mid-point, and prior to the end of the probationary period. At least once a year thereafter, a written evaluation of each employee shall be prepared. These annual evaluations shall form the basis for promotion and determining work performance. Materials for the evaluations will consist of the position description, program objectives, personal career development plans, compliance with board policy and procedures, written records kept by the employee and the supervisor, and any other material from competent sources which are pertinent. The employee shall have the opportunity to review, discuss, and make written comments of the evaluation.

The employee will be evaluated with reference to the requirements of the job as defined in basic form on the position description. The employee will be able to tell in what respect his/her work is most in need of improvement or is worthy of praise and recognition. It will also enable the supervisor to find some of the gaps or limitations in department procedures. An evaluation may also be helpful in suggesting needs for types of training to be provided in in-service programs. The evaluation ratings in themselves may be useful in considering potential candidates for promotion.

Procedure

Each employee will be evaluated by the immediate supervisor to whom he/she is regularly assigned. If an employee has been reassigned to a new supervisor within one month of the evaluation date, the present and former supervisor will cooperate in the evaluation. If an employee receives approximately equal supervision from two persons, the supervisors will cooperate on the evaluation and both will sign the report as raters.

The Performance Evaluation Report will be used for three (2) different types of ratings: (1) Probationary and (2) Annual.

Probationary Evaluation
Probationary employees will be evaluated at midpoint and within 10 calendar days prior to the end of their probationary period. Full and appropriate records should be maintained. Should the employee be given a probationary removal within the second half of the probationary period but before the end of the probationary period, the final evaluation will be made at the time of removal. Although the primary purpose of a probationary evaluation is to rate an employee's job performance uniformly and objectively, the evaluation serves several other purposes as well:

1. By acting as a means of communication between employee and supervisor, it can reveal conditions that are contributing to poor morale or low productivity.
2. It gives an employee an opportunity to identify and correct specific performance problems of which he/she may not have been aware.
3. It serves as the means of determining job efficiency for probationary removal.

The employee shall sign any evaluation as an acknowledgement that he/she has seen and discussed the document with the supervisor. Employees should always be made aware that the signature does not signify agreement with the evaluation but is only an acknowledgement that it has been seen and discussed. Any points of disagreement should be expressed in writing by the employee in the space reserved for employee comments. No change in the rating is to be made after the form is signed by the employee. If the employee refuses to sign the evaluation, the supervisor must record the reasons and the employee's refusal should be verified in writing by a witness. If an employee has not been on the job for some time and is, therefore, not available for signature, the supervisor must clearly indicate this absence on the evaluation form. While the employee signs the evaluation after the supervisor's rating, he/she must receive a copy of the rating in its final form after all other reviewers have made their comments.

When making the final probationary evaluation, the supervisor shall indicate on the evaluation whether the employee is to be retained or the employee is not to be retained. This recommendation is to be confirmed by the department director. If a recommendation is approved for retention, the assumption will be made that the probationary period has been satisfactorily completed.

Annual Evaluations

All employees who are not on probationary status are to be evaluated once a year. The evaluation will cover the employee's performance since the previous evaluation or during the time elapsed since the completion of the probationary period.

The annual evaluation is of benefit to both the employee and supervisor. Evaluations provide an excellent opportunity for the employee to express himself/herself and to explain or justify his/her performance. Evaluations summarize the strengths and areas of needed improvements of the employee's performance and by emphasizing any changes needed to produce further improvement. The employee will be asked to sign the evaluation form thus verifying that he/she has reviewed it with the supervisor. The employee signature does not imply concurrence with the evaluation, only that the employee has seen the evaluation. The employee has the right to submit a statement of explanation or rebuttal, which is to be attached to the evaluation form. If the employee refuses to sign the evaluation form, the supervisor will call in a witness to verify
that the evaluation was discussed and to note that the employee refused to sign. Refusal to sign the evaluation form shall constitute a waiver of the employee's right to review the evaluation.

If the employee feels the evaluation is not a true reflection of job performance, he/she may request a review of the evaluation by submitting a written request for review of the evaluation to the next higher person in the chain of command for his/her department providing the employee has signed his/her evaluation form. The written request must specify which part(s) of the evaluation the employee is requesting be reviewed and must include specifics related to job performance upon which the request is based. The supervision/administrator responsible for reviewing the evaluation must meet with the employee within ten days and present the findings to the employee. The employee, if still not satisfied after the initial review conference, may request further reviews through the chain of command. The final review is with the Superintendent, whose decision will be final.

Board Approved: 7/20/18, 4/22/19
Personal Appearance/Work Space

Purpose

The purpose of the Personal Appearance Policy is to establish dress code guidelines for all staff.

Policy

All HCBDD staff and affiliates are expected to dress in a manner that is normally acceptable in similar business establishments. Clothing should be conservative and professional. Each employee’s appearance, attitude, and overall presentation should never compromise the integrity of BVC. It is each employee’s responsibility to maintain an image that is consistent with professional standards.

Identification tags/key cards are provided by the Center. The center will pay for one replacement if damaged or lost. If an employee utilizes the one replacement and is in need of another, they may be required to pay for replacements thereafter.

Procedure

Staff and affiliates should dress in business casual attire, allowing employees to work comfortably in the workplace, yet project a professional, business-like image while experiencing the advantages of more casual clothing creating a professional image for our customers and community visitors.

- Clothing shall be conducive to the safe and effective performance of required job duties.
- Appropriate undergarments should be worn and not visible outside of clothing.
- Shirts and blouses should not be low cut or see through, they should not show cleavage (even when employee is bending over). No sweatshirts, tank tops, spaghetti strap or t-shirts (unless worn under another blouse, shirt or jacket) sleeveless blouses/dresses are permitted. Sweatpants, exercise pants, shorts, bib overalls, and spandex are not allowed. Leggings are permitted if worn with tops/dresses that fall below one’s bottom.
- No clothing with slogans/sayings which could be perceived as offensive, disruptive or contraindicatory to the Board’s philosophy, depict violence, profanity, sexual situations, illegal acts, political statements or other matters that could be perceived as disruptive or offensive.
- No ball caps may be worn indoors.
- Skirts and skorts should be no shorter than one hand length from the knee when seated. Capris are permitted. No shorts, athletic clothing or excessively worn out clothing (i.e. holes, rips, tears, etc.).
- No flip-flop/thong style beach or athletic type sandals. Proper shoe attire must be worn. *Footwear is to enclose the toe and heel at all times while performing hands-on care. Tennis shoes permitted for Instructors, Instructor Assistants, Transition Specialist, and Food Service.
- Piercing should be limited to ears. Visible body piercing, facial piercing, grills, gauges, tongue piercings are not permitted. Employees will be required to remove or cover while at work.
- No visible tattoos are permitted. Employees will be required to have all tattoos covered appropriately.
- All employees should maintain personal cleanliness by bathing/showering daily, using deodorant to minimize body odors, no heavily scented perfumes, have neat and well
groomed hair, good oral hygiene (brushing of teeth) required and wear clean clothing daily.

- Hair color is limited to natural colors only.
- All jewelry is worn at your own risk; wearing dangling jewelry is not suggested. Hancock County Board of DD will not be responsible to damages done to the item itself.
- Casual Friday: Blue jeans, BVC/BVS sweatshirts/t-shirts, and tennis shoes are permitted at this time.

Exceptions for Maintenance

- Leather work boots or other quality work shoes are required.
- No tennis shoes permitted.
- Jeans and ball caps are permitted.
- Sweatshirt jackets are permitted when working outdoors.

Exceptions for Janitorial

- Jeans and tennis shoes are permitted.

Questions about whether something is appropriate should be addressed with the immediate supervisor prior to the item being worn.

An employee who reports to work dressed inappropriately will be sent home and not permitted to return to work until dressed appropriately. An employee must request appropriate paid leave (vacation or personal leave) when this occurs. Any violation of these standards is subject to disciplinary action.

Work Space

Each employee is responsible for keeping their workspace and desk uncluttered and professional (keep personal items at a minimum, no blankets permitted). No electric heating devices permitted unless approved by the Director of Operations or Facilities Manager.

Board Approved: 8/18/03, 4/22/19

Revised: 6/20/08, 7/25/16, 2/3/2020
Probation - All Employees

Purpose
The purpose of this policy is to establish guidelines for probationary periods for employees.

Policy
Each newly hired employee or any employee changing positions shall serve a probationary period. The probationary period shall be three hundred sixty-five calendar days. (Reference: R.C. 124.27)

Procedure
Time spent on non-paid status and/or approved leaves of absence shall not be counted as part of the probationary period. Probationary periods shall be extended by an equal number of days the employee spent in no-pay status.

Supervisors shall use the probationary period to closely observe and evaluate the employee's performance and aptitude for the job. The employee is encouraged to bring problems to the supervisor for resolution in order to enhance his/her performance. Supervisors have a responsibility to recommend retention of only those employees who meet acceptable work standards during the probationary period.

Probationary employees may be removed at any time during the probationary period if the service is considered unsatisfactory. The removal cannot be effective after the final day of the probationary period.

Board Approved: 7/20/18; 8/23/18, 1/28/19, 5/20/19
Protection of “Whistleblowers”

Purpose

The purpose of this policy is to establish that any employee of the Board who learns in the course of his/her employment of a violation of state or federal statutes, rules, or regulations or the misuse of public resources, which his/her supervisor or the Superintendent, could correct may report that violation or misuse without reprisal.

Policy

It is the policy of the Board to provide protection of “whistleblowers” Per ORC Chapter 102, ORC 2901.22, ORC 2921.42, ORC 2921.43 and ORC124.341.

Procedure

1. The report must be filed with either the Superintendent or the employee’s supervisor unless the employee reasonably believes the violation or misuse constitutes a criminal offense or a violation of O.R.C. Chapter 102 (ethics) or O.R.C. §2921.42 (unlawful interest in a public contract) or O.R.C. §2921.43 (soliciting or receiving improper compensation).

2. Suspected criminal offenses can be reported to a prosecuting attorney, the chief legal officer of a municipality, or a peace officer. Suspected violations of O.R.C. Chapter 102, §2921.42, or §2921.43 may also be reported to the Ohio Ethics Commission.

3. Except as provided in Section 3 of this policy, employees may not be punished for making any report authorized by Section 1.

4. Employees shall make reasonable efforts to determine the accuracy of any information reported under this policy. Employees may be punished, up to and including removal, for purposely, knowingly or recklessly reporting false information.

5. Employees who are punished as a result of reporting violations or misuse under this policy may appeal that punishment to the State Personnel Board of Review. Appeals must be filed no more than thirty (30) calendar days after the employee learns he/she has been punished. O.R.C.§124.341 makes appeal to
the State Personnel Board of Review the exclusive remedy for employees who are punished for reporting violations or misuse under this policy.

6. For purposes of this policy:

a. A person acts purposely when it is his specific intention to cause a certain result, or, when the gist of the offense is a prohibition against conduct of a certain nature, regardless of what the offender intends to accomplish thereby, it is his specific intention to engage in conduct of that nature.

b. A person acts knowingly, regardless of his purpose, when he is aware that his conduct will probably cause a certain result or will probably be of a certain nature. A person has knowledge of circumstances when he is aware that such circumstances probably exist.

c. A person acts recklessly when, with heedless indifference to the consequences, he perversely disregards a known risk that his conduct is likely to cause a certain result or is likely to be of a certain nature. A person is reckless with respect to circumstances when, with heedless indifference to the consequences, he perversely disregards a known risk that such circumstances are likely to exist.

Reports must be written. Oral reports have no protection under the "whistleblower" statute, O.R.C. §124.341.

Board Approved: 7/20/18
Revised: 3/19/19
Smoking

Purpose

The purpose of this policy is to promote a healthier work environment by reducing the exposure to environmental tobacco smoke and to designate facilities operated by the Hancock County Board of Developmental Disabilities as nonsmoking, with exception of an outside, designated area.

Policy

In recognition of the adverse effects of smoke from tobacco on health, the Board establishes this policy to promote a smoke free environment for its employees.

Procedure

Smoking is hereby prohibited on the grounds of Blanchard Valley center, with exception of an outside, designated area. Smoking is prohibited in all vehicles owned and/or operated by the Board. This prohibition shall extend to all visitors and other non-staff personnel who enter these facilities or vehicles.

Any Smoking on the HCBDD premises, other than at the designated smoking area, shall be grounds for progressive discipline per agency policy and/or collective bargaining agreement. Assistance in smoking cessation will be offered by the HCBDD in the form of providing to employees, for three months, the choice of using the gum or patch which is commercially sold for this purpose. If more time is needed in the extension of the use of these products, the Superintendent shall review this request on a case by case basis. The employee should consult with his/her physician before using these products.

Board Approved: 7/20/18, 4/22/19
Worker’s Compensation

Purpose

The purpose of the Worker’s Compensation Policy is to establish guidelines for all staff to follow in the event of a workplace injury.

Policy

State law provides that every Board employee is eligible for Workers Compensation for injuries arising out of, or in the course of, his or her employment.

Procedure

1. Should an employee be injured during the course of employment with the Board, the employee shall immediately notify his/her supervisor and shall complete an injury report via DD Works. This report shall be completed, regardless of the apparent seriousness of the injury, and regardless of whether medical attention is required. Post-Accident drug/alcohol testing shall be required for all workplace accidents that require more than first aid. The Department Director/Supervisor will investigate the injury/accident and complete electronic documentation within twenty-four (24) hours, via DD Works.
2. Should an employee's injury require medical attention, the injured employee is encouraged to go to Well at Work for the initial assessment and treatment. Well at Work has all the information readily available to address any injury that occurs while working at Blanchard Valley Center. Well at Work will complete the necessary Workers Compensation claim forms and then forward them to the Human Resource Office for certification. Blanchard Valley Center reserves the right to refuse to certify Worker’s Compensation Claims.
3. Upon approval by the Bureau of Workers Compensation, a claim number will be assigned and mailed to the injured employee. The injured employee shall notify the attending physician that all professional medical charges be directed to the Bureau of payment with such claim number.
4. Blanchard Valley Center has a Transitional Work Program.
5. The Human Resource Office must be advised and continually updated if an employee continues to be absent due to a work-related injury. Employees are responsible for providing their supervisor and the Human Resource Department with a physician's statement identifying the nature of the disabling condition and the projected date of return. This physician statement must accompany the electronic leave request form.
6. Employees who are injured in the line of duty and must leave work to obtain medical treatment before completing their scheduled workday shall be granted paid administrative leave for the remainder of the shift if the time is needed for medical treatment.
7. An injured employee will return to work according to our Transitional Work Policy.
8. The Board may designate as Family and Medical Leave time, qualifying absences due to work related injuries.
9. If the employee is off for an extended amount of time and is no longer paid through Blanchard Valley Center, they go into leave without pay status. During the first thirty (30) days of leave without pay, the Board shall maintain the employee's group health care
insurance coverage under the conditions for which coverage would have been provided if the employee had continued employment. The employee must pay his/her contribution by the required due date for any family coverage. After the first thirty (30) days, the employee is responsible for the full premium of any single or family coverage.

Board Approved: 7/20/18, 4/22/19
Disclaimer

This personnel policy section is not an employment contract. It is presented as a matter of information only. The Hancock County Board of Developmental Disabilities reserves the right to modify, revoke, suspend, terminate or change these policies and procedures with or without prior notice. In all cases where there is no governing policy, resort will be made to Ohio law, if applicable. Any statements in conflict with these policies made by anyone else are unauthorized, expressly disallowed, and should not be relied upon by anyone.

This manual does not supersede the provisions of any current collective bargaining agreement for county board employees between the Hancock County Board of Developmental Disabilities and an authorized union if the provisions of the contract directly conflict with this manual.