

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES

POLICY AND PROCEDURE MANUAL



DISCLAIMER

Audrain Developmental Disability Services (ADDS) retains the right to change any of the provisions in this manual at any time. This manual does not constitute a contract. Although the Agency wishes to help employees when they are experiencing performance problems, the company reserves the right to terminate employees at its discretion. Personnel policies may be amended from time to time. Such amendments are automatically incorporated as conditions of employment for all employees, and each employee shall receive notice of amendments as they occur.

January 21, 1981

February 11, 1991

January 15, 1992

ANNUAL PERSONNEL POLICY REVIEW

Personnel Policies shall be reviewed at least annually (typically at the July Board Meeting), and the review and any changes shall be noted in the Revision section of Policy and Procedure.

Approval and amendments to Board Policies shall be tracked in the Revision section of the Policy and Procedure.

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REVISION HISTORY

<u>Policy</u>	<u>Revision/ Addition/ Removal</u>	<u>Date Approved</u>
N/A	Manual Renumbered	February 2019
Dress Code	Revision	April 2018
Cell Phone Policy/Agreement	Addition	April 2018
FMLA	Addition (ADDS Insurance Coverage)	April 2018
Employee Reimbursement	Revision	April 2018
Bereavement	Addition	September 2018
Medication Error	Revision	November 2018
Vacation/ Sick Leave	Revision	November 2018
Vacation Accrual	Revision	January 2019
Job Description	Revision	January 2019
Organizational Chart	Revision	January 2019
N/A	Manual Renumbered	January 2019
Employee Acknowledgement	Addition	April 2019
Vehicle Maintenance Schedule	Addition	May 2019
Continuity of Operations Plan	Revision	December 2019
Post Accident Testing	Addition	January 2020
Organizational Chart	Revision	February 2020
Job Description	Revision	February 2020
Funding Resources	Revision	February 2020
Medical Care Procedures	Revision	February 2020
Leave/ Employee Compensation	Revision	March 2020
CPI	Revision	March 2020
N/A	Manual Renumbered	March 2021
Title VI Plan	Revision	August 2020
COVID-19	Addition	August 2020
Organizational Chart	Revision	October 2020

Job Description	Revision	October 2020
Leave	Revision	November 2020
FMLA	Revision	February 2021
General Policies/ Procedures	Revision	February 2021
Continuity of Operations	Revision	February 2021
Medical Care Procedures	Revision	April 2021
Crisis/ Critical Incident Plan	Revision	March 2021
Succession Plan	Revision	March 2021
N/A	Manual Renumbered	March 2021
Emergency Care	Revision	April 2021
Vacation Payout/ Employees Estate	Addition	January 2022
Funding Page Information	Revision	January 2022
Organizational Chart	Revision	February 2022
Seat Belt Usage	Revision	February 2022
Personal Day	Revision	February 2022
Emergency Preparedness Plan	Revision	February 2022
PCSP Scheduled Date	Revision	February 2022
Job Descriptions	Revision	February 2022
Technology Plan	Revision	February 2022
Narcotics	Revision	July 2022
Therap	Addition	November 2022
Organizational Chart	Revision	March 2023
Board Conflict of Interest Disclosure	Addition	June 2023
Employee Conflict of Interest Disclosure	Addition	June 2023
False Claims Act	Addition	June 2023
Narcotic Destruction	Revision	June 2023
Narcotics	Revision	June 2023

Vehicle Procedures	Revision	June 2023
Agency Credit Card Usage	Revision	June 2023
Job Descriptions	Revision	June 2023
Restrictions/ Rights/ Due Process	Revision	June 2023
Eternal Advocacy	Addition	March 2024
Service Delivery	Revision	March 2024
Required Training	Revision	March 2024
Background Screenings	Revision	March 2024
Seat Belt Usage	Revision	March 2024
Death of an Individual	Revision	March 2024
HCBS	Revision	March 2024
Restrictive Intervention	Revision	March 2024
Behavioral Crisis Intervention	Revision	March 2024
Agency Motto	Revision	March 2024
Transportation- Non-Emergency	Addition	March 2024
Firearms	Revision	March 2024
Specialized Diets	Revision	March 2024
Smoking and Vaping	Revision	March 2024
Public Water Supply	Addition	March 2024
Service Monitoring/ Virtual Capabilities	Addition	March 2024
Organizational Chart	Revision	May 2024
COVID-19 Return Protocol	Revision	June 2024
Organizational Chart	Revision	July 2024
Dress Code	Revision	July 2024
Marijuana/ Cannabis Use	Addition	September 2024
Therap	Revision	September 2024
TOOLS of Choice	Revision	September 2024

Organizational Chart	Revision	October 2024
N/A	Manual Renumbered	October 2024
Safe Deposit Box Policy	Revision	October 2024
EMT Entry in Progress Notes	Addition	February 2025
Employee Scheduling and LIMA	Addition	February 2025
Marijuana/ Cannabis Use	Revision	March 2025
Medication Error Action Plan	Revision	June 2025
Organizational Chart	Revision	June 2025
Medication Administration and Monitoring	Addition	September 2025
Waitlist Policy	Addition	September 2025
Safety: Locations Not Controlled by ADDS	Addition	September 2025
Verification of Ed.Cred. and Certifications	Addition	September 2025
Annual Lease Agreement	Revision	December 2025
All- Placed ISP with PCSP	Revision	January 2026
Use of Protective Devices	Addition	March 2026

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INTRODUCTION

Board Philosophy, Agency Mission Statement, and Agency Motto

Board of Directors Philosophy

Every person with a developmental disability has the same basic rights as other citizens of the same age living in the same country and is entitled to the same legal protection under the law.

The persons with developmental disabilities may be unable to exercise these rights for themselves; therefore, it becomes necessary to set certain standards for the care, treatment, and education required by their condition, with a long-range objective being the total integration, whenever possible, of the person with a developmental disability into normal community living.

Therefore, it is the goal of Audrain Developmental Disability Services (ADDS) and its Board of Directors that a suitable and dignified living environment should be provided for every person with a developmental disability in Audrain County.

It is the purpose of Audrain Developmental Disability Services (ADDS) to provide an array of services designed to create appropriate options to individuals with intellectual disabilities/developmental disabilities as defined in §630.005 RSMo. Within this array, services will be individualized to address the needs of each person receiving services. These services shall include residential support, developmental training, and such ancillary and support services as are needed to accomplish the stated goal.

Adopted by Board of Directors December 19, 1990

Audrain Developmental Disability Services Mission Statement

“Creating a better life for Audrain County Citizens.”

Audrain Developmental Disability Services Motto

C-A-R-E: Care, Appreciate, Respect, Encourage

Current ADDS Board Members

Tracy Wilburn, Chairman
3591 Audrain Road 509
Ladonia, Missouri 63352

Andrew Baker, Vice-Chairman
110 East Central
Mexico, Missouri 65265

Kelly Smith, Security
1300 West Liberty
Mexico, Missouri 65265

Frank Marth, Treasure
1008 Concordia Street
Mexico, Missouri 65265

Paul Seigfried
2622 Teal Lake Place
Mexico, Missouri 65265

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10049 ACR 371
Mexico, Missouri 65265

Kevin Wilkerson
24906 ACR 820
Mexico, Missouri 65265

Bev Borgeson
13875 ACR 819
Mexico, Missouri 65265

Carol Schambach
3713 ACR 557
Vandalia, Missouri 63382

Tim Crews, ADDS Executive Director
222 East Jackson Street
Mexico, Missouri, 65265

Legal Notice

This policy and procedure manual applies to all employees of Audrain Developmental Disability Services (ADDS). This is an informational manual and is not intended as an offer of employment or to set forth terms and conditions of employment in any way. It should not be construed as creating any contractual relationships or conferring any contractual rights upon any employee or serving as the terms of an employment agreement. Nothing in this manual alters the employee's status as an "at will" employee.

Terms contained in plan or benefit documents are controlling, regardless of any statement that appears in this manual. Plans, programs, and policies described in this manual are subject to the specific terms and provisions of the legal documents governing the plans. The information and benefits described in this manual (including the terms of any benefit plan) can be changed or discontinued at any time without notice in any way. The ADDS Executive Director and Board of Directors will make decisions they believe to be both in the best interest of ADDS and consistent with applicable laws and regulations.

This manual is not intended to create a contract, but rather is meant to serve as a communication vehicle to inform employees about current policies and procedures. While compliance with the policies described in this Manual is considered a condition of continued employment, the objective of this manual is to inform employees of current laws, regulations, and policies applicable to employees, the workplace and to persons with developmental disabilities. It is the goal of such policies to provide employees with a productive work environment that is constructive to personal and professional growth and to best serve individuals with developmental disabilities.

Employees are responsible for reading, understanding, and complying with the provisions of this Manual.

ADDs Programs

There may be additional Entrance & Eligibility conditions for Specific ADDs Programs and Services:

1. Harvey House Residential Home
2. Breckenridge Heights Residential Home
3. C.T. Loyd Apartment Living Program
4. Fieldcrest Community Services Program
5. Independent Supported Living Program (ISL)
6. Natural Home Medicaid Waiver Program
7. Developmental Training Center (DTC)
8. Targeted Case Management Program
9. Respite Care Program

Entrance and Eligibility Policies

Audrain Developmental Disability Services (ADDs) provides services to individuals with developmental disabilities as defined in RSMo Statutes.

A developmental disability is defined as a disability which is attributable to intellectual disabilities, cerebral palsy, epilepsy, head injury, or autism, or a learning disability related to a brain dysfunction, or any other mental or physical impairment or combination of mental or physical impairments. The disability must be manifested before the person attains age twenty-two. And it must be deemed likely to continue indefinitely. Furthermore, the disability must result in substantial functional limitation in two or more of the following areas of major life activities: Self-care, receptive and expressive language development and use, learning, self-direction, capacity for independent living or economic self-sufficiency, or mobility. And reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, habilitation or other services which may be lifelong or of extended duration and are individually planned and coordinated.

Within the organization an array of services is offered to design and create options for individuals who need and want services from ADDs. The abilities of such individuals range from persons who are non-ambulatory, lack toilet skills or are unable to communicate or feed themselves to individuals who are mildly intellectually disabled and able to live independently with minimal support. In addition, services are offered to help individuals develop work, social, math, language, time, self-help, recreational, and domestic skills. These programs are open to citizens of Audrain County and other individuals, as space allows, who meet eligibility requirements.

Funding for these services comes from a variety of sources. Overall, the organization receives funds from the taxes paid by the citizens of Audrain County. Individual programs receive funds from other sources based on the type and degree of services offered. These funds are generally received through contracts with state and federal agencies. In addition, the individuals who participate in our residential programs typically use a majority of their government (SSI, SSDI, etc.) to cover their cost of care. Since we are a county-funded agency, every attempt is made to provide services to a citizen of Audrain County if they meet the eligibility criteria as defined

above, and funding exists for the service requested. On occasion, an individual's particular needs or desires result in a referral to an agency better suited to meet those needs and desires.

The application process begins with a visit or telephone call to the Targeted Case Management office at 308 East Jackson, Mexico, Missouri, 65265, telephone number (573) 581-3953. After an initial discussion, the applicant will be directed to the appropriate program director for further information and guidance, and a referral to the Hannibal Satellite Office for eligibility determination will be made. If the applicant does not seem to meet the eligibility requirements as published in the RSMo Statutes, then suggested alternatives will be offered.

This agency has numerous contacts with other social service agencies and can refer those who are not eligible for our services to the most appropriate agency that can be of service. Persons who do not meet the criteria, or do not seem to meet the criteria, as stated, should be referred to the Executive Director, who shall have the authority to waive specific requirements or authorize trial admissions in cases where the individual served does not seem to clearly qualify under these criteria.

In the event that an opening is not available in a particular ADDS program or service, the applicant's name shall be placed on a waiting list. The reasons for being placed on a wait list would likely be due to funding, adequately trained staff, or physical location availability. If the reason for being placed on a waiting list is funding, the applicant will be referred to the Hannibal Satellite Office for assistance. If the reason for placement on a waiting list is due to lack of adequately trained ADDS staff members, the applicant will remain on the waiting list until ADDS staff members receive the appropriate training. Finally, if the applicant is placed on a waiting list due to lack of availability of a physical location, the applicant who has been on the waiting list for the longest period for this reason will be contacted when an opening is available in the needed location. The waiting lists shall be evaluated at least monthly at Agency staff meetings with Program Coordinators/Managers.

HOME AND COMMUNITY BASED SERVICES (HCBS)

Policy: Home And Community Based Services (HCBS) Policies for Participants in Medicaid and Community Based Waiver Services

1. HCBS: HCBS is designed to provide services that meet unmet needs for adults with disabilities allowing the individual to remain in their least restrictive environment.
 - A) Access to the Community
 - B) Employment
 - C) Money Management/Personal Resources
 - D) Community Resources
 - E) Choice of Settings
 - F) Restrictions/Modifications
 - G) Due Process
 - H) Privacy
 - I) Housing Opportunities
 - J) Code of Conduct
 - K) Grievance Policy
 - L) Freedom of Choice
 - M) Visitors
 - N) Services and Supports
 - O) Furnishing and Decorating
 - P) Rental Agreement
 - Q) Home and Community Based Services (HCBS) Setting
2. The Final Rule establishes mandatory requirements for the qualities of HCBS settings and identifies settings that are not HCBS. All HCBS settings must meet the following requirements:
 - A) Be integrated in and support access to the greater community.
 - B) Provide opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.
 - C) Ensure the individual receives services in the community to the same degree of access as individuals not receiving HCBS.
 - D) Selection by the individual from among setting options, including non-disability specific settings.
 - E) Ensure individual's rights of privacy, dignity, respect, and freedom from coercion and restraint(s).
 - F) Optimizes individual initiative, autonomy, and independence in making life choices.

- G) Facilities individual choice regarding services and supports and who provides them ADDS ensures that people with disabilities have full access to and enjoy the benefits of community living through long-term services and support in the most integrated settings of their choosing. ADDS Participant Policies verify HCBS requirements are met of the 42 CFR 441.301 Federal HCBS Rule that was effective March 14, 2014.
- H) ADDS will have the Division's complaint process and anonymous complaint information available for all individuals served and guardians. This information will be given to individuals served and/or their guardians during intake and annually at their PCSP meeting.

ACCESS TO THE COMMUNITY

ADDS will ensure that all individuals served know about their community and will be supported in making choices related to accessing the community, including accessing services provided at local businesses, recreational opportunities, types of transportation services available, local events and activities, churches, service, and civic organizations, etc. Individuals served will be supported (i.e., transportation offered, assistance of staff/natural supports, access to funds, etc.) in fully accessing and becoming a member of their community at the level they choose. ADDS will assist individuals served in planning and making decisions, researching community options, activities, opportunities, etc. In general, individuals served will be encouraged and supported in becoming a contributing member of their community. ADDS will ensure that all individuals served have access to their home and community and practical accommodations will be offered to allow individuals served to move about freely in their home. ADDS staff will be given annual training to ensure they understand how to support individuals served in learning about and accessing their community.

EMPLOYMENT POLICY FOR INDIVIDUALS SERVED

ADDS will ensure that all individuals served who wish to work are supported in doing so. Individuals served who are interested in employment and need assistance are encouraged to speak with their Program Coordinator or Support Coordinator to discuss employment options. A planning team meeting can be scheduled to discuss options for employment. If individuals served obtain or have a job, ADDS will assist them, as needed, in accommodating their needs for a successful outcome. ADDS staff will be provided annually with information to ensure they understand that all individuals served have the right to employment opportunities and instructed to assist as needed with transportation, encouragement, etc. to achieve positive results.

MONEY MANAGEMENT/ PERSONAL RESOURCES

ADDS will assist and support individuals served in managing their own money and personal resources, whether they have a payee or are managing their own money. Individuals served shall control their own access to money, but they may request to have ADDS help manage their funds. ADDS can help individuals served

pay bills, make deposits, budget for desired items, and assist in learning money management skills. ADDS has a system to account for and safeguard the funds of individuals served. It should be noted that the funds of individuals served are only used by the individuals served. ADDS staff are provided with information annually regarding the use of personal resources by individuals served as well as the importance of identifying misuse of consumer funds and property.

COMMUNITY RESOURCES

ADDS will assist in educating and encouraging individuals served in providing their input on choices regarding the ways in which their needs are met, as well as accessing community services, such as medical behavioral, social, recreational and any other services that might apply. Informed choice is encouraged by ADDS staff and ADDS staff are provided resource information regarding services in the community to offer to the individual served and ADDS staff are provided information regarding the importance of assisting individuals served in accessing services in the community.

CHOICE OF SETTINGS

ADDS will help educate individuals served and their families/guardians, if appropriate, regarding opportunities for activities, living arrangements as well as staff. If individuals served indicate that they would like services elsewhere, ADDS staff will assist. ADDS promotes integration with individuals without disabilities regarding living, learning, working, recreation, etc. ADDS offers individuals served opportunities to change services as well as ADDS staff encourages individuals served to ask questions and express concerns regarding any services received. Program Coordinators as well as Support Coordinators will especially encourage and discuss service options, as well as opportunities for services with individuals without disabilities, etc. annually at the time of the PCSP of individuals served. Appropriate ADDS staff will receive annual training regarding supporting individuals served in understanding options for services and settings.

RESTRICTIONS/MODIFICATIONS

No individuals served will have their rights restricted by ADDS except if detailed in their PCSP or BSP and approved by the planning team. Any modification or restriction of a right must meet the following requirements and be documented in the PCSP and reviewed by the Due Process Committee:

- ❖ Specific assessed need and justified
- ❖ Positive interventions and supports used prior to any modifications
- ❖ Less intrusive methods of meeting tried but did not work
- ❖ Clear description of the condition that is directly proportionate to the specific assessed need.
- ❖ Regular collection and review of data to measure the ongoing effectiveness
- ❖ Informed consent of the participant.
- ❖ Assurance that interventions and supports will cause no harm to the individual served.

- ❖ If an individual served has a rights restriction indicated in his/her PCSP, ADDS will collaborate with the Support Coordinator and other providers to collect data, attempt alternative strategies, and work towards reinstating the restriction over time. Staff will receive annual training to ensure they understand how to help individuals served with restrictions/modifications and understand the due process.

DUE PROCESS

See Due Process Policy

PRIVACY

All individuals served will have privacy in their bedrooms; if individuals served share a bedroom, individuals served can request private space to meet with a visitor during day services. Staff will always knock before entering an individuals served home. Extra effort will be made to ensure privacy in bedrooms and bathrooms except when assistance is needed and documented in the PCSP. All entrance doors to the residences will have locks, and all individuals served will be given a key or other access with only appropriate staff having keys or other access to entrance. Bedroom doors may also have locks and individuals served will be given a key or other access to their own bedroom door. Appropriate staff will have access to the entrance door and bedroom door keys but will always knock before entering.

HOUSING OPPORTUNITIES

ADDS will work with individuals served who have the desire to live in the least restrictive environment and will receive information on affordable housing. ADDS will give a choice of housing options and of living arrangements. Individuals served will decide where they want to live, who lives with them and who they want to provide their supports. Individuals served will have the opportunity to discuss with ADDS and their service coordinator/ case manager during the Person-Centered Planning process regarding their waiver funding and resources available for housing. Staff will receive annual training to ensure they understand the importance of individuals served having the options available to choose their living arrangements.

All exterior doors to the residences will have locks, and all persons served will have access to a key or other access (key code, if appropriate). Bedroom doors can have locks and be locked if desired by persons served, and the person served will be given a key for their bedroom door. Appropriate ADDS staff will have access to the exterior doors and bedroom door keys but will always knock before entering.

CODE OF CONDUCT

ADDS and all staff recognize the importance of treating individuals served with “dignity and respect”. The following code of conduct applies to anyone employed by ADDS:

- ❖ **Protect Health & Safety:** If ADDS a participant has experienced any abuse, neglect, exploitation, or maltreatment, our first duty is to protect the participant's health and safety. Staff must follow agency policy and criteria for reporting events
- ❖ **Compliance with laws:** All staff will conduct business activities in compliance with all applicable laws and ADDS' policies. All staff are expected to take appropriate action against co-workers who violate laws or policies.

Staff will receive training to ensure they understand the importance of treating individuals served with dignity and respect.

GRIEVANCE POLICY

Individuals served can talk to staff any time they are unhappy with staff, or the services provided and ADDS will try to resolve the issue. ADDS staff will help the individuals served contact their guardian or their case manager if needed. If the issues have not been resolved, individuals served or guardians can file a verbal or written grievance, which is a formal way of telling ADDS that you are unhappy about something and asking for someone to help you with it. ADDS will have the Division's complaint process and anonymous complaint information available for all individuals served and guardians. Staff will receive annual training to ensure they understand the importance of individuals served, understanding their rights, grievance process and anonymous complaint information available for all individuals served and guardians. (*See Grievance Policy*).

FREEDOM OF CHOICE

ADDS will support individuals served in their independent choices they make in their daily activities, how they spend their free time, but not limited to whom they interact, what activities they choose or where they are located. Individuals served may also control their schedules and activities and have access to food at any time. ADDS will offer different options to individuals served so they may make a decision independently or with a guardian without any undue influence, and that is based on sufficient experience and knowledge, including exposure, awareness, interactions, and/or instructional opportunities, to ensure that the choice is made with adequate awareness of all the available alternatives to and consequences of options available. Staff will receive annual training to ensure they understand the importance of individuals served freedom of choice in making choices about how they spend their time, and independence in making their own informed decisions.

ADDS staff will receive information and training to ensure they understand the importance of persons served or their guardians being provided with information regarding their rights, grievance process and how to file an anonymous complaint. ADDS staff will also be given information to assist in their understanding that persons served should be coercion and restraint free. The ADDS policy entitled "Legal Rights of Citizens" includes information regarding the Grievance Policy of ADDS and is posted in all ADDS programs/facilities.

VISITORS

Individuals served are encouraged to invite family and friends to visit the individuals served home any time. Visitors are allowed in common areas and the individuals served bedroom, if the participant wishes to invite them. ADDS will not restrict the individuals' served rights of visitors. ADDS staff will receive information and training to help support the person served in having visitors.

ACCESSIBILITY

ADDS will ensure that all individuals served have access to their home and community. Practical accommodation will be offered to allow the individuals served to move about freely in their home.

SERVICES AND SUPPORTS

ADDS will seek input on the individual served preferences in staff and/supports or the type of staff that are the best fit. If multiple individuals served and guardians request a small number of staff, ADDS ensures individual served have fair access to their preferred staff as available or appropriate. ADDS will offer different options to individual served so they may decide independently or with their guardian that is based on sufficient experience and knowledge, including exposure, awareness, interactions, and/or instructional opportunities, to ensure that the choice is made with adequate awareness of all the available alternatives to and consequences of options available. Staff will receive annual training to ensure they understand the importance and process of assisting individuals served in having input with their support and services.

RENTAL AGREEMENT

ADDS individuals served that live in a home that is owned by ADDS but has a legally enforceable agreement or lease that offers the same protection from eviction that tenants have under landlord-tenant law of the state, county, city, or other designated entity have available. Individuals served will learn how to express they want to relocate or request new housing. Individuals served will maintain the freedom to furnish and decorate their sleeping or living areas within the lease or other agreement,

Provider Owned and Controlled Residential Setting Scope: CMS views staff or employee of the provider owning the home to be provider owned and controlled. If there is a direct or indirect financial relationship between the provider and owner of the home would also be provider owned and controlled. Any modification/restrictions to an individuals served PCSP to the following HCBS requirements must document that Due Process was followed.

Monitoring of HCBS compliance: Evidence based on the procedures set forth for ADDS may and will be monitored by the Division as well as ADDS will also implement a systematic quality review of their waiver settings as identified in the policies to show ongoing compliance of the Federal HCBS rule.

Rights and Dignity of Persons Served

Individual Rights, Legal Rights of Citizens, Human Rights and Dignity of Those Served

Individual Rights: All individuals served by ADDS are entitled to the following rights:

1. To be treated with respect and dignity as a human being.
2. To have the same legal rights and responsibilities as any other citizen.
3. To receive services regardless of race, creed, marital status, national origin, disability, religion, sexual orientation, gender, or age.
4. To be free from physical, emotional, sexual, and verbal abuse and financial exploitation.
5. To receive services and supports to achieve the maximum level of independence.
6. To have access to all rules, policies, and procedures governing the operations of the Division of DD in an accessible format and to have those rules, policies, and procedures explained in a manner that is easily understood.
7. Within one's financial means, to have a choice of where to live and whether to share a home with other people.
8. To direct one's own person-centered planning process and to choose others to be included in that process.
9. To participate fully in the community.
10. To communicate in any form and to have privacy of communications.
11. To accept or decline supports and services.
12. To have freedom of choice among the Division of DD approved providers.
13. To seek employment and work in competitive integrated settings.
14. To participate or decline participation in any study or experiment.
15. To choose where to go to church or place of worship, or to refused to go to church or a place of worship.

16. To have rights, services, supports, and clinical records regarding services explained in a manner that is easily understood and in an accessible format.
17. To have all the individual's records maintained in a confidential manner.
18. To report any violation of one's rights from retaliation and without fear of retaliation.
19. To be informed on how to make an inquiry, file a complaint, or report a violation of one's rights, and to be assisted in this process, if requested.
20. Adults who do not have a legal guardian have the right to designate a representative to act on one's behalf for the purposes of receiving services ADDS.
21. An individual's rights as outlined in section one (1) may not be restricted, including, but not limited to, ADDS Target Case Management or Home and Community Based Services (HCBS), without due process.

Due process under this provision includes the right to be notified and heard on the limitation or restriction, the right to be assisted through external advocacy if an individual disagrees with the limitation or restriction, and the right to be informed of available options to restore the individual's rights. *SEE DUE PROCESS POLICY.*

Guaranteed to all individual's receiving services from DMH: May be limited if determined inconsistent with the person's therapeutic care, treatment, habilitation, or rehabilitation and the safety of other facility or program clients and public safety.

1. To wear his own clothes and to keep use his own personal possessions
2. To keep and be allowed to spend a reasonable sum of his own money for canteen expenses and small purchases
3. To communicate by sealed mail or otherwise with persons including agencies inside or outside the facility
4. To receive visitors of his own choosing at reasonable times
5. To have reasonable access to a telephone both to make and receive confidential calls
6. To have access to his mental and medical records
7. To have opportunities for physical exercise and outdoor recreations

8. To have reasonable, prompt access to current newspapers, magazines and radio and television programming

Guaranteed Rights to all DMH Consumers that cannot be limited. All individuals served are entitled to the following without limitation:

1. To humane care and treatment;
2. To the extent that the facilities, equipment and personnel are available to medical care and treatment in accordance with the highest standards accepted in medical practice;
3. To safe and sanitary housing;
4. To not participate in non-therapeutic care;
5. To attend or not attend religious services;
6. To receive prompt evaluation and care, treatment, habilitation, or rehabilitation about which they are informed as far as they are capable of understanding;
7. To be treated with dignity as a human being;
8. To not be the subject of experimental research without their prior written and informed consent of that of their parent, if a minor, or their guardian;
9. To decide not to participate or may withdraw from any research at any time for any reason;
10. To have access to consultation with a private physician at their own expense;
11. To be evaluated, treated, or habilitated in the least restrictive environment;
12. To not be subject to any hazardous treatment of surgical procedure unless them, their parent, if they are a minor, or their guardian consents; or unless such treatment or surgical procedure is ordered by a court of competent jurisdiction;
13. In the case of hazardous treatment or irreversible surgical procedures, to have, upon request, an impartial review prior to implementation, except in the case of emergency procedures required for the preservation of his life;
14. To a nourishing, well-balanced and varied diet;
15. To be free from verbal and physical abuse.

HCBS Waiver Requirements: Person-Centered Planning Process

All ADDS person-centered planning process' will be led by the individual served where possible. In addition to being led by the individual receiving services and supports, the person-centered planning process:

1. Includes people chosen by the individual;
2. Provides adequate information and support to ensure the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions;
3. Is timely and occurs at times and locations of convenience to the individual;
4. Reflects cultural considerations of the individual and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who has limited English proficiency;
5. Includes strategies for solving conflict or disagreement within the process including clear conflict of interest guidelines for all planning participants;
6. Offers informed choices about the services and supports they receive and who provides them;
7. Includes a method for the individual to request updates to the plan when needed;
8. Records the alternative HCBS settings that were considered by the individual.

Annual Review of Rights

1. All individuals served by ADDS will be informed and given a copy of *Knowing Your Rights: A Guide for Individuals with Developmental Disabilities to Understanding Rights and Responsibilities* at the initiation of services and on an annual renewal basis (typically at the annual PCSP meeting).
2. The *Knowing Your Rights: A Guide for Individuals with Developmental Disabilities to Understanding Rights and Responsibilities* will also be available at all ADDS program locations.
3. It is the policy of ADDS that complaints or grievances by a person served or guardian will not result in retaliation or barriers to service.

Reporting Contact Information: If a person served has complaints of abuse, neglect or violation or limitation of rights, the individual, the individual's parents, guardian, or authorized representative may contact:

1. **Hannibal Satellite Office (HSO) at 573-248-2400**
2. **Department of Mental Health's Client Rights Monitor at 1-800-364-9687**
3. **Children's Division at 1- 800-392-3738**
4. **Adult Abuse and Neglect Hotline at 1-800-392-0210**
5. **Relay Missouri at 1-800-735-2966**

Legal Rights of Citizens

Adults with developmental disabilities have the same rights as other adult citizens.

1. The right to life.
2. The right to equal access to educational opportunities.
3. The right to own and dispose of property.
4. The right to vote.
5. The right to liberty and the pursuit of happiness.
6. The right to express sexuality; including the right to marry and have children. Adults with disabilities may need special training or education to exercise these rights but are considered capable of exercising them unless legally determined to be incapable of doing so by a court of law. A person receiving services may obtain legal counsel through Legal Aid offices near to them or, if necessary, may request that a private attorney be obtained for them through use of monies in their client account.

The following are individual rights which may be limited only if the Interdisciplinary Team determines that they are inconsistent with the individual's therapeutic care, treatment, habilitation, or rehabilitation. (The limitations and the reasons for the limitations must be documented in the individual's clinical record, specifically in his/her Person-Centered Support Plan.) The Interdisciplinary Team may restore any rights that have been limited when appropriate.

1. To have personal privacy.
2. To wear their own clothes and to keep and use their own personal possessions.
3. To keep and be allowed to spend a reasonable sum of money for their expenses and small purchases.
4. To communicate by sealed mail or otherwise with persons, including agencies, inside or outside the facility.
5. To receive visitors of their own choosing at reasonable times.
6. To have reasonable access to a telephone, both to make and receive confidential calls.
7. To choose providers of personal care services and have access to their own mental and medical records.
8. To have the opportunities to have physical exercise and outdoor recreation.
9. To have reasonable, prompt access to current newspapers, magazines, and radio and television programs.

The following individual rights may not be limited:

1. To have necessary services and treatment in the least restrictive environment.
2. To have his/her own Person-Centered Support Plan.
3. To have this plan explained to him/her clearly and understandably or to his/her parent, legal guardian, or protector.
4. To know the name of his/her Program Coordinator/Manager.
5. To know what medication has been prescribed for him/her, why, and the side effects, and to be free of unnecessary drugs.
6. To participate, or have his/her parents, legal guardians or protectors participate, in the planning process of his/her Person-Centered Support Plan.
7. To receive prompt medical treatment.
8. To not be subject to any hazardous treatments or surgical procedures without consent unless such treatment or procedures are ordered by a court or legal guardian (upon request, an impartial review will be conducted prior to implementation).
9. To be treated courteously and be free from verbal and physical abuse.
10. To take part in research when explained (with consent and the right to change his/her mind).
11. To have any charges for Department of Mental Health and/or ADDS services fully explained.
12. To be considered competent unless declared incapacitated or disabled by a court of law. Competent adults have the right to designate a protector to advise them and to decide whether their families shall be involved in the program planning.
13. To have information and records kept private and not to have any information released without his/her written consent or the written consent of the parent or legal guardian.
14. To express their opinions, ideas, and grievances.
15. To receive visits from their own attorney, physician, or clergyman in private and at reasonable times.

16. To safe and sanitary housing.
17. To not participate in non-therapeutic labor.
18. To attend or not attend religious services.
19. To have access to consultation with a private physician at own expense.
20. To accept or refuse services.

Human Rights and Dignity of Those Served

It is an inherent part of the Mission of Audrain Developmental Disability Services (ADDs) to guard the rights and ensure the dignity of treatment for individuals with intellectual disabilities and developmental disabilities. It is recognized that they are entitled to the same rights as other citizens. A copy of the rights of persons served, HIPAA information and the ADDs Grievance Procedure for persons served will be provided at the beginning of services and annually by the Support Coordinator. These rights include, but are not limited to, the following:

1. To be treated with respect and dignity as a human being.
2. To have the same legal rights and responsibilities as any other person unless otherwise limited by law.
3. To have the right to due process review when any limitation to rights is proposed or is alleged to have taken place.
4. To receive services regardless of race, creed, color, age, religion, gender, sex, sexual orientation, gender identity or expression, national origin, veteran status, disability, or gender information.
5. To be free from physical, verbal, mental and sexual abuse, neglect, financial exploitation, and retaliation.
6. To receive appropriate humane and high-quality services and support as determined by the support team of the person served, which may include, but not be limited to, the individual, parents, guardian, or authorized representative.
7. To receive these services and support in the most integrated setting appropriate for the needs of the person served.
8. To have access to Targeted Case Management rules, policies and procedures pertaining to Services and supports.
9. To have access to personal records which are maintained confidentially.

10. To easily understand services, support, and personal records. A person served and his/her parents, guardian or authorized representative shall be informed of the rights of the individual served in language that is easily understood.

At the time of enrollment and whenever changes are made to the description of individual rights, Targeted Case Management shall provide to the person served and his/her parents, guardian, or legal representation a written description of the rights of the person served and how to exercise them.

A representative of Targeted Case Management shall read and explain the description of rights to individuals who require assistance because they are unable to read or unable to understand the written description.

If a person served has complaints of abuse, neglect or violation or limitation of rights, the individual, the individual's parents, guardian, or authorized representative may contact the Hannibal Satellite Office or habilitation center representative, or they may contact the Department of Mental Health's client rights monitor at 1-800-364-9687 for assistance.

Targeted Case Management shall have policies and procedures that enhance and protect the human, civil and statutory rights of all persons served. Targeted Case Management and each service's provider shall have policies and procedures for providing positive supports to persons served. Those policies and procedures shall be consistent with the enhancement and protection of human rights. Targeted Case Management shall report abuse and neglect as mandated by law. Any violation of rights shall constitute, at a minimum, inadequate care and treatment.

1. Services and support: Persons served have the right to receive services and supports in the most integrated setting and in a way that best meets their needs. To determine those services, these people may be involved: the person served, their parents, their guardian, or any other person of their choice. Persons served have the right to know what the Hannibal Satellite Office rules are for the services and support they receive. Persons served have the right to have their services, support and personal records explained to them, so they understand them. Persons served have the right to receive and read their personal records. Persons served have the right to receive and sign a copy of their personal plan. Persons served have the right to have their records kept private.
2. Abuse and neglect: Persons served have the right not to be abused or neglected. Abuse includes physical, verbal, mental, sexual, or financial. Neglect is when a person served is not getting the things, they need to be healthy and safe. If persons served think they are being abused, neglected, or that their rights are being taken away, then they or their parents or guardians, or any other person, can contact the Hannibal Satellite Regional Office or habilitation center for help. They can also call the Persons Served Rights monitor in Jefferson City at 1-800-364-9687 or TT 573-526-1201 for help. People who work for the Hannibal Satellite Office or habilitation center must report any abuse or neglect they see or that people report to them.

3. **Grievance Procedure for Persons Receiving Services:** The following Grievance Procedure is to be used when the grievance is within the scope of the services offered by Audrain Developmental Disability Services; however, if the grievance is related to funding issues, please contact your support coordinator who can present the request to the Hannibal Satellite Office Utilization Review Committee or to the Assistant Director at the Hannibal Satellite Office. The steps listed below are to be followed by the person receiving services, parents, guardians, or other parties when they are dissatisfied with any aspect of ADDS programs. *See Grievance Policy.*
- A) **Program Coordinator:** Speak with the Program Coordinator concerning the grievance and complete a “Person Served Complaint/Grievance Form” if necessary.
 - B) **Executive Director:** If a satisfactory solution is not reached with your Program Coordinator within fourteen days, provide the Executive Director with a written explanation of the request. If the written request cannot be completed, please contact the Administrative Office, and make an appointment to meet with the Executive Director regarding the matter. The Program Coordinator may be asked to attend the meeting to help resolve the issue. When expressing a complaint or grievance to the Executive Director all evidence and information deemed appropriate by the Executive Director for proper understanding of the grievance and needed for a proper evaluation will be sought. At the conclusion of the meeting, the Executive Director may announce a decision or may opt to take the matter under advisement. Within seven days following the conclusion of the grievance meeting, the Executive Director shall determine a response regarding the complaint/grievance and shall communicate this in writing with a duplicate copy to the Program Coordinator of the person served.
 - C) **ADDS Board of Directors:** If still not satisfied with the Executive Director’s decision, ask to be placed on the ADDS Board Meeting agenda and attend the next regularly scheduled ADDS Board Meeting and explain the grievance to the Board Members. The Board typically meets on the third Thursday of the month at Noon at the main office at 222 East Jackson Street in Mexico, MO. The Board will be provided with a copy of the grievance and a summary of the previous decisions and/or efforts at resolution. The Board shall listen to the complaint/grievance and conduct investigations and other actions necessary to obtain information needed in providing a response within a time reasonable under all the circumstances surrounding the complaint/grievance.
 - D) **Hannibal Satellite Office:** If still not satisfied, the grievance may be shared with the office of the Director of the Hannibal Satellite Office by calling 573-248-2400. If more help or advice is needed, the Missouri Protection and Advocacy office may be contacted at 573-893-3333. If the person being served needs help with any of these steps, the ADDS Targeted Case Management staff can assist with this process.
 - E) **Legal representation:** Persons served have the right to obtain legal representation through this process at their discretion and cost. During the Complaint/Grievance process the person being served and guardian maintains all rights and responsibilities as detailed in [*Knowing Your Rights*](#), a guide published by the Missouri Department of Mental Health Division of Developmental Disabilities. This guide is in all ADDS Program locations and is provided to persons served and/or their guardians when initiating

services. It is the policy of ADDS that complaints or grievances by a person served or guardian will not result in retaliation or barriers to service.

AGENCY POLICIES

Grievance Policy

1. Individuals served can talk to staff any time they are unhappy with staff, or the services provided and ADDS will attempt to resolve the issue. ADDS will help the participant contact their guardian or their case manager if needed. If the issues have not been resolved, participants or guardians can file a verbal or written grievance, which is a formal way of telling ADDS that you are unhappy about something and asking for someone to help you with it. *(See graphic below for Grievance Reporting Flowchart for ADDS).*
2. ADDS will have the Division's complaint process and anonymous complaint information available for all participants and guardians. This information will be given to individuals served and/or their guardians during intake and annually at their PCSP meeting.
3. Staff will receive training to ensure they understand the importance of participants understanding their rights, grievance process and how to file an anonymous complaint.
4. Staff will receive training to ensure participants are coercion and restraint free.
5. Legal representation: individuals served and/or guardians have the right to obtain legal representation through this process at their discretion and cost. During the Complaint/Grievance process the individual served and guardian maintained all rights and responsibilities as detailed in ***Knowing Your Rights***, a guide published by the Missouri Department of Mental Health Division of Developmental Disabilities. This guide is located in all ADDS Program locations and is provided to individuals served and/or their guardians when initiating services and annually following the initial review. It is the policy of ADDS that complaints or grievances by an individual served or guardian will not result in retaliation or barriers to service.
6. If a person served has complaints of abuse, neglect or violation or limitation of rights, the individual, the individual's parents, guardian, or authorized representative may contact the:
 - ❖ Adult Abuse and Neglect Hotline at 1-800-392-0210
 - ❖ Hannibal Satellite Office (HSO) at 573-248-2400
 - ❖ Department of Mental Health's Client Rights Monitor at 1-800-364-9687
 - ❖ Children's Division at 1-800-392-3738

Anyone can also complete a report online at:

Online Reporting: <https://moapss.health.mo.gov/>

You may make reports online 24/7; however, it is only being monitored by intake staff during the Hotline hours of operation, from 7 a.m. to 8 p.m., 365 days per year.

ADDS GRIEVANCE PROCEDURE FLOWCHART

STEP 1

ADDS PROGRAM COORDINATOR

Program Coordinator will receive and review the complaint and complete a Grievance Form.

Program Coordinator will attempt to resolve the grievance immediately or within 14 business days.

STEP 2

ADDS EXECUTIVE DIRECTOR

Executive Director will receive and review the complaint and gather and review evidence.

Executive Director will attempt to resolve the grievance immediately or within 7 business days.

STEP 3

ADDS BOARD OF DIRECTORS

You may request to be placed on the next Board Meeting Agenda.

The ADDS Board typically meets every 3rd Thursday of the month.

The Board will investigate the grievance and make a decision in a timely manner.

STEP 4

HANNIBAL REGIONAL OFFICE

At anytime in the process, you can contact the Hannibal Regional Office at 573-248-2400.

You may also contact the Missouri Protection and Advocacy Office at 573-893-3333.

The ADDS Target Case Management (TCM) staff if available to assist with this process.

Individuals served and their guardians retain the right to seek legal representation at their own expense and discretion.

Research

1. ADDS maintains compliance with state and federal regulation Section 630.192 RSMo.
2. Individuals served by ADDS have the right to participate or decline participation in any study or experiment.
3. Individuals participating in a research program must have documentation of informed consent and that consent incorporated into the current Person-Centered Support Plan (PCSP).

Abuse, Neglect, and Abuse of Funds

1. ADDS has policies and procedures that enhance and protect the human, civil and statutory rights of all persons served. ADDS also has policies and procedures for providing positive support to persons served. These policies and procedures are consistent with the enhancement and protection of human rights. ADDS shall report abuse and neglect as mandated by law. Any violation of rights shall constitute, at a minimum, inadequate care, and treatment.
2. When incidents of abuse and/or neglect are suspected, they will be immediately reported to the Program Coordinator. The Program Coordinator will immediately notify the Executive Director. Within 24 hours of receiving the report, the Executive Director will notify the Hannibal Satellite Office. The Hannibal Satellite Office will initiate and complete an investigation of the reported allegations. Abuse and neglect charges are classified as follows:
 - A) **Physical Abuse:** Purposely beating, striking, wounding, or injuring any person receiving services. In any manner whatsoever, mistreating or maltreatment of a person receiving services in a brutal or inhumane manner. Physical abuse includes handling a person receiving services with any more force than is reasonable or apparently necessary for proper control, treatment, or management of a person receiving services. Substantiated physical abuse results in the consideration of and possible termination of the employee(s).
 - B) **Sexual Abuse:** Sexual Abuse is any touching, directly or through clothing, of the anus, genitals, breasts, or other area of the body of a person receiving services, for sexual purposes and/or self-gratifying purposes. Sexual purposes mean for the arousing or gratifying of anyone's sexual or self-gratifying desires. This includes the employee touching a person receiving services or the employee causing the person receiving services to touch the employee. It includes aiding and abetting sexual abuse between the person receiving services, or failure to stop or prevent inappropriate sexual activity or performance between persons receiving services. Substantiated physical abuse results in the consideration of and termination of the employee(s).

- C) **Misuse of Funds/Property:** The misappropriation or conversion for any purpose of the funds of a person receiving services or their property by an employee or employees with or without the consent of the consumer or the purchase of property or services from a person receiving services in which the purchase price substantially varies from the market value. Substantiated misuse of funds/property results in the consideration of and possible termination of the employee(s).
- D) **Verbal Abuse:** An employee making a threat of physical violence to a person receiving services, when such threats are made directly to that person or about a person receiving services in the presence of another person receiving services. Referring to a person receiving services in the person's presence with profanity or in a demeaning, undignified, or derogatory manner. Substantiated verbal abuse results in the consideration of and possible termination of the employee(s).
- E) **Neglect:** Failure of an employee to provide reasonable or necessary services to maintain the physical and mental health of any person receiving services when that failure presents either imminent danger to the health, safety, or welfare of a person receiving services or a substantial probability that death or serious physical injury would result. This would include, but is not limited to, failure to provide adequate supervision during an event in which one person receiving services causes serious injury to another person receiving services. Substantiated neglect results in the consideration of and possible termination of the employee(s).
3. Training: ADDS provides training in Abuse, Neglect and Misuse of Funds/Property for newly hired employees, annually after hire, and more often as needed. This training will be documented in the employees' personnel records.
4. Mandated Reporting of Abuse: ADDS strictly prohibits abuse, neglect, and misuse of funds/property. It is the policy of ADDS to report to the Department of Mental Health any occurrence of abuse/neglect as defined in CSR 10-5.200. All ADDS personnel are mandated reporters trained in recognizing abuse, neglect and misuse of funds/property and will report immediately any alleged or suspected abuse of a resident. Failure to do so may result in disciplinary action, criminal prosecution, or both. It is the policy of ADDS that reports of abuse by a staff member, individual served, and/or guardian will not result in retaliation or barriers to service and will receive positive feedback for expressing concerns.
5. If a staff member, individual served, and/or guardian has complaints of abuse, neglect or violation or limitation of rights, the individual, the individual's parents, guardian, or authorized representative may contact:
- ❖ Adult Abuse and Neglect Hotline at 1-800-392-0210
 - ❖ Hannibal Satellite Office (HSO) at 573-248-2400
 - ❖ Department of Mental Health's Client Rights Monitor at 1-800-364-9687
 - ❖ Children's Division at 1-800-392-3738

Anyone can also complete a report online at:

Online Reporting: <https://moapss.health.mo.gov/>

You may make reports online 24/7; however, it is only being monitored by intake staff during the Hotline hours of operation, from 7 a.m. to 8 p.m., 365 days per year.

6. Full Cooperation: The agency head and all other personnel will fully cooperate with the Department of Mental Health, Division of Family Services, Department of Health and Senior Services, law enforcement officers or any other agency authorized to investigate a complaint. The Executive Director or other designated agency official shall forward the complaint to the Division of Family Services (DFS) if the alleged victim is under the age of 18 or to the Department of Health and Senior Services if the alleged victim is over 18 and the incident occurred within the natural home, or an entity contracted with the Division of Senior Services.

CSR 10-5.200: CSR 10-5.200 defines neglect, misuse of a consumer's funds/property, physical abuse, sexual abuse, and verbal abuse. The agency head shall immediately report to local law enforcement officials any alleged or suspected sexual abuse, abuse or neglect which results in physical injury, or abuse, neglect or misuse of funds/property which may result in a criminal charge.

Restrictions and Modifications

Persons served by ADDS shall be in control of their daily lives. No persons served will have their rights restricted by ADDS management except if detailed in their PCSP or BSP and approved by the planning team. Any modification or restriction of a “right” must meet the following requirements, be reviewed by the Due Process Committee, and be documented in the PCSP of the person served.

Justification -purpose & rationale:

1. Describe the restriction
2. Document less intrusive methods of meeting the need that have been tried but did not work.
3. Identify a specific and individualized assessed need.
4. Explain the reason the limitation or restriction is being put in place.
5. Explain if the restrictions or limitations are necessary to keep the person safe or others safe.
6. Describe any historical pattern or significant situation which has occurred that would justify a limitation or restriction.
7. If the plan is being referred for annual review, there must be documentation noting the progress or lack of progress from the past year of implementation (i.e., summary of monthly reviews, quarterly reviews, behavioral data results, evaluations about the effectiveness of medications/interventions)
8. Conditions -under which the restriction is applied Explain where the restriction or limitation will be imposed (i.e., only at home, in the community, day program, in kitchen, etc.).
9. Include a clear description of the condition that is directly proportionate to the specific assessed need.
10. Explain when the restriction will be imposed (i.e., always, in morning, after/before a specific event or situation, if family present, only when....). Teaching or Support Strategies.
11. Outcomes/Strategies that are being taught to help an individual develop skills in order to overcome the need for this restrictive support.
12. Document the positive interventions and support used prior to any modifications to the person-centered service plan.
13. Provide evidence that this type of intervention/teaching has worked in the past and information on why this is the method by which the person learns best.

14. If there are restrictive supports that are required to keep the person or others safe and teaching strategies have not been identified, then the supports need to be identified in the PCSP and the efforts that are being explored to support the person in the least restrictive way.
15. For teaching and support strategies, document who is responsible for the training of the strategies. Monitoring methods.
16. Include an assurance that interventions and supports will cause no harm to the individual.
17. Include a regular collection and review of data to measure the ongoing effectiveness of the modification.

Information on data collection methods should include:

1. Who is documenting?
2. Where is data kept (i.e., daily progress notes, outcome data sheets, MAR, etc.)?
3. What is the frequency of documentation (i.e., daily, weekly, monthly, etc.)?
4. How often is the data reviewed by the team?

Criteria for restoration

1. Describe what it will take for the restriction to be lifted / how the individual and team will know when the restrictive support is no longer needed or could be reduced in intensity/frequency.
2. The criterion needs to be in specific observable and measurable terms (i.e., individual has had three consecutive months of no attempts to elope, chimes will be removed from the exterior door) Review schedule
3. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
4. State how often the team will submit the plan to the Due Process Committee for review (minimum is annually) Notice of right to due process.
5. Include informed consent of the individual.
6. Document that the individual and the guardian are aware of the restrictions, were part of the planning process to develop interventions, know they have a right to due process, and have information on what to do if they do not agree with the restrictions or interventions. Individuals are entitled to due process when limitations are imposed. The provider has available for review a signed and dated document that the individual and/or guardian has been involved with the decision to limit his or her rights.

7. Signed authorization page (can either be signed by guardian only or can be signed by guardian and individual)
8. External advocate and right to participate in the process as desired. If rights have been limited, there is documentation that the individual was supported in securing information about possible external advocates. There is documentation that a Due Process Committee reviewed a limitation or restriction. Individuals are involved in any process to limit their rights and are assisted through external advocacy efforts.

ADDs staff will be provided with information to assist in their understanding and ability to offer support of persons served with restrictions, modifications, and the concept of due process.

Restrictive Interventions

Behavior Support Plan: Best practice behavior strategies, services lead to greater independence and enhanced quality of life.

ADDs does not use mechanical, physical, or chemical restraints or seclusion time-out.

See Positive Behavior Supports Policy

See Crisis Prevention Intervention (CPI) Policy

Behavioral Crisis or Behavioral Support/Management

Audrain Developmental Disability Services adopts the following rules, procedures and terminology for providers under contract with the Department of Mental Health to support individuals with intellectual and developmental disabilities and assure the rights of individuals to receive best practice behavior strategies that lead to greater independence and enhanced quality of life.

Right of Individuals and Assurances (See Rights Policy; Restrictive Intervention Policy)

1. No individual shall experience restrictive supports/interventions without due process. Restrictive supports/interventions include but are not limited to any limitation of access to:
 - A) Communication with others;
 - B) Leisure activities;
 - C) The individual's own money or personal property;
 - D) Goods or services per typical routines;
 - E) Access to parts of the home or the community; and
 - F) Privacy or independence via any direct observation and procedures such as continuous one-to-one staffing during times or places which would otherwise be considered private.

2. In addition to those rights described in and assured by federal and state law and 9 CSR 45-3.030, Section 630.110 RSMo, and 42 CFR 441.301(c)(1), all individuals served by the division have the right to be treated with dignity and respect, to receive services in the least restrictive environment, and to be assured freedom from coercion and aversive stimuli.
3. All individuals served by the division have strategies that may prevent problem situations and challenging behaviors included in their PCSP's. Preventive strategies shall meet the following conditions:
 - A) If there is a Behavior Support Plan (BSP), preventive strategies must be included.
4. Preventive strategies may be developed by non-licensed team members if the behavior of concern meets the following conditions:
 - A) The behavior has not caused significant injury or danger to self, others, or property; and
 - B) The behavior has not restricted the individual's access to the community, and if the support strategies involved typically may be considered public domain by promoting a more positive environment, enriching the individual's daily routine, and teaching more functional skills, but are not solely the practice of applied behavior analysis.
5. Individuals who are receiving paid supports who have experienced or are considered by the person-centered planning team as likely to experience emergency interventions shall:
 - A) Have qualified personnel supporting them who have been competency trained in an emergency intervention system, who maintain current certification in the system; and
 - B) Have a safety assessment and a current safety crisis plan with all support providers.
6. Service Delivery
 - A) Individuals have the right to receive appropriate supports and services in accordance with their PCSP and in accordance with 9 CSR 45-2.017.
 - B) Individuals are integrated in and have access to the greater community in accordance with 42 CFR 441.301. The division ensures that services provided are of good quality and comparable to those provided to persons in the community without disabilities.
 - C) Providers comply with the terms and conditions of the home and community-based (HBCS) waivers approved by the Centers for Medicare and Medicaid Services and operated by the division and the MO HealthNet DD Waiver Provider Manual.

7. Contracted providers shall monitor and implement positive proactive strategies to reduce the likelihood that an individual will require reactive strategies or restrictive interventions. Providers shall develop processes to review the problem situations when the reactive strategy threshold is reached.
8. Individuals reaching the reactive strategy threshold trigger the planning team's extensive review and analysis of the problem situations. The planning team should:
 - A) Convene within five (5) business days to complete the review and any restrictions of the supports, environment, training for staff, medications or other issues that might affect the individual;
 - B) Identify triggers, preventative strategies, and barriers to using the least restrictive strategies;
 - C) Consider the need for a functional behavior assessment, and development of a formal BSP or revision of an existing BSP; and
 - D) Develop new or revised proactive strategies and strategies to prevent situations that are likely to result in use of reactive strategies.
9. Any individual meeting the reactive strategy threshold for three (3) consecutive quarters should be referred to the Regional Behavior Support Review Committee for consultation. If an individual meets the reactive strategy threshold of five (5) or more in a one (1) month period, the planning team should request the support coordinator submit a request for behavioral services.
10. Restrictive Interventions other than approved physical crisis management procedures shall not be used as an emergency or crisis intervention. ***ADDs does not use mechanical, physical, or chemical restraints or seclusion time-out.*** (See Restrictive Intervention Policy; See Crisis Prevention Intervention (CPI) Policy)
 - A) Use of restrictive procedures that meet the definition of reportable events must be reported in accordance with 9 CSR 10-5.206.
 - B) Restrictive interventions are utilized only as alternatives to more restrictive placements and only as a means to maintain safety and allow the teaching of alternative skills that the individual can utilize to more successfully live in the community.
11. The PCSP must include justification for any restrictions. The following requirements must be documented in the PCSP:
 - A) Identification of a specific and individualized assessed need;
 - B) Documentation that the positive interventions and supports used prior to any modifications to the PCSP;

- C) Documentation that less intrusive interventions were tried but were not successful;
- D) Regular collection and review of data to measure the ongoing effectiveness of the intervention;
- E) Established time limits for periodic reviews to determine if the intervention is still necessary or can be terminated;
- F) Informed consent of the individual or their legal guardian; and
- G) Assurances that interventions and supports will cause no harm to the individual as described in 42 CFR 441.301(c)(2) (xiii).

12. Prohibited Procedures: The following interventions are prohibited by the division and are considered at high risk for causing harm. ***ADDs does not use mechanical, physical, or chemical restraints or seclusion time-out.*** (See Restrictive Intervention Policy; See Crisis Prevention Intervention (CPI) Policy):

- A) Any technique that interferes with breathing or any strategy in which a pillow, blanket, or other item is used to cover the individual's face;
- B) Prone restraints (on stomach); restraints positioning the individual on their back supine; or restraints against a wall or object;
- C) Restraints which involve staff lying/sitting on top of an individual;
- D) Restraints that use the hyperextension of joints;
- E) Any technique or modification of a technique which has not been approved by the division, and/or for which the person implementing the technique has not received division-approved training;
- F) Mechanical restraints;
- G) Any strategy that may exacerbate a known medical or physical condition, or endanger the Individual's life, or is otherwise contraindicated for the individual by medical or professional evaluation;
- H) Use of any reactive strategy or restrictive intervention on a PRN basis;
- I) Standing orders for use of restraint procedures not part of a comprehensive safety crisis plan that delineates prevention, de-escalation, and least restrictive procedures to attempt prior to use of restraint;
- J) Any procedure used as punishment, for staff convenience, or as a substitute for engagement, active treatment, or behavior support services;

- K) Use of law enforcement or emergency departments cannot be incorporated into PCSP's or BSPs as PRN; procedures or as contingencies to eliminate or reduce problem behaviors;
- L) Reactive strategy techniques administered by other individuals who are being supported by the agency;
- M) Corporal punishment or use of aversive conditioning- Applying painful stimuli as a penalty for certain behavior, or as a behavior modification technique;
- N) Overcorrection Strategies- Requiring the performance of repetitive behavior as a consequence of undesirable behavior designed to produce a reduction of the frequency of the behavior;
- O) Placing persons in enclosed cribs or barred enclosures other than cribs; and
- P) Any treatment, procedure, technique, or process prohibited by federal or state statute.

13. Procedures that may be conditionally approved in writing by the division. ***ADDS does not use mechanical, physical, or chemical restraints or seclusion time-out.*** (See Restrictive Intervention Policy; See Crisis Prevention Intervention (CPI) Policy):

- A) Any modification to a physical crisis management technique or any non-nationally recognized physical crisis management system;
- B) Seclusion time-out placement of a person alone in a secured room or area which the person cannot leave at will shall only be utilized as part of an approved BSP. The use of seclusion time-out requires ongoing services from a licensed behavioral service provider and prior review and approval by the RBSC; and
- C) Use of physical crisis management procedures when part of a comprehensive safety crisis plan that delineates prevention, de-escalation, and least restrictive procedures to attempt prior to use of restraint.

14. BSPs are developed by a licensed behavioral service provider in collaboration with the Individual's support system. The techniques included in the plan are based on a functional assessment of the target behaviors. The techniques meet the requirements for the practice of applied behavior analysis under sections 337.300 through 337.345, RSMo. The BSP includes the following information:

- A) Alternative behaviors for reduction and replacement of target behaviors, defined in observable and measurable terms. They are specifically related to the individual and relevant environmental variables based on FBA;
- B) Goals and objectives for acquisition of appropriate alternative behaviors;

- C) Interventions aligned with positive functional relationships described in FBA including strategies to address establishing operations, contextual factors, antecedent stimuli, contributing and controlling consequences, and physiological and medical variables;
- D) Data collected must include antecedents/triggers, description of events, duration, consequence/ result, and effects of interventions;
- E) Description of specific data collection methods for target behaviors to assess the effectiveness of the strategies and data collection methods to assess the fidelity of implementation strategies;
- F) Data displayed in graphic format in the monthly progress reports, with indications for the environmental conditions and changes relevant to target behaviors;
- G) Proactive strategies to prevent challenging behaviors, improve quality of life, promote desirable behaviors, and teach skills, that are specifically described for consistent implementation by family and/or staff;
- H) Specific strategies with detailed instructions for reinforcement of desirable target behaviors;
- I) Specific strategies to generalize and maintain the desired effects of the BSP, including strategies for fading contrived contingencies to natural contingencies to support system changes and maintain these strategies after BSP is faded;
- J) A safety crisis plan if it is necessary to have strategies to intervene with at risk behaviors to maintain safety;
- K) Target behavior(s) related to the symptoms for which psychotropic medications were prescribed and when they should be administered and the process for communicating data with the prescribing physician;
- L) Description of less restrictive methods attempted in the past, their effectiveness, and
- M) rationale that proposed BSP strategies are the least restrictive and most likely to be effective as demonstrated by research or history of individual;
- N) The method of performance-based training to competency for caregivers and staff providing oversight;
- O) The qualified behavioral service provider reviews data at least monthly; and

- P) Description of how the plan will be communicated to all supports and services including the frequency with which the PCSP team will receive updates.

15. A safety crisis plan is developed by the support team after the first use of any reactive strategy or when the personal history of the individual indicates there is a likelihood that reactive strategies may be needed in the future, or where the individual's support team plans to use reactive strategies. **ADDs does not use mechanical, physical, or chemical restraints or seclusion time-out.** (See Restrictive Intervention Policy; See Crisis Prevention Intervention (CPI) Policy):

- A) If reactive strategies are considered likely and necessary, the team should be proactive and consider the need for more specialized support strategies in the PCSP and services such as Person-Centered Strategies Consultant or Behavior Analysis Services (see Medicaid Waiver service definitions).
- B) Procedures identified are least restrictive and within safety parameters of the safety assessment. These are used as a last resort after implementation of proactive, positive approaches;
- C) The plan includes the informed consent of the person, their parent, or guardian;
- D) The safety crisis plan is a part of the PCSP; and
- E) Safety crisis plans are part of any BSP.

16. Less restrictive crisis management procedures, including de-escalation techniques and environmental management, should be attempted prior to use of any type of restraint. **ADDs does not use mechanical, physical, or chemical restraints or seclusion time-out.** (See Restrictive Intervention Policy; See Crisis Prevention Intervention (CPI) Policy).

- A) Any improper or unauthorized use of physical restraints or excessive application of force may be considered abuse and may prompt an investigation.
- B) Blocking is not considered a physical restraint procedure if used as defined in this rule.

17. The division provides oversight for services provided to individuals with significantly challenging behaviors through RBSCs. The division establishes at least two (2) RBSCs. Additional RBSCs may be established depending upon need and staff capacity.

- A) Members of the RBSC are appointed by the division director or designee.
- B) The RBSC consists of three (3) to five (5) members including:
 - i. A chairperson who is a licensed behavior analysis employed by the division;

- ii. A member or members of the provider community licensed to practice applied behavior analysis or who provided behavior therapy under contract with DMH prior to January 2012 or who are working towards Board Certified Behavior Analyst (BCBA) or Board-Certified Assistant Behavior Analyst (BCaBA) certification under the supervision of a licensed behavior analysis; and
 - iv. A medical consultant or other professionals as indicated by the information under review or requested by the chairperson.
- C) The RBSC meets at least once every three (3) months and may meet as often as needed to fulfill responsibilities.
- D) The purpose of RBSCs is to promote the implementation of best practice strategies that lead to greater independence and enhanced quality of life for individuals experiencing challenging behaviors. RBSCs ensure the following:
- i. That waiver assurances are met;
 - ii. That best practice behavioral services are followed;
 - iii. That ethical guidelines are followed;
 - iv. That behavioral strategies are least restrictive; and
 - v. The implementation strategies documented in the PCSP's and BSPs support progress toward greater independence and enhanced quality of life.
18. The division establishes RBSC review criteria to prioritize the individuals with significantly challenging behaviors and those individuals whose supports include restrictive interventions.
- A) Individuals experiencing significantly challenging behaviors reaching threshold criteria for reactive strategies, or who have been prescribed psychotropic/behavior control medications, or who have PRN psychotropic medication for behavioral support.
- C) A BSP may be reviewed based on a request by the members of the PCSP, including but not limited to the parent/guardian, support coordinator, or Regional Director (or designee) to provide technical assistance.
- E) The Regional Director and the RBSC prioritize reviews to ensure appropriate representation based upon issues that represent regional challenges to meet identified objectives.
- G) The RBSC shall respond to requests for review within thirty (30) calendar days of receipt of the request.

- I) The support coordinator and provider of BSPs and PCSP's reviewed by the RBSC will receive written summary of the RBSC's recommendations within five (5) working days of the RBSC's review of the BSPs or PCSP's.

19. If use of prohibited or unauthorized procedures is discovered, the following occurs:

- A) Regional Director is notified of the use of prohibited procedures, the agency involved, persons for whom the procedures were utilized, and reasons for use;
- B) Regional Director directs regional staff and Area Behavior Analyst to conduct a focused review of the agency;
- C) If the focused review confirms that prohibited or unauthorized procedures were used, the Regional Director will be informed and notify the provider and support coordinator;
- D) Area Behavior Analyst works with planning teams to determine appropriateness of strategies and need for additional services to assist the provider to address the situations positively, proactively, and preventatively;
- E) Area Behavior Analyst refers supports of individuals, for whom the prohibited practices have been used, to the RBSC; and
- F) Follow up reviews of the provider will occur to ensure that appropriate procedures and supports are utilized and prohibited practices have been discontinued for a duration determined by the Chief Behavior Analyst.

Policy: Seclusions and restraints are not used in Audrain Developmental Disability Services (ADDS) programs. Seclusion and restraint are prohibited in the State of Missouri under Department of Mental Health guidelines unless there is an unusual and extreme situation.

- 1. Non-violent Intervention: ADDS direct-care employees all receive training in Non-violent Crisis Preventive Intervention (CPI) within 90 days of their hire, and annual renewals are required as well.
- 2. Staffing patterns will include an experienced staff member on all shifts until new employees receive CPI training.
- 3. The Non-violent Crisis Preventive Intervention (CPI) program is a safe, non-harmful behavior management system designed to help human service providers to provide the best possible "care, welfare, safety and security" of disruptive, assaultive, and out of control individuals even during their most violent moments.

4. ADDS staff are required to receive this training annually utilizing up-to-date training materials from the Crisis Prevention Institute, Inc. in Milwaukee, Wisconsin, and a current certified CPI instructor.
5. ADDS staff will be encouraged to attend the Department of Mental Health TOOLS training.
6. In the event of an extreme behavioral crisis or if a person served becomes extremely violent, the primary staff function should be to prevent the person from harming themselves or others.
7. In providing consequences for inappropriate behavior, the staff will not strike, slap, or otherwise physically or verbally abuse individuals served or use another aversive stimulus. Instead, they will use verbal de-escalation skills when interacting and fostering educational training and socialization goals. An individual's rights must be respected.
8. Good judgment and common sense are the essential ingredients needed. If other less drastic methods fail to quell the crisis, it may be necessary to call local law enforcement for assistance.
9. All severe behavioral incidents will be documented on a "Community Event Registry," which is then placed in the individual's master record.
10. The Program Coordinator/Manager, or if absent, facility staff, will notify the Support Coordinator, parent/guardian, and Executive Director with a complete report.
11. Crisis Prevention Intervention: Crisis Prevention Intervention (CPI) shall be applied only in emergency situations or for individuals having PBIS Plans establishing CPI techniques.
12. Full documentation of the incident, including the date, time, and duration, shall be made immediately in the file of the individual served.
13. The Program Coordinator/Manager, Hannibal Satellite Regional Office, Support Coordinator, and Parent/Guardian shall be notified at the earliest possible time.
14. Staff will be certified and receive in-service training in CPI techniques on an annual basis.

Positive Behavior Support (PBIS)

1. Positive Behavior Support: Staff response to behavior problems should emphasize logical and natural consequences for discipline. Whenever possible, the treatment team shall develop a Positive Behavioral Service Plan (PBIS) for controlling inappropriate behavior problems.

2. The PBS Plan is included in the Person-Centered Service Plan (PCSP) and both documents must be signed by the individual or the individual's guardian prior to implementation of the plan. This will constitute informed consent on the part of the person served and/or guardian.
3. Positive Behavior Support plans are a broad approach for problem behaviors that are displayed by people with disabilities. PBS is based on person-centered values and procedures. The PBS Plan is required to be positive and also show respect and dignity to the individual served.
4. PBS intervention is individually based on the understanding of the person and their environment. Many strategies are involved as well as the many people included in the life of the individual served.

PBS plans help with strategies for teaching and increasing skills that are intended to replace problem behaviors before they occur; dealing with problems if or when they do occur; and then monitoring the progress of any problems.

Due Process

Due Process gives the individual or someone who can speak on behalf of the individual a chance to voice their feelings about the rights restriction.

1. A Due Process Committee will include:
 - A) A community member with no financial ties to DMH or the service provider
 - B) A Due Process Facilitator (usually a Division Quality Enhancement staff member)
 - C) A Due Process Committee may also include:
 - i. The individual and their family or guardian
 - ii. Provider staff
 - iii. DMH DD staff
 - iv. A self-advocate who receives services from the Division.
 - v. Needed experts (Registered Nurse, Behavior Analyst, etc.)
2. A referral to a Due Process Committee may be made by:
 - A) Individuals receiving services
 - B) Family members and/or guardians
 - C) Other review committees
 - D) Interdisciplinary teams
 - E) Providers
 - F) DMH/DD Staff
 - G) The general public

3. Common rights limitations include:

- A) Access to community
- B) Access to media
- C) Access to possessions
- D) Communication limitations
- E) Relationship limitations
- F) Access to money
- G) Level of Supervision
- H) Access to food

4. Important Elements of Due Process

- A) A rights restriction should only be put in place after all other least restrictive options have been tried.
- B) The restriction should only be put in place if it will improve the individual's quality of life.
- C) The individual must be informed of the rights restriction.
- D) The individual must be given the chance to voice their feelings about the restriction.
- E) The individual or guardian consents to the restriction.
- F) The restriction must be time limited.
- G) The individual must have the chance to restore their rights.
- H) The restriction must be reviewed by the Due Process Committee.
- I) The restriction must be reviewed at least once a year.

Crisis/Critical Incident Plan

1. All employees receive education annually regarding an alleged current or historical abuse reporting protocol involving an Agency employee or individual served. This includes training in the mandatory reporting process and completion of appropriate critical incident reporting forms with the assistance of the Program Manager or Administrative staff.
2. Any observed abuse of employee or individual served will be reported to the appropriate Program Manager and an Event Management Tracking (EMT) report form will be completed if the victim is an individual served.
3. As applicable, the accused will not be allowed to work alone with access to the alleged victim until a thorough review of the incident is completed – whether that is an internal review, DMH review or police investigation.
4. If necessary, appropriate disciplinary procedures will be completed.
5. If applicable, other employees will be notified.

6. As appropriate, parents/guardians of individuals served will be notified to provide information and to reassure as well as to answer any appropriate questions.
7. All Program Managers may be considered to be on the Critical Incident Team.
8. The Executive Director or his designee will make media statements as needed/required.

Event Reporting

Process for Reporting Events

Events which meet the DD Required Event Report Criteria shall be submitted to HSO. Service providers, other than providers exempt from EMT Direct Entry, will submit event reports via direct entry into the CIMOR EMT system.

1. Mandated Reporting of Abuse: ADDS strictly prohibits abuse, neglect, and misuse of funds/property. It is the policy of ADDS to report to the Department of Mental Health any occurrence of abuse/neglect as defined in CSR 10-5.200. All facility personnel are mandated reporters trained in recognizing abuse, neglect and misuse of funds/property and will report immediately any alleged or suspected abuse of a resident. Failure to do so may result in disciplinary action, criminal prosecution, or both.
2. Full Cooperation: The agency head and all other personnel will fully cooperate with the Department of Mental Health, Division of Family Services, Department of Health and Senior Services, law enforcement officers or any other agency authorized to investigate a complaint. The Executive Director or other designated agency official shall forward the complaint to the Division of Family Services (DFS) if the alleged victim is under the age of 18 or to the Department of Health and Senior Services if the alleged victim is over 18 and the incident occurred within the natural home, or an entity contracted with the Division of Senior Services.

CSR 10-5.200: CSR 10-5.200 defines neglect, misuse of a consumer's funds/property, physical abuse, sexual abuse, and verbal abuse. The agency head shall immediately report to local law enforcement officials any alleged or suspected sexual abuse, abuse or neglect which results in physical injury, or abuse, neglect or misuse of funds/property which may result in a criminal charge.

Timelines For Notification and CIMOR EMT Entry of Events to Division of Developmental Disabilities (DD)

1. ***Emergent: Immediate Notification:*** Death, Abuse/Neglect, Critical:

During DMH business hours: Immediate electronic submission of an event report form can meet the immediate DMH notification requirement for Death, Abuse/Neglect, and Critical. The date the record was electronically transmitted to the regional office will be the DMH notification date.

After DMH business hours/holidays/weekends: Make a verbal report to the regional office on call system. In the Notification Section of the event report form enter the date/time of the verbal report to document DMH immediate notification.

2. ***Non-Emergent: 24-hour Notification:*** All other events not Death, Abuse/Neglect, Critical. Must have an event report form electronically submitted within 24 hours of the time and date the event occurred or was discovered. The time and date the record was electronically transmitted to the regional office will be the DMH notification date.

CIMOR EMT: Community Event Report

1. Injuries:

- A) A full description of the injury will be reported on the EMT Community Event report stating when, where and how the injury occurred, who was involved, including responsible staff, and what steps were taken. This information should also be included in the daily documentation/progress notes in Therap.
- B) The respective manager or supervisor should be notified of the event immediately. The manager or supervisor should contact the respective case manager after being notified.
- C) A separate document should be completed if more than one person was involved.
- D) Written documentation shall be submitted to the case manager within 24 hours, or one business day.
- E) The Executive Director shall be notified, as appropriate of the event, by the Director of Health Services at the earliest possible time.
- F) The Community Event Report will be filed separately from the master record of the person served.

2. Incidents:

- A) Unauthorized absence, suicide threat and attempt, assaultive behavior, medication incident, use of physical restraints, and miscellaneous incidents will be documented as an EMT in CIMOR. This information should also be included in the daily documentation/progress notes section in Therap.
 - B) The above incidents will be reported immediately to the Program Coordinator/Manager, Executive Director, and Support Coordinator.
 - C) Written documentation shall be submitted to the Support Coordinator within 24 hours, or one business day.
 - D) The Executive Director shall be notified, as appropriate, of the event by the Director of Health Services at the earliest possible time.
 - E) The EMT will be filed separately from the master record of the person served.
3. When an event occurs which requires immediate medical treatment, ADDS facility staff will seek the required treatment and then follow the above procedures for Community Event reporting. Photographic Documentation of Injuries: All injuries to individuals receiving services from ADDS which appear to be the result of abuse and/or neglect should be photographed on discovery. If unsure of the need for photographic documentation, the on-site supervisor should be consulted in order to make this determination.
4. Photographic Documentation of Injuries: All injuries to individuals receiving services from ADDS that appear to be the result of abuse and/or neglect should be photographed on discovery. If unsure of the need for photographic documentation, the on-site supervisor and or the Community RN should be consulted for determination.
5. Information regarding the EMT will be included in the daily documentation/progress notes on the shift that the event occurred and by the reporting staff. Program managers are responsible for ensuring that the EMT information has been accurately recorded in the daily documentation/progress notes in Therap.

CONFIDENTIALITY/ HIPAA/ NOTICE OF PRIVACY PRACTICES (NPP)

Ensuring Confidentiality

1. Purpose: In compliance with the Health Insurance Portability and Accountability Act of 1996 (45 CFR Sections 164 et seq.), it is the policy of ADDS to provide procedures for best practices for employees, and clients to utilize in the field when traveling outside the ADDS. These procedures are to protect the privacy of Protected Health Information (Protected Health Information) of consumers in compliance with federal and state laws governing the use and disclosure of such Protected Health Information (PHI).

All ADDS employees will receive training on Confidentiality Policies and Procedures upon hire, annually, and more often as needed. All ADDS employees will sign and date a Confidentiality Acknowledgement form along with the Confidentiality Policies and Procedures.

2. Application: ADDS and workforce

- A) Definitions
- B) Protected Health Information: Unattended
- C) Protected Health Information: Within View
- D) Protected Health Information: Faxing

3. Definitions:

- A) Authorized Persons: those individuals involved in the treatment, payment or health care operations pertaining to the subject of the Protected Health Information.
- B) Designated Record Set: A group of any records under the control of a covered entity from which personal health information is retrieved by the name of the individual or by identifying number.
- C) Individually Identifiable Health Information: Any information, including demographic information, collected from an individual that:
 - i. is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse; and
 - ii. related to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual, and
 - iii. identifies the individual or;
 - iv. with respect to which, there is reasonable basis to believe that the information can be used to identify the individual.
- D) Protected Health Information (PHI): Individually identifiable health information.

E) Vehicle: Any mode of transportation utilized in ADDS' business.

F) Unattended Health Information: Protected Health Information that is unattended shall be secured in a manner to protect such information from persons without authorized access to this Protected Health Information.

4. Vehicles containing any Protected Health Information shall be kept locked while unoccupied. Protected Health Information shall be kept locked in the trunk of the vehicle, when possible. In the event of extreme temperature situations, an electronic device (laptop, personal digital assistant (PDA), etc.) containing Protected Health Information shall be maintained in the temperature-controlled cab in case the vehicle is occupied. In the event of a vehicle accident, any ADDS employee or student who suspects there is Protected Health Information in the vehicle shall make every reasonable attempt to make sure that the Protected Health Information is not accessible to anyone who does not need to have access to it, after assuring the health and safety of any individual(s).
5. Upon an employee or student leaving an area where they have materials containing Protected Health Information- i.e. to use the restroom, the employee or student shall take the materials with them or ensure that the area is protected from viewing by those without authorization by locking the area, or informing ADDS personnel if they are ADDS' records, or using some other reasonable intervention.
6. Electronic devices containing Protected Health Information and other forms of Protected Health Information shall not be left in a hotel room for the day when cleaning service is expected. Upon leaving the hotel, employees or clients shall take these items with them or ensure they are locked in the valuables area at the front desk or locked in a safe in the room if one is available. Should this not be possible, each document that is contained on the laptop shall be password protected on an individual basis.
7. Employees and clients shall travel in the field taking only Protected Health Information necessary to carry out their duties.
8. Any documentation or equipment such as laptops, pagers, briefcases, palm pilots, etc. that may contain Protected Health Information shall be secured from access by those without authorization to the Protected Health Information. This includes all locations including an employee's or student's home. Again, each document that is contained on the laptop shall be password protected on an individual basis.
9. If a designated record set is checked out from ADDS, the medical records policy of ADDS shall be followed. If not ADDS, careful consideration should be used to determine whether checking out any original records containing Protected Health Information is appropriate, and what measures may be used to secure these when unattended.

10. Data contained on all laptops, etc., should be backed up to a disk or to the network, when at all possible, to avoid loss of valuable consumer protected health information.
11. If Protected Health Information in any form is lost or stolen, the ADDS Executive Director (as applicable), or designee, should be notified as soon as practical, not to exceed two (2) business days, in order to initiate the mitigation process.
12. Within View: Protected Health Information that is potentially within view of others, even if ADDS' employee or student is present, shall be protected in a manner that such information is not communicated to persons without authorized access to this Protected Health Information.
13. All Protected Health Information within a vehicle shall be maintained so as to protect from plain view through the windows of the vehicle.
14. Any electronic device containing Protected Health Information shall not have the screen placed in view of others and if left unattended briefly, a screen saver with password shall be employed consistent with the ADDS's security and Office of Information Systems requirements.
15. All documentation containing Protected Health Information shall be maintained out of the view of unauthorized persons.
16. While working with Protected Health Information, the employee or student shall keep the documentation within line of sight or within arm's reach.
17. This documentation shall be viewed in the most private settings available.
18. Only Protected Health Information documentation necessary for the task at hand shall be in view.
19. Briefcases containing Protected Health Information shall remain closed when not in use.
20. When having Protected Health Information material copied, the employee or student shall ensure that this material is only viewed by authorized persons.
21. When the employee or student is finished with reviewing home records containing Protected Health Information, the records shall be returned to home personnel and secured prior to the field employee or student departing, or in the case of an ongoing audit or investigation, etc., at the time of completion.
22. Faxing: Employees and clients shall send and receive faxed materials containing Protected Health Information to and from ADDS' locations only unless such locations are not readily available and timely transmission of records is necessary for safety needs. If in non-ADDS locations:

- A) When sending or receiving a fax containing Protected Health Information, the employee or student shall ensure only those authorized to view have access to the material during the process of transmission.
 - B) The fax cover sheet shall not contain Protected Health Information.
 - C) Upon sending or receiving material containing Protected Health Information, the employee or student or designee shall call the location to verify with the sender or the receiver that the transaction was successful.
 - D) The employee or student shall be waiting to receive the fax at the fax machine when the transmission is expected if the material could be accessed by those without authorization to view the Protected Health Information.
23. Field-based employees/clients will utilize appropriate discretion in the use of ID badges when providing treatment in public areas, in accord with the policies of the site.
24. Protected Health Information that is verbally transmitted to others shall be protected in a manner that such information is not communicated to persons without authorized access to this Protected Health Information.
- A) Conversations where Protected Health Information is discussed shall occur in the most private settings. There shall be as much distance as possible between any individuals without authorized access to the Protected Health Information.
 - B) Conversations where Protected Health Information is discussed shall occur with the employee or student using a volume level which cannot be overheard by those without authorized access to the Protected Health Information. This includes telephone conversations. If there is no way to prevent being overheard, a specific code shall be used to identify an individual such as chart number, or patient initials.
 - C) The employee or student shall make every effort to keep the volume level of all participants low enough to not be overheard.
 - D) Conversations shall involve using only the first name of an individual whenever possible.
25. Protected Health Information that may be shared with others in the course of an employee carrying out duties shall be protected in a manner that such information is not communicated to persons without authorized access to this Protected Health Information.
26. Deaf and linguistic interpreters shall be used by field staff in accordance with guidelines established by the ADDS' Office of Disability Support Services. When the use of an interpreter is required, field staff and clients shall contact the Office of Disability Support Services for guidance; however, in the absence of verified interpreter certification or licensure, the following minimal requirements shall be ensured:

- A) The interpreter shall not be an immediate family member or close family friend of the subject of the Protected Health Information, unless the subject of the Protected Health Information consents.
- B) The interpreter shall not use or disclose any Protected Health Information obtained as a result of providing interpretation services. If at all possible, the interpreter shall sign a confidentiality agreement as set forth in these procedures.
- C) When using sign language interpreters where Protected Health Information may be transmitted, the most private setting available out of view of others shall be used.

Business Associates

- 1. Purpose: It is the policy of ADDS to obtain satisfactory assurances from business associates who will use the information only for the purpose for which it was engaged by ADDS, will safeguard the information from misuse and will help ADDS comply with its duties under HIPAA to help carry out its health care functions. 45 CFR 502(e), 504(e).
- 2. Application: ADDS
 - A) Definitions
 - B) General Provisions
 - C) Business Contracts
- 3. Definitions:
 - A) Person served: Any individual who has received or is receiving services from ADDS.
 - B) Protected Health Information: Individually identifiable health information as defined at HIPAA Procedure.
 - C) Business Associate: A person or entity who performs functions or activities that involve the use or disclosure of Protected Health Information on behalf of, or provide services to, ADDS, including claims processing or administration, data analysis, processing or administrative utilization review, quality assurance, billing, benefit management, practice management, and other services involving disclosure of Protected Health Information. A member of the ADDS workforce is not a business associate.
- 4. General Provisions:
 - A) HIPAA requires that ADDS obtain satisfactory assurances from its business associates that the business associate will appropriately safeguard the Protected Health Information it receives or creates on behalf

of the covered entity. The satisfactory assurances must be in writing, whether in the form of a contract or other agreement between the covered entity and the business associate.

- B) Business associate functions and activities include Claims processing or administration; data analysis, processing, or administration; utilization review; quality assurance; billing; benefit management; practice management; and repricing.
- C) Business associate services are: Legal; actuarial; accounting; consulting; data aggregation; management; administrative; accreditation; and financial.

5. Examples of Business Associates:

- A) A third-party administrator that assists a health plan with claims processing.
- B) A CPA firm whose accounting services to a health care provider involves access to protected health information.
- C) An attorney whose legal services to a health plan involve access to protected health information.
- D) A consultant that performs utilization reviews for a hospital.
- E) A health care clearinghouse that translates a claim from a non-standard format into a standard transaction on behalf of a health care provider and forwards the processed transaction to a payer.
- F) An independent medical transcriptionist that provides transcription services to a physician.
- G) A pharmacy benefits manager that manages a health plan's pharmacist network.

6. Business Associate Contracts:

- A) ADDS contract or other written arrangement with its business associate must contain the elements specified at 45 CFR 164.504(e). For example, the contract must:
 - i. Describe the permitted and required uses of protected health information by the business associate;
 - ii. Provide that the business associate will not use or further disclose the protected health information other than as permitted or required by the contract or as required by law; and
 - iii. Require the business associate to use appropriate safeguards to prevent the use or disclosure of the protected health information other than as provided for by the contract.

Where a covered entity knows of a material breach or violation by the business associate of the contract or agreement, the covered entity is required to take reasonable steps to cure the breach or end the violation, and if such steps are unsuccessful, to terminate the contract or arrangement. If termination of the contract or agreement is not feasible, a covered entity is required to report the problem to the Department of Health and Human Services (DHHS) Office for Civil Rights (OCR).

7. Sample business associate contract language is available as HIPPA Procedure 1.160.
8. Transition Provisions for Existing Contracts: ADDS when having an existing contract (or other written agreement) with a business associate prior to October 12, 2002, is permitted to continue to operate under that contract for up to one additional year beyond the April 14, 2003, compliance date, provided that the contract is not renewed or modified prior to April 14, 2003. This transition period applied only to written contracts or other written arrangements. Covered entities with contracts that qualify are permitted to continue to operate under those contracts with their business associates until April 14, 2004, or until the contract is renewed or modified, whichever is sooner, regardless of whether the contract meets the Rule's applicable contract requirements at 45 CFR 164.502(e) and 164.504(e). A covered entity must otherwise comply with HIPAA, such as making only permissible disclosures to the business associate and permitting individuals to exercise their rights under HIPAA.
9. Exceptions to the Business Associate Standard: In these situations, ADDS is not required to have a business associate contract or other written agreement in place before protected health information may be disclosed to the person or entity:
 - A) Disclosures by a Home to a health care provider for treatment of the individual.
 - B) Disclosures to a health plan sponsor, such as an employer, by a group health plan, provided that the group health plan's documents have been amended to limit the disclosures or one of the exceptions at 45 CFR 164.504(f) have been met.
 - C) The collection and sharing of protected health information by a health plan that is a public benefits program, such as Medicare, and another agency to determine eligibility or enrollment.
 - D) Other Situations in Which a Business Associate Contract Is NOT Required:
 - i. When a health care provider discloses protected health information to a health plan for payment purposes. A Home that submits a claim to a health plan and a health plan that assesses and pays the claim are each acting on its own behalf as a covered entity, and not as the "business associate" of the other.

- ii. With persons or organizations (e.g., janitorial service or electrician) whose functions or services do not involve the use or disclosure of protected health information, and where any access to protected health information by such persons would be incidental, if at all.
- iii. With a person or organization that acts merely as a conduit for protected health information, for example, the U.S. Postal Service, certain private couriers, and their electronic equivalents.
- iv. Among covered entities who participate in an Organized Health Care Arrangement (OHCA) to make disclosures that relate to the joint health care activities of the OHCA.
- v. Where a group health plan purchases insurance from a health insurance issuer or HMO.
- vi. Where one covered entity purchases a health plan product or other insurance, for example, reinsurance, from an insurer.
- vii. To disclose protected health information to a researcher for research purposes, either with patient authorization, pursuant to a waiver under 45 CFR 164.512(I), or as a limited data set pursuant to 45 CFR 164.514(e). See HIPAA Procedure 1.055.
- viii. When a financial institution processes consumer-conducted financial transactions by debit, credit, or other payment card, clears checks, initiates, or processes electronic funds transfers, or conducts any other activity that directly facilitates or effects the transfer of funds for payment for health care or health plan premiums.

HIPAA Policy Overview

1. The purpose of this policy is to describe mandatory training as required by the Health Insurance Portability and Accountability Act (HIPPA).
2. All employees of ADDS shall attend training on the privacy and security provisions of HIPPA.
3. HIPPA training curriculum must remain consistent agency-wide to assure appropriate implementation of the HIPPA Privacy and Security regulations. To maintain that important consistency, no local customization at a facility level shall be permitted. Any variation in content may be subject to the sanctions provision.
 - A) Mandatory privacy training shall be scheduled whenever there is a material change in ADDS' privacy policies or procedures as determined by ADDS management and Security Officer.
 - B) Periodic mandatory security training shall be scheduled as determined by the Security Officer.

- C) All ADDS employees will receive training on HIPAA Policies and Procedures upon hire, annually, and more often as needed. All ADDS employees will sign and date a HIPAA Acknowledgement form along with the HIPAA Policies and Procedures.

4. Documentation of mandatory HIPPA training shall be recorded and placed in the employee's file.

HIPAA Policy

1. Individual Access to Health Information:

2. Purpose: It is the policy of the Audrain Developmental Disability Services, Inc., (ADDS) to protect the privacy of individually identifiable Protected Health Information in compliance with federal and state laws governing the use and disclosure of Protected Health Information (PHI). ADDS recognizes the rights of individuals to access PHI pertaining to them in a designated record set as set forth in 45 CFR Section 164.524. ADDS further recognizes that access to PHI may be limited or restricted as defined in this policy, in the Notice of Privacy Practices ("NPP") and as allowed by law. In cases where the individual has been civilly adjudicated incapacitated or is a minor, the parent (if a minor), or the legal guardian or personal representative may request access. There may be additional exceptions as allowed by law.

3. Application:

- A) Definitions
- B) Request for Access to Protected Health Information
- C) Denial of Access
- D) Appeal and Review of Denial
- E) Release of Protected Health Information of a Deceased Individual
- F) Provision of Access and Fees
- G) Review Process
- H) Sanctions

4. Definitions:

- A) Abstract (Summary): A brief summary on ADDS letterhead of the essential information as requested on a proper authorization.
- B) Person Served/Individual: Any individual who has received or is receiving services from an ADDS program. Person Served can also indicate Personal Representative if Person Served has a Personal Representative.
- C) Designated record set: A group of any records under the control of a covered entity from which Protected Health Information (PHI) is retrieved by the name of the individual or by identifying number.

- D) Direct Access: An in-person review of the medical record, and/or obtaining a copy of the record.
- E) Licensed Health Care Professional: As defined in Section 630.005, RSMO; 9 CSR 30-4.010; and 9 CSR 45-2.010(2)(U). Such professionals may be a licensed physician, nurse, therapist, counselor, speech pathologist, nurse practitioner, audiologist, athletic trainer, physical therapist, physician assistant, social worker, pharmacist, and other licensed health care specialist.
- F) Personal Representative: Person with a court order appointing them as guardian or with a valid Power of Attorney signed by the person served specifying the authority to review and make decisions regarding medical, psychiatric, therapy treatment or habilitation counseling concerns.
- G) Protected Health Information(PHI): Defined as any information, including demographic information, collected from an individual that is created or received by a healthcare provider, health prescription plan, employer, or healthcare and pharmacy clearinghouse; and is related to the past, present, or future physical or mental health or condition of an individual, the provision of healthcare to an individual, or the past, present, or future payment for the provision of healthcare to an individual; and which identifies the individual; or with respect to which, there is reasonable basis to believe that the information can be used to identify the individual.
- H) Psychotherapy Notes: Notes recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Such notes exclude medication prescriptions and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
- I) Official Signature: Legal Name, credential, and job title or position description.
- J) Disclosure of Protected Health Information Summary: An accounting of disclosures of Protected Health Information (in paper or electronic format) containing date of disclosure; name and address of the organization or person who received the Protected Health Information; a brief description of the information disclosed; purpose for which the Protected Health Information was disclosed.
- K) Program Coordinator: The individual who is responsible for the Program where records of the person served are kept or maintained in any form or format. The Financial Manager shall be the Agency Privacy Officer for the purposes of this Policy.

5. Request for Access to Protected Health Information (PHI):

- A) A person served who has or is receiving services from ADDS, parent of a minor, and personal representative or legal guardian as relevant to their representation, must request in writing for access to inspect, or receive copies of, Protected Health Information except in those instances covered by federal regulations and outlined in the NPP acknowledged at admission, and must further specify the exact information requested for access. This does not mean that ADDS cannot give a person served, a copy of their test results, preventive measures, care instructions, or information to assist the understanding of the person served regarding their diagnosis, during the delivery of health care without a written release.
- B) The "Access Request Form for Protected Health Information" shall be provided to facilitate the request. ADDS personnel may assist in initiating the process requesting access to Protected Health Information.
- C) All requests by persons served and their legal representatives for Protected Health Information must be forwarded to the Program Coordinator or Agency Privacy Officer for action.
- D) If it is acceptable after discussion with the person served, ADDS may provide a summary of the Protected Health Information to the person served. If the summary is acceptable, ADDS shall determine the appropriate staff to provide that explanation to the person served. The agreement of the person served to a summary shall be documented in writing in the record as a check in the appropriate box in the "Access Request Form for Protected Health Information" form. The agreement of the person served to any costs associated with the summary shall be documented in the record. The form shall be filed in the record of the person served.
- E) This request shall be processed in a timely consistent manner according to established time frames but not more than thirty (30) days after receipt of the request. If the record cannot be accessed within the thirty (30) days, the time frame may be extended once for no more than an additional thirty (30) days with notification in writing to the individual outlining reasons for the delay and the date the request will be concluded.
- F) Requests for Access to Protected Health Information may be denied without a right to review as follows:
- i. If the information conforms to one of the following categories: psychotherapy notes; HIV testing information; information compiled for use in a civil, criminal, or administrative action or proceeding; or information that would be prohibited from use or disclosure under the Certified Laboratory Information Act (CLIA) laws and regulations;
 - ii. If the person served is participating in research related treatment and has agreed to the denial of access to records for the duration of the study;
 - iii. If access is otherwise precluded by law;

- iv. If the information were obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
- v. If the facility has been provided with a copy of a court order from a court of competent jurisdiction which limits the release, or use of Protected Health Information.

G) Requests for Access to Protected Health Information may be denied provided the individual is given a right to have the denial reviewed as follows:

- i. A licensed health care professional based on an assessment of the circumstances determines that the access requested is reasonably likely to endanger the life or physical safety of the person served or another person.
- ii. ADDS may deny the person served access to Protected Health Information if the information requested makes reference to someone other than the person served and a health care professional has determined that the access requested is reasonably likely to cause serious harm to that other person; or treating such person as the personal representative could endanger the individual; and the facility, exercising professional judgment, decides that it is not in the best interest of the person served to treat that person as the patient's personal representative.

6. Denial of Access:

- A) Upon denial of any request for access to Protected Health Information, in whole or in part, a written letter shall be sent to the person served, or other valid representative making the request for access, stating in plain language the basis for the denial.
- B) If the person served has a right to a review of the denial as outlined in subsection 3.g. above, the letter shall contain a statement of how to make an appeal of the denial including the name, title, address, and telephone number of the person to whom an appeal should be addressed.
- C) This letter shall also address the steps to file a complaint with the Secretary of HHS.
- D) If ADDS does not maintain the information requested, but it is known where the person served may obtain access, ADDS must inform the person served where to direct the request for access. The person served is to have access to records from another facility that are maintained in the current facility's record.

7. Appeal and Review of Denial of Requests:

- A) A person served, parent of a minor, or guardian of a person served has the right to appeal the decision to withhold portions or all the record for safety or confidentiality reasons.
- B) The appeal shall be submitted in writing to the Executive Director of ADDS who will designate a licensed health care professional, or if the appeal is to the ADDS's Privacy Officer concerning any information maintained by an ADDS, then to a designated licensed health care professional.
- C) The designated licensed health care professional who did not participate in the original decision to deny access shall review the record and the request for access to the record of the person served. (Form attached to this policy)
- D) The reviewer must determine if access meets an exception as described in Section 3 above.
- E) If the reviewer determines that the initial denial was appropriate, the person served must be notified in writing, using plain language, that the review resulted in another denial of access. The notice must include the reasons for denial and must describe the process to make a complaint to the Secretary of HHS.
- F) If the denial was not appropriate, the licensed health care professional who acts as the reviewer shall refer the request to ADDS or ADDS' Privacy Officer or designee for action.
- G) If access is denied to any portion of the Protected Health Information, access must still be granted to those portions of the Protected Health Information that are not restricted.
- H) ADDS is bound by the decision of the reviewer.

8. Release of Protected Health Information of a Deceased Person served:

- A) The Protected Health Information of a deceased person served may only be released via a Probate Court order from the County Circuit Court where the deceased resided or from another Probate Court in the State of Missouri, or as otherwise determined legally appropriate by ADDS' legal counsel.
- B) Upon request to obtain information, the Privacy Officer or designee shall ask for a copy of the Probate Court Order or other necessary documentation.

9. Provision of Access and Fees:

- A) If ADDS provides a person served or legal representative with access, in whole or in part, to Protected Health Information, the ADDS must comply with the specifications as outlined in federal regulations to the extent of ADDS' capabilities and as identified in ADDS' Notice of Privacy Practices.
- B) Requested information must be provided in designated record sets.
- C) If the requested information is maintained in more than one designated record set or in more than one location, ADDS only needs to produce the information one time in response to the request.
- D) ADDS may provide a summary or explanation of the requested Protected Health Information if:
 - i. The person served agrees in advance to the summary or explanation in place of the record.
 - ii. The person served agrees in advance to any fees imposed for the summary or explanation. These agreements shall be documented as set forth above.
- E) If the requested information is maintained electronically and the person served requests a copy or faxed copy, ADDS should accommodate the request if possible and explain the risk to security of the information when transmitted as requested.
- F) If the information is downloaded to a computer disk, the person served should be advised in advance of any charges for the disk and mailing the disk.
- G) If the information is not available in the format requested, ADDS must produce a hard copy document or other format agreed upon by the person served and facility.
- H) ADDS shall provide the access requested in a timely manner and arrange for a mutually convenient time and place for the person served to inspect the Protected Health Information or obtain copies, unless access by another method has been requested by the person served and agreed to by ADDS as set forth above. Any requests for accommodation shall be sent or given in writing to the Privacy Officer or designee.
- I) The fee charged will be in compliance with the current Missouri State Statute (See Section 191.227, RSMO), the ADDS's Open Meetings and Records Policy, and federal law.

10. Review Process: The ADDS Privacy Officer will collect information from the Program Coordinators during the month of April each year beginning in 2014 for the purpose of providing feedback to the HIPAA Management Team as to compliance with the procedure and any proposed modification or recommendation that additional training be implemented.

11. Sanctions: Any person found to have violated the requirements of this policy shall be subject to disciplinary action up to and including dismissal.

ADDS Access to Health Information

1. Purpose: It is the policy of ADDS to protect the privacy of individually identifiable health information in compliance with federal law. To assist in assuring that protection, it is the practice of ADDS to assure that its workforce recognizes the importance of such confidentiality provisions, and affirmatively acknowledge those guidelines. See 45 CFR Sections 160 and 164, et seq.
2. Application: Contents
 - A) Definitions
 - B) Staff Access
 - C) Training on Access
 - D) Required Confidentiality Agreement
 - E) Visitors
3. Definitions:
 - A) Protected Health Information (PHI): Defined as any information, including demographic information collected from an individual that is created or received by a healthcare provider, health plan, employer, pharmacy, prescription, or healthcare clearinghouse; and is related to the past, present, or future physical or mental health or condition of an individual, the provision of healthcare to an individual, or the past, present, or future payment for the provision of healthcare to an individual; and identifies the individual; or with respect to which there is reasonable basis to believe that the information can be used to identify the individual.
 - B) Workforce: Includes employees, volunteers, trainees, and other persons whose conduct, in performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity (facility or Department). This shall include any client workers employed by the ADDS- 45 CFR Section 160.103.
4. Staff Access (Any Person with Access to Protected Health Information):
 - A) ADDS workforce members shall be granted access to protected health information (Protected Health Information), whether written, electronic, or verbal in nature, in accordance with state and federal law (HIPAA, P.L. 104-191); (42 CFR Part 2 et seq.; Privacy 45 CFR Parts 160 and 164); and other relevant regulations. Such access shall be limited to the minimum necessary amount of Protected Health Information to accomplish the purpose of any requested use or disclosure of Protected Health Information, e.g., to the amount of Protected Health Information the employee or workforce member

needs to know to accomplish their job or task. In addition, communications between workforce members, which involve Protected Health Information, shall also be considered confidential and should not take place in public areas. If it is necessary to conduct such conversations in public areas, reasonable steps shall be taken to assure the confidentiality of the Protected Health Information.

B) Protected Health Information should never be removed from ADDS without specific authorization from the Program Coordinator, pursuant to a signed Business Associate Agreement, or the appropriate medical records personnel. ADDS shall establish a procedure for how workforce members are to physically access Protected Health Information in medical records (i.e., how to sign records in and out and under what conditions, etc.).

C) If Protected Health Information in any form is lost or stolen, the Program Coordinator and the Privacy Officer should be notified as soon as practical, but no later than two (2) business days after the loss is discovered, in order for the Privacy Officer or designee to initiate the mitigation process.

5. Training: ADDS workforce members shall be informed of their obligations with respect to Protected Health Information by mandatory participation in HIPAA Privacy Training annual.

6. Required Confidentiality Agreement: ADDS workforce members that receive or maintain Protected Health Information shall be required to agree to the protection of such Protected Health Information in accordance with the state and federal laws as set forth above. These workforce members shall sign a confidentiality statement. The model statement is attached as HIPAA Regulation 8.040, Form 1. A copy of the signed confidentiality statement shall be maintained in the personnel file of ADDS.

7. Visitors: Visitors to all facilities are required to sign the confidentiality agreement if they are going to have access to Protected Health Information. A copy of the confidentiality agreement shall be located in each facility.

8. Obtaining Disclosure:

A) Purpose: It is the policy of ADDS to protect the privacy of individually identifiable health information in compliance with federal and state laws governing the use and disclosure of Protected Health Information (PHI) and confidentiality. It is also the policy of ADDS to provide for the person served's voluntary authorization for use or disclosure of his or her protected health information (Protected Health Information) as set out in 45 CFR Sections 164.508; 164.510; and 164.512. Whether Protected Health Information may be used or disclosed is subject to the review of the Executive Director, Program Coordinator, or designee.

9. Application: Contents

A) Definitions

B) Procedure

10. Definitions:

- A) Person Served: any individual who has received or is receiving services from ADDS. Person Served can also indicate Personal Representative if Person Served has a Personal Representative
- B) Disclosure: the release, transfer, provision of access to, or divulging in any other manner of information outside ADDS.
- C) Psychotherapy notes: Notes recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the patient's medical record. Such notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress notes to date.
- D) Protected Health Information: As defined in the HIPAA policy and includes:
 - i. Names
 - ii. All geographies smaller than a state, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census; the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
 - iii. Dates (other than year) directly related to an individual
 - iv. Phone numbers
 - v. Fax numbers
 - vi. Email addresses
 - vii. Social Security numbers
 - viii. Medical record numbers
 - ix. Health insurance beneficiary numbers
 - x. Account numbers
 - xi. Certificate/license numbers
 - xii. Vehicle identifiers and serial numbers, including license plate numbers
 - xiii. Device identifiers and serial numbers
 - xiv. Web Uniform Resource Locators (URLs)
 - xv. Internet Protocol (IP) address numbers
 - xvi. Biometric identifiers including finger, retinal and voice prints
 - xvii. Full face photographic images and any comparable images

- xviii. Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data.

E) Procedure:

- i. ADDS may not use or disclose Protected Health Information without a valid authorization completed by the person served, or applicable personal representative, with limited exceptions. The standard authorization form is attached. The Program Coordinator should obtain written information regarding the identity of the requestor, the date of the request, the nature and purpose of the request and any authority that the requestor must request such information, consistent with Verification Procedures. If other staff receives a completed authorization form for the release of Protected Health Information, they shall direct it to the Program Coordinator, Executive Director, or representative for review.
 - ii. Any disclosures that occur shall be limited to the minimum amount of information necessary to meet the purpose of the use or disclosure. Exceptions to the minimum necessary requirement are as follows:
 - (a) When the person served, or applicable personal representative authorizes the disclosure;
 - (b) Disclosures required by law.
 - iii. ADDS must obtain an authorization for any use or disclosure or psychotherapy notes except:
 - (a) To carry out treatment, payment, or health care operations;
 - (b) For ADDS to use in defending itself in litigation or other proceedings brought by the patient.
- F) Health Information may only be disclosed without authorization in the following situations unless authorized by the NPP and HIPAA Procedure 1.005:
- i. To a public health authority (e.g., required reporting to the Missouri Department of Health and Senior Services, FDA, communicable diseases), per § 164.512(b);
 - ii. To report child abuse/neglect situations, and other situations involving abuse, neglect, or domestic violence (if disclosure is allowed by law), per § 164.512(c);
 - iii. To a health oversight agency, per § 164.512(d);
 - iv. In response to order of judicial or administrative tribunal (or a subpoena or discovery request if satisfactory assurances of notice to the individual pursuant to § 164.512(e));

- v. To law enforcement (but only in certain circumstances; including when they present a grand jury subpoena; information concerning forensic clients; to locate a missing person, suspect, or fugitive; or at the discretion of the Director of the Home when the information is requested to assist law enforcement in their investigation, per § 164.512(f));
 - vi. To medical examiners, coroners, and funeral directors, per § 164.512(g);
 - vii. For organ donation, per § 164.512(h);
 - viii. For research purposes, per § 164.512(I) and policy 8.055;
 - ix. To avert a serious threat to health or safety, per § 164.512(j);
 - x. Governmental functions (such as national security, veterans information, eligibility for public assistance programs), per § 164.512(k);
 - xi. To comply with worker's compensation laws, per § 164.512(l);
 - xii. As required by law, per § 164.512(a).
- G) Any questions as to whether a use or disclosure is permitted or required by law should be directed to the ADDS Privacy Officer and/or ADDS legal counsel.
- H) If it is ADDS that requests that the person served to complete the Authorization, ADDS must provide the person served with a copy of the signed authorization.

Accounting of Disclosures

1. Purpose: It is the policy of the ADDS to abide by the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191, standards for privacy of individually identifiable health information.

The person served has the right to receive a written Accounting of Disclosures of their protected health information (Protected Health Information) made by the UHF in the six (6) years prior to the date of which the accounting is requested. (45 CFR § 164.528). The person served may request an accounting for a period of time less than six years. Beginning on April 14, 2003, the person served is only entitled to request a report of Accounting of Disclosures from April 14, 2003, to the current date. After April 14, 2009, the person served is entitled to request a full six years' worth of disclosures.

2. Application: The ADDS and workforce

A) Definitions

B) Procedure

3. Definitions:

- A) Person served: any individual who has received or is receiving services from ADDS. Person Served can also indicate Personal Representative if Person Served has a Personal Representative.
- B) Disclosure: Disclosure is defined as, "the release, transfer, provision of access to, or divulging in any other manner of information outside the entity which holds the information." This includes disclosures to or by business associates of the covered entity.
- C) Individually Identifiable Health Information: any information, including demographic information, collected from an individual that is created or received by a healthcare provider, health plan, employer, healthcare clearinghouse or pharmacy clearinghouse; and is related to the past, present, or future physical or mental health or condition of an individual, the provision of healthcare to an individual, or the past, present, or future payment for the provision of healthcare to an individual; and identifies the individual; or with respect to which, there is reasonable basis to believe that the information can be used to identify the individual.
- D) Protected Health Information: Defined as, "individually identifiable health information that is:
- i. transmitted by electronic media;
 - ii. maintained in any medium described in the definition of electronic media; or
 - iii. transmitted or maintained in any other form or medium
- E) Procedure:
- i. All disclosures of Protected Health Information need to be accounted for upon the request of the individual. This is not limited to hard copy information but any manner of communication that discloses information, including verbal release. However, the following list of exceptions to this requirement do not require tracking or need to be accounted for upon the request of the individual:
 - ii. Disclosures made for treatment, payment, and healthcare operation purposes as set out in 45 CFR§164.502.
 - iii. Disclosures made to the patient. (45 CFR §164.502)
 - iv. Disclosures made for facility directory purposes, if utilized (45 CF§164.510). (Please note that ADDS will not utilize a facility directory as defined under HIPAA without ADDS Privacy Officer approval).

- v. Disclosures made for national security or intelligence purposes. (45 CFR §164.512 (K) (5)).
- vi. Disclosures made to correctional institutions or law enforcement officials related to health or safety of an inmate or other person. (45 CFR § 164.512(k)(5));
- vii. Disclosures made prior to the date of compliance with the privacy standards, meaning prior to April 14, 2003.
- viii. There are further exceptions for disclosures to health oversight agencies (see section 164.528 (a)(2)(I) et seq.). Please contact the Executive Director or Privacy Officer should this situation arise. ADDS Privacy Officer and Executive Director shall assure that a mechanism is in place which tracks disclosure of Protected Health Information. One format shall be utilized for all ADDS programs. See HIPAA Procedure 1.060, Form 2.

4. ADDS will include the following required content in the Accounting of Disclosures:

- A) The name and identification number of the person served whose Protected Health Information was disclosed
- B) Date of disclosure
- C) Name and address, if known, of the entity or person who received the Protected Health Information
- D) Brief description of the Protected Health Information disclosed
- E) Brief statement of purpose that reasonably informs the person served of the purpose for the disclosure, or provide the persons served with a copy of the authorization or provide the patient with a copy of the written request for disclosure.

- 5. If multiple disclosures are made to the same entity or person for the same reason, it is not necessary to document items 4.a.-d. for each disclosure. ADDS may document instead the first disclosure, the frequency or number of disclosures made during the accounting period, and the date of the last disclosure in the accounting period.
- 6. The person served (or legal guardian) must make a written request for an Accounting of Disclosures to the ADDS Privacy Officer, or designee, (whichever is applicable). The request shall be on HIPAA Procedure 1.060, Form 1, as attached to this policy. Staff may assist the person served in completing the form if requested to do so.
- 7. ADDS has sixty (60) days after receipt of the request for such an accounting to respond to the request for an accounting of disclosure. If ADDS has disclosed information to a business associate regarding the person served requesting the accounting, then ADD through its Privacy Officer or designee must request an accounting of disclosures of that person served's information from that business associate, who has twenty (20) calendar days to provide the accounting. ADDS may request one 30-day extension, which is allowed, but the person served must be informed in writing of the delay:

- A) The reason for the delay,
 - B) The date the accounting will be provided, and
 - C) Such notification to the person served or person requesting the accounting of disclosures of any delay must take place within the 60-day time frame.
8. ADDS must provide the first accounting of disclosures free of charge in any 12-month period. Any subsequent request can be charged based on Missouri Statute (RSMO Section 191.227, § 610.010 et seq.). Before charging a fee, ADDS must inform the person served and allow the opportunity to withdraw or modify the request to avoid or reduce the fee. No additional handling fee is allowed.
9. ADDS must retain a copy of the written accounting that is provided to the patient in the patient's medical record.

HIPAA Complaint Process

1. Purpose: It is the policy of ADDS to provide persons served with the means to file a complaint if they believe that their protected health information has been improperly used or disclosed. See 45 CFR Section 164.530(d)(1).
2. Application: ADDS
 - A) Definitions
 - B) Procedure
 - C) Retention
 - D) Retaliation
3. Definitions: As used in this operating regulation, the following terms shall mean:
 - A) Complaint: Allegation that a person served's protected health information has been improperly used or disclosed. A person served may file a complaint, or a legal guardian or personal representative or a parent, if a minor, may file the complaint. An original Privacy Complaint Form is to be placed in the person served's medical record. If the person served has a guardian, a copy of the complaint shall be sent to the guardian, and the person served should be notified that such action has occurred.
 - B) Person served: Any person who has received health care services or who is receiving such services from ADDS. Person Served can also indicate Personal Representative if Person Served has a Personal Representative.
 - C) Protected Health Information: Defined as any information, including demographic information collected from an individual that is created or received by a healthcare provider, health plan, employer, pharmacy, prescription, or healthcare clearinghouse; and is related to the past, present, or future physical or mental

health or condition of an individual, the provision of healthcare to an individual, or the past, present, or future payment for the provision of healthcare to an individual; and identifies the individual; or with respect to which, there is reasonable basis to believe that the information can be used to identify the individual.

D) Procedure: ADDS strongly encourages and wishes to promote those persons served, and service providers discuss and attempt to resolve issues in the most direct and informal manner and at the local level. The following steps constitute the HIPAA complaint process:

- i. Utilize standardized Audrain Developmental Disability Services, Inc., HIPAA Privacy Complaint form.
- ii. Forward a copy of the complaint form to the ADDS Executive Director or ADDS Privacy Officer.
- iii. The ADDS Privacy Officer must describe the acts or omissions the person served believes to have occurred.
- iv. The HIPAA Privacy Complaint must include the following information:
 - (a) The date on which the act or omission occurred;
 - (b) A description of the Protected Health Information affected and how it was affected; and
 - (c) The name(s) of anyone who may have improperly been provided with the Protected Health Information.

4. All Privacy Complaints received by the Executive Director or designee will be date-stamped upon arrival.
5. The Executive Director, Privacy Officer or designee will review and act on the complaint in a timely manner and not more than thirty (30) days from receipt of the complaint. If greater time is necessary to review and investigate the complaint, the Executive Director Privacy Officer or designee shall, within thirty (30) days, notify the grievant, in writing of the delay, and inform the grievant of the expected time frame for completion of the review.
6. The Executive Director, Privacy Officer or designee shall determine what Protected Health Information is affected by the complaint and if the Protected Health Information was provided to other covered entities and business associates.
7. If the affected Protected Health Information was created and maintained by a business associate, the complaint will be forwarded to the business associate as outlined in the Business Associate Agreement. Complaints forwarded to business associates will be logged and a notice of the action sent to the patient making the complaint.

8. The Executive Director, Privacy Officer or designee shall determine if there is cause to believe that a violation of ADDS privacy operating regulations occurred, and the recommended course of action to be taken.
9. If no violation has occurred the complaint and finding will be date-stamped, the complaint will be considered closed and a written notice of this shall be provided to the person served.
10. If cause exists to believe that a violation has occurred, the Executive Director, Privacy Officer or designee shall be responsible for determining if:
 - A) Performance or training need to be improved;
 - B) A recommendation for a change to the ADDS operating regulation or creation of a new HIPAA Policy;
or
 - C) Conclusion of policy violation is to be reported to implement disciplinary action (Sanction).
11. The Executive Director, Privacy Officer or designee shall notify the appropriate Program Coordinators, staff, or clients of the action needed.
12. If Program Coordinator or staff discipline must be taken, it must follow the ADDS policies and is to be initiated by the appropriate administrator on referral of the report of the Executive Director.
13. If the complaint resolution finds that no cause exists to believe a violation occurred, then the consumer may seek resolution from the ADDS Privacy Officer (if it is an ADDS complaint).
14. The person served, through completion of the Complaint Form, will request that the Program Coordinator or designee forward the complaint to the ADDS Privacy Officer.
15. The ADDS Privacy Officer will review and act on the complaint in a timely manner and not more than thirty (30) days from receipt of the complaint form.
16. The ADDS Privacy Officer shall determine one of the following:
 - A) That the original decision of the Executive Director is accurate.
 - B) That remediation should occur at the Program level through increased training, or that a recommendation is made to the Program Coordinator for possible disciplinary action.
 - C) That a recommendation for department operating regulation review be initiated at the ADDS Privacy Officer level.
 - D) That a recommendation be made for the establishment of a new ADDS operating regulation.
17. The original complaint form shall be placed in the persons served record.

18. Retention: The Program Coordinator's primary responsibilities in the HIPAA Complaint process include logging and retaining complaints in a retrievable manner for a minimum of six (6) years, and identifying:
- A) Person or entity making the complaint;
 - B) Date complaint was received;
 - C) A list of what Protected Health Information was affected;
 - D) Status of complaint;
 - E) A list of business associates or facilities affected; and
 - F) Actions taken.
20. Retaliation: There shall be no retaliation against any person served, or against a Program Coordinator or staff member for assisting a person served to file a HIPAA Privacy Complaint.

Designated Records

1. Purpose: It is the policy of ADDS to identify those records maintained by or for the department and its facilities that meet the definition of designated record set covered by the HIPAA Privacy rule, specifically 45 CFR Section 164.501.
2. Application: ADDS
 - A) Definitions
 - B) Procedure
 - C) Not Part of the Record Set
 - D) Data Trustee
 - E) Record Destruction
3. Definitions
 - A) Designated Record Set: A group of records maintained by or for a covered entity that is:
 - i. the medical records and billing records about individuals maintained by or for a covered health care provider;
 - ii. the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
 - iii. used, in whole or in part, by or for the covered entity to make decisions about individuals.
 - B) Record: any item, collection, or grouping of information that includes protected health information and is maintained, collected, used or disseminated by or for a Home.

- i. Sentinel Event: a term used by the Joint Commission on Accreditation of Healthcare Organizations (accreditation held by CPS facilities). A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.
- ii. Protected Health Information: See HIPAA Procedure

4. Procedure:

- A) ADDS shall identify all information systems (defined as an organized collection of information) that contain Protected Health Information, including the location, unique system identifier, the form of the data (electronic or paper), the data maintainer, and a description of the type of Protected Health Information contained.
 - B) That inventory shall be maintained by the Program Coordinator or designee, or the ADDS Privacy Officer, if applicable. Assistance may be requested from the Information Services staff. Any new or modified systems shall be added to the inventory by the appropriate Privacy Officer.
 - C) To maintain an accurate inventory of record systems, when new systems are created, the staff responsible for developing and maintaining the information shall notify the Program Coordinator that the system is in production, and it contains Protected Health Information. When a current system that contains Protected Health Information is no longer used or needed, the staff responsible for maintaining the information shall notify the Home Privacy Officer so that the inventory system can be amended, and the information retained or destroyed according to retention policies.
5. For the purpose of the implementation of this policy, the term designated record set includes any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for ADDS for covered care or payment decision making including but not limited to:
- A) Medical record and billing records about covered persons served maintained by ADDS;
 - B) Enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for ADDS; and
 - C) Any records or information used, in whole or in part, by or for ADDS to make decisions about persons served.
6. Not Part of the Designated Record Set:
- A) Information that is not part of the Designated Record Set is defined as follows: any documents that are used for census information, quality assurance or quality improvement, peer review, sentinel event, enters for Medicare and Medicaid purposes, utilization review, abuse/neglect investigations, incident/injury reports, state auditors, or various electronic databases, etc., which are not used to make

decisions regarding an individual consumer, shall not be considered as part of the Designated Record Set. FERPA education and treatment records may or may not be included, based on unit determinations. See HIPAA Procedure.

- B) However, please note that these types of information may be accessible by parents or guardians upon presentation of appropriate documentation. In addition, forensic cases (defined as Chapter 552 or 557, RSMo, evaluations), the pretrial commitment order, the pretrial evaluation, or any correspondence relating to the pretrial is not part of the designated records set.
 - C) Working files, either paper or electronic, are also not considered part of the designated records set and are defined in Appendix Ai.
 - D) Psychotherapy notes are not included in the designated records set (psychotherapy notes are defined in 45 CFR Section 164.501 and are to be kept separate from the medical record).
7. Data Trustee: When an individual or department has been given sanctioned, exclusive possession and control of Protected Health Information as part of their assigned duties, they shall be responsible for all administrative duties of a data trustee in terms of security, data access, privacy, data backup, disaster recovery and accountability. When ADDS does not have the technical expertise or equipment to adequately protect the Protected Health Information, they must arrange for technical assistance through the Information Systems to assure the confidentiality of the Protected Health Information.
8. Record Destruction: The designated record set shall be created, stored, released, transported, copied, and destroyed based on policy 8.110, Record Retention and Destruction.

Retention and Protection

1. Purpose: To ensure the availability of relevant data and information, it is the policy of the ADDS to maintain specific retention schedules for various types of individually identifiable health information in compliance with federal and state laws and professional practice standards. ADDS has a records disposition schedule approved by the State Records Commission. (RSMo 109.250) Microfilm/microfiche and electronic imaging are accepted forms of records maintenance. This policy shall be consistently applied with the more stringent law followed and records destroyed after the retention period has expired.
2. Application: ADDS
 - A) Definitions
 - B) Storage Procedure
 - C) Retention Procedure
 - D) Destruction Procedure

3. Definitions:

A) Protected Health Information: See HIPAA Procedure.

B) Storage Procedure:

- i. Paper: Protected Health Information records storage must be adequate to protect the physical integrity of the record and prevent loss, destruction, and unauthorized use.
- ii. If the records office is shared with other programs not responsible for maintaining the records, the shelves or filing cabinets must be lockable and kept locked whenever records staff are not in attendance.
 - (a) If Protected Health Information records are retained in a lockable office that is not shared with other staff or in a separate locked file room, open shelf filing without lockable doors is acceptable. The office or file room should always be locked when staff are not in attendance.
 - (b) Storage area environment should not cause damage to the records and documents and meet accreditation and safety standards.
 - (c) Off-site storage should meet the above standards, be approved by the Unit or ADDS Privacy Officer, as applicable, and have a signed business associate's agreement.
 - (d) A record tracking system must be in place to identify when a record has been removed, who took the record, and where it is located.
 - (e) When a microfilm/microfiche imaging copy of the original paper record has been produced, it may be used as a permanent record of the original.
 - (f) Electronic: Electronic storage of Protected Health Information records, if applicable, should have a permanent retrievable capability, and such capability should occur even when there is a Technology change.

4. Retention Procedure: Retention of Protected Health Information records and databases shall comply with federal and state regulations; accreditation, licensure, and accepted standards of practice. More stringent federal and state law must be followed. This policy should be consistently applied and records destroyed after the retention period has expired.

A) Medical Record: permanent retention or as advised in the current ADDS departmental Records Disposition Schedule. Medical Record documents not on the schedule for permanent retention shall be

kept six (6) years, and for minors, three (3) years after the patient reaches legal age as defined by Missouri law.

- B) Financial Records of Person Served: permanent retention or as advised per current ADDS departmental Records Disposition Schedule. Financial documents not on the schedule for permanent retention shall be kept for six (6) years.
 - C) Accounting of Disclosure of Information, a minimum of six (6) years, according to the HIPAA Privacy Rule.
5. Destruction Procedure: Destruction of Protected Health Information in paper or electronic format shall be carried out in accordance with federal and state law and pursuant to the ADDS' Records Disposition Schedule. Records approved for destruction must be destroyed so that there is no possibility of reconstruction of information.
- A) Paper: Microfilm/microfiche is an accepted form of records maintenance. When paper records have been microfilmed the original paper may be destroyed. If they are not destroyed, then their retention must be in accord with the procedures outlined in this policy.
 - B) Because all media and reproductions typically have the same legal effect as originals, when a record meets the guideline for destruction, all copies in any media should be destroyed.
 - C) Appropriate methods for destroying paper records include burning, shredding, pulping, and pulverizing.
6. Documentation of the destruction of records should include date of destruction; method of destruction; description of records; inclusive date of records; statement that the records were destroyed in the normal course of business; the signatures of the individual supervising and witnessing the destruction. Destruction documents should be permanently retained. Documentation records must be maintained by the Unit Director, or the ADDS Privacy Officer, as applicable.
7. If destruction services are contracted, the contract should be a business associates agreement that specifies: the method of destruction; the time that will elapse between acquiring and destroying the records; identify safeguards against breaches in confidentiality; indemnify the facility from loss due to unauthorized disclosure; and provide proof of destruction to the Unit Director or ADDS Privacy Officer. ADDS must obtain a Certificate of Destruction.
8. Electronic: When electronic records or computerized data is destroyed, it should be permanently and irreversibly non-retrievable

- A) Computer Disks: Methods may include overwriting data with a series of characters, reformatting the disk, or physical destruction. Deleting a file does not destroy the data but merely deletes the filename from the directory preventing easy access until it is overwritten.
 - B) For laser disks, back-up tapes, hard drives, and servers, the method of destruction shall be in a format or process as approved or prescribed by the Executive Director. The data must be irreversibly non-retrievable either through electronic or physical destruction.
9. Any questions as to whether information retention or destruction is permitted or required by law should be directed to the Director or his/her designee.

Notice of Privacy Practices

1. Purpose: This Notice of Privacy Practices (NPP) describes how health information about staff and persons served may be used and disclosed and how staff and persons served can get access to this information. Questions about this NPP should be directed to the ADDS Executive Director or a Program Coordinator in one of the ADDS Programs.
2. This NPP will explain:
 - A) How ADD may use and disclose Protected Health Information;
 - B) ADDS obligations related to the use and disclosure of Protected Health Information;
 - C) Individual rights related to any Protected Health Information that ADDS receives and retains.
3. This NPP describes how ADDS may use and disclose Protected Health Information to carry out treatment, payment and/or health care operations and for other purposes that are permitted or required by law. It also describes one's rights to access and control Protected Health Information. Protected Health Information is information about individuals, including demographics; past, present, or future physical or mental health or conditions; and related health care services.
4. ADDS is required to abide by the terms of this NPP. A copy is available at all Programs, and at the ADDS website (www.audraindevelopmental.org). ADDS may change the terms of this NPP at any time. The new NPP will be effective for all Protected Health Information that ADDS maintains at that time.
5. Use and Disclosure of Protected Health Information:
 - A) Staff and individuals served may be asked to complete and sign an information form to acknowledge they have received and read this NPP.
 - B) ADDS may obtain, but is not required to, consent for the use or disclosure of Protected Health Information for treatment, payment and/or health care operations. ADDS is required to obtain

authorization for the use or disclosure of information for other specific purposes or reasons. ADDS has listed some of the types of uses or disclosures in this NPP. Not every possible use or disclosure is covered, but all the ways that ADDS is allowed to use and disclose information will fall into one of the categories.

6. Protected Health Information may be used and disclosed by ADDS, ADDS staff and others outside of our Agency that are involved in care and treatment for the purpose of providing health care services to staff or person served. Protected Health Information may also be used and disclosed to pay health care bills and to support the operations of ADDS.
7. Following are examples of the types of uses and disclosures of Protected Health Information that ADDS is permitted to make.
 - A) **Treatment:** ADDS will use and disclose Protected Health Information to provide, coordinate, or manage health care and any related services. This includes the coordination or management of Protected Health Information with a third party that has already obtained permission to have access to Protected Health Information. For example, ADDS would disclose Protected Health Information, as necessary, to a home health agency that provides care to an individual. ADDS will also disclose Protected Health Information to other providers or health facilities that may treat individuals when it has the necessary permission from said individuals to disclose their Protected Health Information. For example, Protected Health Information may be provided to a health provider to whom an individual has been referred to ensure that the provider has the necessary Protected Health Information for diagnosis and treatment. In addition, ADDS may disclose Protected Health Information from time-to-time to another health care provider (e.g., a specialist or laboratory) who, at the request of an individual's provider, becomes involved in their care by providing assistance with their health care diagnosis or treatment.
 - B) **Payment:** Protected Health Information will be used, as needed, to obtain payment for an individual's health care services. This may include certain activities that a health insurance plan may undertake before it approves or pays for the health care services recommended, such as: deciding of eligibility or coverage for insurance benefits; reviewing services provided for medical necessity; and undertaking utilization review activities. For example, ADDS may need to provide an insurance plan information about treatment received so that the insurance will pay for the services.
 - C) **Operations:** ADDS may use or disclose, as needed, Protected Health Information to support the business activities of ADDS. These activities include but are not limited to quality assessment activities; licensing; and employee review activities. In addition, ADDS may use a sign-in sheet at the registration desk where visitors will be asked to sign their name. ADDS may also call individuals by name in a lobby when a provider is ready to see them. ADDS may use or disclose Protected Health Information, as necessary, to contact individuals to remind them of their appointment. ADDS will share Protected Health Information with third party "business associates" that perform various activities (e.g., billing, reading of x-rays, performing lab tests, transcription services). Whenever an arrangement between our

office and a business associate involves the use or disclosure of Protected Health Information, ADDS will have a written contract that contains terms that will protect the privacy of Protected Health Information.

8. Written Authorization:

- A) Other uses and disclosures of Protected Health Information will be made only with an individual's written authorization, unless otherwise permitted or required by law as described below. Individuals may revoke this authorization, at any time, in writing, except to the extent that their provider has taken an action in reliance on the use or disclosure indicated in the authorization.
- B) Research: To comply with laws and regulations other than HIPAA, ADDS will not allow Protected Health Information collected by their staff to be used in research projects without individuals' written consent. Under certain circumstances, ADDS may use and disclose Protected Health Information for research purposes when the Institutional Review Board has approved a waiver of authorization for the Protection of Human Subjects. For example, a research project may involve comparing the health and recovery of all persons served who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process under Missouri law. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with the individual's need for privacy of their health information. Before we use or disclose Protected Health Information for research, the project will have been approved through this research approval process. ADDS may, however, disclose Protected Health Information to people preparing to conduct a research project, for example, to help them look for persons served with specific medical needs, so long as the health information they review does not leave the facility.

9. No Consent Required:

- A) ADDS can use or disclose Protected Health Information about individuals without consent or authorization when:
 - i. There is an emergency or when ADDS is required by law to treat an individual;
 - ii. When ADDS is required by law to use or disclose certain information; or
 - iii. When there are substantial communication barriers to obtaining consent.

- B) ADDS can also use or disclose Protected Health Information without consent or authorization for:

- i. ***Appointment Reminders:*** ADDS may use and disclose Protected Health Information to contact individuals to remind them about appointments for treatment or services at the Agency.

- ii. ***Treatment Alternatives and Health-Related Benefits and Services:*** ADDS may use and disclose Protected Health Information to tell individuals about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest.
- iii. ***Individuals Involved in Disaster Relief:*** Should a disaster occur, ADDS may disclose Protected Health Information about individuals to any agency assisting in a disaster relief effort so that family can be notified about an individual's condition, status, or location.
- iv. ***As Required by Law:*** ADDS will disclose Protected Health Information when required by law.
- v. ***To Avert a Serious Threat to Health or Safety:*** ADDS may use and disclose Protected Health Information when necessary to prevent a serious threat to the health and safety of staff, persons served, the public, or any other person. However, any such disclosure would only be to someone who is able to help prevent the threat.
- vi. ***Organ and Tissue Donation:*** If an individual is an organ donor, ADDS may release Protected Health Information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- vii. ***Military and Veterans:*** If an individual is a member of the armed forces, ADDS may release Protected Health Information about them as required by military command authorities. ADDS may also release Protected Health Information about foreign military personnel to the appropriate foreign military authority.
- viii. ***Workers' Compensation:*** ADDS may release Protected Health Information to comply with workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- ix. ***Public Health Risks:*** ADDS may disclose Protected Health Information for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or to notify the appropriate government authority if we believe a person served has been the victim of abuse, neglect or domestic violence. However, ADDS will only make this disclosure by agreement of the individual or when required or authorized by law.
- x. ***Health Oversight Activities:*** ADDS may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits,

investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- xi. ***Lawsuits and Disputes:*** If an individual is involved in a lawsuit or a dispute, ADDS may disclose Protected Health Information in response to a court or administrative order as required by law.
- xii. ***Law Enforcement:*** ADDS may release Protected Health Information if asked to do so by a law enforcement official; however, if the material is protected by 42 CFR Part 2 (a federal law protecting the confidentiality of drug and alcohol abuse treatment records), a court order is required. ADDS may also release limited Protected Health Information to law enforcement in the following situations:
 - (a) about a person served who may be a victim of a crime if, under certain limited circumstances, ADDS is unable to obtain the agreement of the person served;
 - (b) about a death ADDS believes may be the result of criminal conduct;
 - (c) about criminal conduct at the ADDS;
 - (d) about a person served where a person served commits or threatens to commit a crime on the premises or against program staff (in which case ADDS may release the person served's name, address, and last known whereabouts);
 - (e) in emergency circumstances, to report a crime, the location of the crime or victims, and the identity, description and/or location of the person who committed the crime; and
 - (f) when a person served is a forensic client and ADDS is required to share with law enforcement by Missouri statute.
- xiii. ***Coroners, Medical Examiners and Funeral Directors:*** ADDS may release Protected Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. ADDS may also release Protected Health Information about persons served of the ADDS facilities to funeral directors as necessary to carry out their duties.
- xiv. ***National Security and Intelligence Activities:*** ADDS may release Protected Health Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- xv. ***Protective Services for the President and Others:*** ADDS may disclose Protected Health Information to authorized federal officials so they may conduct special investigations or provide protection to the President of the United States and other authorized persons or foreign heads of state.
 - xvi. ***Inmates:*** If an individual is an inmate of a correctional institution or under the custody of a law enforcement official, Protected Health Information may be released to the correctional institution or law enforcement official if the release is necessary for 1) the institution to provide health care; 2) to protect an individual's health and safety or the health and safety of others; or 3) the safety and security of the correctional institution.
 - xvii. ***Other Uses or Disclosures:*** Other uses or disclosures not covered in this NPP will not be made without written authorization, unless otherwise permitted or required by law. Individuals who provide ADDS with written authorization to use or disclose information may change their mind and revoke authorization at any time, if it is in writing. If authorization is revoked, ADDS will no longer use or disclose the information. However, ADDS will not be able to take back any disclosures that have been made pursuant to the previous authorization.
10. Individual Rights: Individuals have the following rights regarding Protected Health Information maintained by ADDS:
- A) ***Right to Inspect and Copy:*** Individuals have the right to inspect and receive a copy of their Protected Health Information except for psychotherapy notes and information compiled in anticipation of litigation. To inspect and receive a copy of one's Protected Health Information, a request in writing must be made to the ADDS Executive Director or designee. ADDS may charge a fee for the costs of copying, mailing or other supplies associated with the request. ADDS may deny a request to inspect and copy Protected Health Information in certain limited circumstances. If denied access to Protected Health Information because of a threat or harm issue, an individual may request that the denial be reviewed. Another licensed health care professional chosen by ADDS will review the request and the denial. The person conducting the review will not be the person who denied the original request. ADDS will comply with the outcome of the review.
 - B) ***Right to Request an Amendment:*** Anyone who feels that their Protected Health Information is incorrect or incomplete may ask to have their information amended. They have the right to request an amendment for as long as the information is kept by or for ADDS. Requests for an amendment must be made in writing and submitted to the Executive Director or designee. A reason to support the request for an amendment must be provided. ADDS may deny the request if it is not in writing or if it does not include a reason supporting the request. In addition, ADDS may deny the request if it seeks to amend information that:
 - i. Was not created by ADDS, unless the person or entity that created the information is no longer available to make the amendment;

- ii. Is not part of the Protected Health Information kept by or for ADDS;
- iii. Is not part of the information which one would be permitted to inspect and copy or;
- iv. Is accurate and complete.

C) ***Right to an Accounting of Disclosures:*** Anyone has the right to request an "accounting of disclosures," a list of the disclosures made by ADDS of one's Protected Health Information. To request an accounting of disclosures, individuals must submit their request in writing to the ADDS Executive Director or designee. The request must state a period which may not go back more than six years and cannot include dates before April 14, 2003. The request should indicate in what form the list is wanted (for example, on paper or electronically). The first list requested within a twelve-month period will be free. For additional lists in a twelve-month period, ADDS may charge for the cost of providing the list. ADDS will notify the requestor of the cost and the opportunity to withdraw or modify the request before being charged. There are some disclosures that ADDS does not have to track. For example, when ADDS is given an authorization to disclose some information, ADDS is not required to track that disclosure.

D) ***Right to Request Restrictions:*** You have the right to request a restriction or limitation on the Protected Health Information ADDS uses or disclose about you for treatment, payment and/or health care operations. For example, you could ask that ADDS not use or disclose information about your family history to a particular community provider. ADDS is not required to agree to your request. If ADDS does agree, it will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions on the use or disclosure of your Protected Health Information for treatment, payment, or health care operations, you must make your request in writing to ADDS' Privacy Officer or designee. In your request, you must tell ADDS:

- i. what information you want to limit;
- ii. whether you want to limit our use, disclosure, or both; and
- iii. to whom you want the limits to apply (for example, disclosures to your spouse).

E) ***Right to Request Confidential Communications:*** You have the right to request that ADDS communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that ADDS only contact you at work or by mail. To request confidential communications, you must make your request in writing to the ADDS Privacy Officer or designee. Your request must specify how or where you wish to be contacted. ADDS will not ask you the reason for your request and will accommodate all reasonable requests.

F) ***Right to a Paper Copy of This Notice:*** You have the right to a paper copy of this notice even if you have agreed to receive the notice electronically. You may ask ADDS to give you a copy of this notice at any time by contacting the ADDS Privacy Officer or designee.

11. **Changes to This Notice:** ADDS reserves the right to change this NPP. ADDS may make the revised notice effective for Protected Health Information ADDS already has about you as well as any information ADDS

receives in the future. ADDS will post a copy of the current NPP in all Facilities. The NPP will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted or apply for services to ADDS for treatment and/or services, you will be offered a copy of the current NPP in effect. If you want to request any revised NPP, you may contact the Executive Director or Human Resource Manager.

12. Complaints: If you believe your privacy rights have been violated you may:

- A) File a complaint with ADDS by contacting its Executive Director or Human Resource Manager by dialing the ADDS' main number 573-581-8210 or mailing to Audrain Developmental Disability Services, Inc., 222 E. Liberty St., Mexico, Missouri 65265.
- B) File a grievance with the Office of Civil Rights by calling 866-OCR-PRIV (866-627-7748), or 886-788-4989 TTY.
- C) All complaints must be submitted in writing. You will not be penalized for filing a complaint.

HEALTH AND SAFETY

Health

General Medical and Health Care and Contagious Disease Policy for Persons Served

1. Annual Medical Reviews: Annually, Audrain Developmental Disability Services (ADDS) shall have a licensed physician exam each person receiving services in a residential program and a dental examination by a licensed dentist, unless an alternative treatment plan is recommended by the medical professional and/or guardian.
 - A) Annual medical reviews shall include a complete blood count, tuberculin skin test, urinalysis, routine screening, and laboratory examinations as determined necessary by the physician, and special studies when the index of suspicion is high; vision and hearing tests as recommended by the physician.
 - B) The dental examination requirement also applies to persons receiving services who have dentures, unless the dentist gives written notification that less frequent check-ups are adequate.
2. Medical Treatment: ADDS shall have available to each person receiving services, the services of a fully licensed physician and fully licensed dentist who have admitting privileges at a hospital.
 - A) ADDS shall have formal written arrangements with a community hospital for the treatment and hospitalization of persons receiving services.
 - B) Medical treatment of illnesses and surgeries shall be approved by the person receiving services, parent, or guardian.
 - C) Medical treatment, other than first aid, shall be authorized by a written order from a licensed physician.
 - D) Immunizations shall be kept current in accordance with the recommendations of the Missouri Division of Health.
3. Infectious Disease Reporting:
 - A) The Program Coordinator/Manager shall report to the ADDS Director of Health Services any unusual occurrences of infections or contagious diseases, epidemic outbreaks, poisoning, or other occurrences which threaten the welfare, safety, or health of any person receiving services.
 - B) The ADDS Director of Health Services shall immediately report any such occurrences to the consulting physician, Hannibal Satellite Office, the licensure office, and local health authority.

- C) ADDS shall furnish other information relative to the occurrences as required. It should be noted that the ADDS Director of Health Services tracks all infections in ADDS facilities.
- 4. Isolation: Isolation represents one of several measures that can be taken to implement infection control, i.e., the prevention of contagious diseases from being spread from a patient to other patients, health care workers or visitors.
 - A) If the attending physician recommends that a person receiving services be placed in isolation due to a contagious or infectious disease, the Executive Director shall immediately implement the physician's recommendation.
 - B) If isolation within the facility is not possible, the Executive Director shall contact the Hannibal Satellite Office for treatment options.

Non-Emergency Medical Care Procedures for Persons Served

1. Non-Emergency Medical Care:

- A) Staff of Audrain Developmental Disability Services (ADDS) shall ensure that persons receiving services receive adequate and timely medical services.
- B) Provision for routine and non-emergency medical care should be arranged either through the private physician of the person served.
- C) All persons served will receive an annual physical exam. The exam must be documented on the form provided. This exam should include no less than a TB Tine Test, a CBC, and a urinalysis.
- D) Female persons served shall have a pelvic exam and mammogram when indicated by the physician.
- E) ADDS Program Coordinators/Managers will schedule appointments to coordinate medical care in compliance with established policies and procedures.

2. Dental Care:

- A) Dental care services should be sought from the person's personal dentist.
- B) If no personal preference for a dentist is indicated, the administrative staff shall be contacted to arrange dental care.

- C) All persons will receive a dental exam at least once a year, and if indicated by the dentist, more often as needed unless there is a waiver indicating otherwise.
- D) Dental exams should be documented in the chart of the individual served.

Contagious Disease Policy for Staff

1. Hepatitis B

A) Precautions:

- i. Wear rubber gloves when encountering bodily secretions (blood, mucus, saliva).
- ii. Have antiseptic solution on hand to clean up spills of body secretions.
- iii. Administer CPR according to your instructions. (State Department of Health states you cannot contract AIDS or Hepatitis B when giving CPR.)

B) Procedure:

- i. Staff and other persons receiving services will not be informed of Hepatitis B carriers unless deemed necessary by ADDS.
- ii. All persons receiving services will be screened for Hepatitis B and receive 3-step vaccine if necessary.
- iii. Staff may receive the Hepatitis B vaccine on a voluntary basis. Vaccine for employees through the Agency will be provided in homes where a known ADDS Hepatitis B carrier resides.

2. Staff Member Contagions:

- A) Persons having a communicable/contagious disease prior to employment at ADDS must obtain a medical release stating that they are free from communicable/contagious diseases before employment will be considered by ADDS.
- B) Any staff member contracting a communicable/contagious disease must inform their Program Coordinator/Manager immediately. (Common colds and influenza excluded). Control measures will be determined, and staff member will be restricted from duties until full medical release is obtained and permission is granted to resume duties.
- C) Staff members having communicable/contagious diseases that are blood-borne or sexually transmitted (AIDS, Hepatitis B) or others requiring special control measures will be restricted from direct care.
- D) *See COVID-19 Preparedness Plan.*

3. Universal Blood and Bodily Fluid Precautions

- A) Policy: All employees of Audrain Developmental Disability Services (ADDS) shall routinely use the precautions described herein for all care activities for persons receiving services in which exposure to blood or bodily fluids and mucous membranes are anticipated.
- B) Purpose: The purpose of this policy is to prevent contamination of open wounds, eyes, or mucous membranes of persons receiving services and employees; and to comply with the recommendations of the Centers of Disease Control, American Hospital Association, Missouri Department of Health, and the Occupational Safety and Health Administration.

C) Leadership Responsibilities:

i. Infection Control Team:

- (a) Establishes procedures for the prevention and control of infectious diseases.
- (b) Provides orientation and continuing education materials for all employees regarding universal blood/body fluid precautions.

ii. Program Coordinators/Managers:

- (a) Ensure that equipment and supplies to perform the blood/body fluid precautions are available in the home and program area.
- (b) Monitor the compliance of staff with the procedures as described in this policy.
- (c) Counsel, retrain, and initiate disciplinary action on employees who fail to comply with this policy.
- (d) Continually assess individuals for high-risk behavior and develop appropriate program plan.

iii. Staff Responsibilities:

- (a) Adhere to the procedures as described in this policy.
- (b) Reports problems with individual compliance, equipment, and supplies to the supervisor.

4. Definitions:

- A) Blood-Transmissible Diseases: Includes diseases such as:

- i. Hepatitis B virus (HBV)
- ii. Human Immunodeficiency Virus (HIV)
- iii. Primary and secondary syphilis, etc.
- iv. Any other condition in which the blood or other bodily fluids are infectious

B) Blood and Bodily Fluids: Includes blood, semen, saliva, emesis, spinal fluid, urine, stool, or any other substances excreted or secreted from the body. Persons receiving services care activities in which exposure to blood, or bodily fluids is anticipated: Oral care, perineal care, diapering, wound care, oral and rectal examinations, blood drawing, feeding (when exposure to saliva is likely), dental care, cardiopulmonary resuscitation, and handling equipment which is contaminated with blood or bodily fluids (urinals, bedpans, emesis basins, needles, and syringes).

C) Protective Gear: Includes gloves, gowns, goggles, masks, or other barriers which are worn by the staff to prevent exposure to blood and body fluids.

5. Procedure:

A) Gloves: Disposable gloves must be worn by all staff, especially those persons who have open wounds or dermatitis, during the following or other activities in which blood or bodily fluids may be contacted:

- i. Dental care
- ii. Oral care and hygiene
- iii. Perineal care
- iv. Diapering
- v. Wound care
- vi. Oral and rectal exams
- vii. Blood drawing
- viii. Medication injections
- ix. Handling equipment contaminated with blood or bodily fluids
- x. Feeding (when contamination with saliva is likely)
- xi. Cleaning spills
- xii. Handling lab specimens

B) Gowns: Disposable gowns must be worn if soiling of clothing with blood or bodily fluids is likely to occur during specific individual care procedures.

C) Masks and Goggles: Disposable masks and plastic goggles or glasses must be worn if splattering of blood or bodily fluids is anticipated (e.g., the person receiving services spits during dental procedures, suctioning, etc.)

- D) Hand Washing: Hands must be washed thoroughly after removing gloves and other protective gear, after handling contaminated items, and after contact with blood and bodily fluids.
 - E) Decontamination: Clean and disinfect items which are accidentally contaminated with blood and bodily fluids immediately. Staff must wear gloves during decontamination procedures and wash hands thoroughly afterwards.
 - F) Hygiene: Staff must supervise and assist persons receiving services as necessary with hand washing and hygiene: e.g., encourage use of Kleenex during respiratory infection; keep nails of person receiving services trimmed, filed, and cleaned; and encourage frequent hand washing. Hygiene and grooming articles must be individually assigned. Discourage mouthing and sharing of tools, cigarettes, hygiene articles, or any other items used in the home, classroom, and recreation areas.
 - G) Laundry Management: Clothing and linens which are contaminated must be handled with gloves and washed separately. (Clothing and linens which are not contaminated do not require special precautions.)
 - H) Dishes and Food Management: Discourage sharing of cups, glasses, food and eating utensils. Dishes and utensils must be cleaned and sanitized by established dietary procedures.
 - I) Waste Management: Place used needles and sharps into a puncture-resistant container. Do not bend, break, or recap needles. Place other contaminated disposables into a plastic bag before discarding. Put liquid into the commode or hopper. Avoid splashing.
 - J) Handling of Lab Specimens: Secure all specimens in containers to prevent accidental leaking and breakage.
 - K) CPR: Keep portable cardiopulmonary resuscitation equipment (oral airways, or face mask and gloves) accessible at home, program, and van areas to eliminate the need for mouth-to-mouth resuscitation.
6. Incidents and Injuries: Report all needle stick injuries, bites, scratches, or other possible contact with blood or bodily fluids to your supervisor immediately. Complete the incident/injury form and report as directed.

COVID-19 Preparedness Plan

1. Audrain Developmental Disability Services is committed to providing a safe and healthy workplace for all our employees, consumers, and visitors. To ensure we have a safe and healthy workplace, Audrain Developmental Disability Services has developed the following COVID-19 Preparedness Plan in response to the COVID-19 pandemic. Managers and employees are all responsible for implementing this plan. Our goal is to mitigate the potential for transmission of COVID-19 within our facilities and communities, and that requires full cooperation among our workers and management. Only through this cooperative effort can we establish and maintain the safety and health of all persons in our workplaces.

The COVID-19 Preparedness Plan is administered by the Safety Coordinator, who maintains the overall authority and responsibility for the plan. However, management and workers are equally responsible for supporting, implementing, complying with, and providing recommendations to further improve all aspects of this COVID-19 Preparedness Plan. Audrain Developmental Disability Services managers and supervisors have our full support in enforcing the provisions of this plan.

Audrain Developmental Disability Services COVID-19 Preparedness Plan follows the industry guidance developed by the state of Missouri, available at the Show Me Strong Recovery Plan (<https://governor.mo.gov/show-me-strong-recovery-plan-guidance-and-frequently-asked-questions>), which is based upon Centers for Disease Control and Prevention (CDC) and Missouri Department of Health and Senior Services (MO DHSS) guidelines for COVID-19, Missouri Department of Labor statutes, rules and standards, and Missouri's relevant and current executive orders.

2. It addresses the following:
 - A) ensuring sick workers stay home and prompt identification and isolation of sick persons;
 - B) social distancing – workers must be at least six-feet apart;
 - C) worker hygiene and source controls, including face coverings;
 - D) workplace cleaning and disinfection protocol;
 - E) drop-off, pick-up and delivery practices, and protocol; and
 - F) communications and training practices and protocol.
3. Ensure sick workers stay home and prompt identification and isolation of sick persons workers have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19. The following policies and procedures are being implemented to assess workers' health status prior to entering the workplace and for workers to report when they are sick or experiencing symptoms. Audrain Developmental Disability Services requires that all employees have their temperature checked prior to beginning their shift. If their temperature reading is above 100.2 degrees Fahrenheit, they will be sent home. Employees must be fever free for 24 hours without the use of fever reducing medications. Additionally, the agency holds the right to ask that an employee receive a negative COVID-19 test result before returning to work. If an employee is knowingly ill before arriving at work, they must contact their immediate supervisor immediately to notify them of any COVID-19 related symptoms. If employees develop any COVID-19 symptoms during their shift, they will be sent home immediately or as soon as coverage is found.
4. Audrain Developmental Disability Services has implemented leave policies that promote workers staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household. All employees may be able to utilize any available sick leave, vacation time, paid personal days, and the Family Medical Leave Act (FMLA) (if applicable) in which they are able to produce documentation from a state licensed medical provider.

5. Social distancing – Workers must be at least six (6) feet apart. Social distancing of at least six (6) feet will be implemented and maintained between our employees, consumers, and visitors in the workplace through the following engineering and administrative controls as necessary:
 - A) Teleworking when acceptable for clerical and administrative staff;
 - B) Educational materials and instructions are available at all locations to ensure our employees, consumers, and visitors understand and comply with social distancing efforts;
 - C) All in-person visitors will be required to meet in an open-air setting and continue to maintain social distancing of at least six (6) feet;
 - D) All mandated trainings and meeting will be held in an area in which all our employees, consumers, and visitors are able to comply with social distancing spacing;
 - E) All workspaces will be disinfected after use of each employee, consumer, and/or visitor;
 - F) All vehicles will be disinfected after each employee, consumer, and/or visitor;
 - G) The agency will provide required personal protective equipment (PPE) necessary to complete their job duties in addition to proper donning, wear, and duffing of PPE in accordance with the recommendations set forth by both the DMH and DHSS;
 - H) Any employee, consumer, and/or visitor shall notify a manager immediately in the event that they do not have effective or lack PPE;
 - I) Any employee and/or visitor who do not comply with the social distancing recommendations or use of PPE will be asked to leave the facility and return once compliant;
 - J) Any COVID-19 positive consumer or employee will be quarantined immediately until a further action plan is designed at that time to meet the needs of the agency.
6. Worker hygiene and source controls:
 - A) Basic infection prevention measures are being always implemented at our workplaces. Workers are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their shift, prior to any mealtimes and after using the restroom. All employees, consumers, and visitors to the workplace or residential settings are required to wash or sanitize their hands prior to or immediately upon entering the facility. Hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) are available at all locations in the workplace so they can be used for hand hygiene in place of soap and water, if hands are not visibly soiled. Employees

should notify their immediate supervisor immediately if they do not have hand soap and sanitizers available at each location. Employees are required to request that all visitors perform hand hygiene practices upon entering the facility. If a visitor refuses to perform hand hygiene, they will be asked to leave the facility until they are willing to comply.

7. Face Coverings/ Use of Masks:

- A) Face coverings will be required for all employees and visitors will be required to wear face coverings in all residential areas, natural homes, DTC, agency vehicles, and while working directly with consumers in the community. Employees, consumers, and visitors are being instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing, and to avoid touching their face, particularly their mouth, nose, and eyes, with their hands. Employees, consumers, and visitors Workers [and customers, clients, patrons, guests, and visitors] are expected to dispose of tissues in provided trash receptacles and wash or sanitize their hands immediately afterward. Respiratory etiquette will be demonstrated on posters and supported by making tissues and trash receptacles available to all workers and other persons entering the workplace. All agency employees are required to remind employees, consumers, and visitors to comply with prevention measures.

8. Workplace cleaning and disinfection protocol:

- A) Regular practices of cleaning and disinfecting have been implemented, including a schedule for routine cleaning and disinfecting of work surfaces, equipment, tools and machinery, vehicles, and areas in the work environment, including restrooms, break rooms, lunchrooms, meeting rooms, checkout stations, fitting rooms, and drop-off and pick-up locations. Frequent cleaning and disinfecting are being conducted of high touch areas, including phones, keyboards, touch screens, controls, light switches, door handles, elevator panels, railings, copy machines, credit card readers, delivery equipment, etc. Each facility should continue to complete their specific disinfecting list as directed by their immediate manager. Each shift should conduct a thorough disinfectant routine at their location daily. All disinfectant and cleaning solutions should be properly stored in a locked area and are available for reference in the MSDS books at each location. All employees are required to read the labels of cleaning solutions prior to use to ensure adequate and appropriate disinfectant measures are utilized.

9. Drop-off, pick-up and delivery practices, and protocol:

- A) All drop-offs, pick-ups, and deliveries will be done outside of each facility unless deemed otherwise (i.e., medical or adaptive equipment fittings and services, furniture deliveries, emergency personnel).

10. Communications and training practices and protocol:

- A) This COVID-19 Preparedness Plan was communicated to all workers through an agency announcement. All employees are required to read, acknowledge, and comply with the COVID-19 Preparedness Plan.

All employees will attend any scheduled trainings and meetings in relation to COVID-19. Additional communication and training will be ongoing as directed by the Executive Director, Safety Coordinator, or managers. Training will be provided to all workers who did not receive the initial training and prior to initial assignment or reassignment. Instructions will be communicated to all workers, including employees, temporary workers, staffing and labor pools, independent contractors, subcontractors, vendors and outside technicians, consumers, and visitors about protections and protocols, including:

- i. social distancing protocols and practices;
- ii. drop-off, pick-up, delivery, and general in-store shopping;
- iii. practices for hygiene and respiratory etiquette;
- iv. requirements regarding the use of face-coverings and/or face-shields by employees, consumers, and visitors.

11. All employees, consumers, and visitors will also be advised not to enter the workplace if they are experiencing symptoms or have contracted COVID-19. Managers and supervisors are expected to monitor how effective the program has been implemented through visual practice, temperature logs, and any other tracking practices implemented by the agency.
12. All management and employees are to take an active role and collaborate in carrying out the various aspects of this plan, and update the protections, protocols, work-practices, and training as necessary. This COVID-19 Preparedness Plan has been certified by Audrain Developmental Disability management and the plan was posted throughout the workplace and made readily available to employees. It will be updated as necessary by Safety Coordinator. The Board shall review this Plan monthly during an active crisis and annually thereafter.

COVID-19 Return Protocol

1. This protocol applies to both employees and consumers in reference to COVID-19 in the event that they test positive for COVID-19. This protocol is subject to change per the surveillance of the Community Risk Level, CDC recommendations, and/or guidelines recommended by the DMH, and the Executive Director.
2. A positive COVID-19 test initiates a 5-day quarantine period. The day of receiving a positive test is day 0. If asymptomatic during the 5-day period, the individual may return to normal activities.
3. If the individual develops symptoms within the 5-day period, the quarantine period of 5 days will start the day symptoms start.
4. If the individual is still symptomatic at the last day of quarantine, the quarantine period will extend to a period of 10 total days.

5. If the individual is quarantined for longer than five (5) days, they may retest around day 7-8. If they receive a negative test, they can return to normal activities. If they receive a positive test, they will complete the 10 days of quarantine.
6. If an employee test positive for COVID-19 wishes to work with COVID-19 positive consumers, they may *only* work with COVID-19 positive consumers and not work in a location where there are no COVID-19 cases. Masks are required for this activity and are available per request for those who do not have one.

Staff Procedures for Medical Emergencies and Disasters

1. ADDS staff should be vigilant and prepared to respond to medical emergencies and disasters, such as fire, severe weather, missing persons, vehicle breakdown, etc., immediately in order to ensure the health and safety of all individuals served.
2. When an emergency medical situation or disaster occurs, staff must immediately contact emergency medical services (9-1-1). Calling 9-1-1 should take place prior to making internal contacts with other staff or with family and guardians.
3. During a medical emergency, staff should initiate CPR as medically appropriate and continue life-saving procedures until Emergency Services arrive.
4. Program managers are responsible for ensuring all staff have access to appropriate emergency and disaster resources. New and current employees should be trained in where resources are located and how to access these resources in an emergency. Staff are trained and empowered to use emergency resources without first seeking permission.
5. Emergency Handbooks should have an updated list of all ADDS staff who can be called into work as needed during an emergency or disaster.
6. Emergency meeting points and Emergency Housing options will be identified prior to an emergency and posted in public areas so that all staff are aware of these locations and are trained to be ready to transport individuals served to these emergency housing locations when an emergency occurs.
7. After emergency services have been notified and/or persons served have been relocated to an emergency shelter or other safe location, guardians, family and other or other interested parties should be notified immediately.
8. An Incident & Injury Report is to be filled out and sent to Hannibal Satellite Office within 24 hours unless it is a weekend or holiday (then the next business day). In case of death, the Hannibal Satellite Office should be notified immediately and if, after hours, there will be an in person contact with the on-call Hannibal Satellite Office staff member.

9. ADDS administrative staff responsible for medical care coordination and the families of the injured or ill person should be promptly contacted by the on-duty staff member.

Locations Not Controlled by ADDS

If an emergency or safety concern occurs on grounds and/or locations not controlled by ADDS, staff members and individuals served should follow the directions given by staff members of the location not controlled by ADDS. After safety has been achieved, ADDS staff should contact the appropriate ADDS management team and follow the safety plan advised.

Before any community outing or event, staff will:

1. Review relevant safety procedures with the individuals served. This includes discussing potential evacuation routes and identifying any community-specific risks.
2. Access to physical environment, including accessibility, of the service delivery site.
3. Maintain basic needs in the event of an emergency.

For individuals who are able to participate independently in community activities, staff should ensure they have:

- A reliable method to contact staff if needed
- A clearly designated meeting location and time

This proactive approach helps promote safety, independence, and preparedness during community engagement.

Automatic External Defibrillation (AED)

1. Scope

- A) En-Pro Management, Inc. is dedicated to establishing, maintaining and overseeing a successful Automated External Defibrillation (AED) Program for Audrain Developmental Disability Services.
- B) En-Pro Management, Inc.'s support specialist will work with employees who volunteer to serve as trained responders in the event of a medical emergency requiring cardiopulmonary resuscitation (CPR) and the use of an AED. This document describes the guidelines.

2. Purpose

- A) The purpose of this document is to establish effective, comprehensive, and consistent guidelines. These guidelines will apply to the site assessment, application, maintenance, training, and other components that may be required by Audrain Developmental Disability Services so that En-Pro can ensure that an effective AED Program is in place.

3. Definitions

- A) Automated External Defibrillator (AED): A small, portable, electronic medical device with a computer that will automatically analyze the heart rhythm. If the AED detects a life-threatening abnormal rhythm, the AED will provide voice prompts and a visual message for the responder. The AED instructs the responder to move away from the victim and to push the shock button to deliver a lifesaving shock. Or with fully automated AED's the AED will call to clear the victim and automatically deliver a shock.
- B) Volunteer Responder: An employee of Audrain Developmental Disability Services who volunteers to respond to an emergency at work. The volunteer responder is trained in CPR and the use of the AED and has received certification with a nationally recognized training institution. This would also include any security personnel who have been contracted by the company or organization and who are also required to respond to medical emergencies. Companies may also require First Aid and Blood Borne Pathogen training. Certification must be current.
- C) Cardiopulmonary Resuscitation (CPR): External chest compressions and artificial ventilation applied to a victim of Sudden Cardiac Arrest.
- D) Emergency Medical Services (EMS): Professional responders who are licensed and provide varying levels of service to a community to provide pre-hospital, immediate care for victims of sudden illness or injury and transport to a healthcare facility.

- E) Risk: The chance of injury or illness as determined by the presence of hazards and/or the probability of an adverse event occurring.
- F) Sudden Cardiac Arrest (SCA): Sudden Cardiac Arrest is an electrical problem whereby the heart function ceases abruptly and without warning. The heart no longer pumps blood throughout the body and death occurs. While there are many causes for SCA the most usual cause is an arrhythmia known as ventricular tachycardia (VT) or ventricular fibrillation (VF) or both.
- G) Heart Attack: A Heart Attack occurs when the heart muscle is deprived of adequate blood flow usually due to one or more vessels of the heart being blocked. The heart muscle damage can often be reversed with rapid interventions.

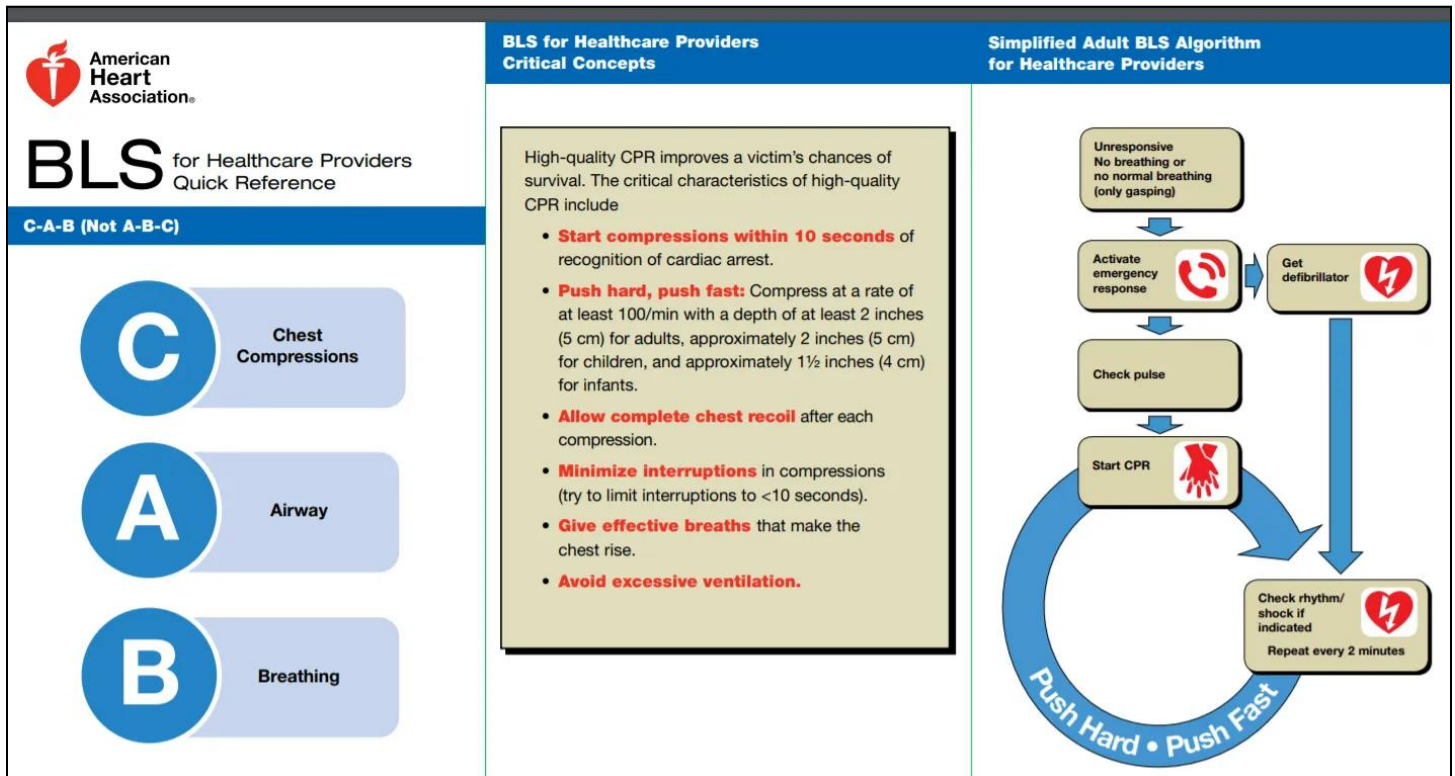
4. Concepts

- A) The Concepts of an Early Defibrillation Program Early defibrillation should be used as one intervention for the problem of sudden cardiac arrest. Early defibrillation will succeed only when implemented as part of the Chain of Survival (see figure 1).
- B) The links of the chain of survival include immediate recognition of cardiopulmonary arrest and activation of 911 by trained responders, early CPR, and rapid defibrillation, effective advanced life support and integrated post-cardiac arrest care.
- C) Establishment of early defibrillation within a strong chain of survival will support improved survival rates.
- D) En-Pro Management, Inc. provides the resources and educational programs that support the cardiac chain of survival.

Figure 1.



- En-Pro Management, Inc. Manages the AED Protocol on their website. The Community RN has access to this portal and will provide a copy of each AED Protocol to each location. The Community RN will also ensure that any changes will be provided to each location at the time of revision.



Seizure Care

- During a seizure – Remain calm, no one can stop a seizure once it starts (do not attempt to restrain the consumer or use force. Turn the person onto his side (this positioning prevents the tongue from blocking airway and helps the consumer not choke on their secretions. Remove hard or sharp objects from the area. Loosen tight clothing such as a collar or a belt. Place something soft and flat under the head. Never force anything into the person's mouth, especially your fingers (padded tongue blades and airways are not accepted practice because they may induce vomiting, cause potential damage to teeth, and may be aspirated).
- After a seizure – Allow the person to lie quietly. As they awaken gently call them by name and explain what happened and where they are. The person may have been incontinent of both bowel and bladder. Write down an accurate description of the seizure as soon as possible and record the information on the seizure record.

3. Call 911 if – Consumer stops breathing. Seizure lasts longer than five (5) minutes. This is the consumer's first seizure. There are repeated seizures without regaining consciousness. The consumer is diabetic or pregnant.

Suicide and Attempted Suicide

1. When assessing for suicide some of the symptoms to be noted are depression, previous suicide attempts, drug/alcohol abuse, symptoms associated with mood disorders, and/or morbid or unusual themes or communications.
2. ADDS staff are to ensure that persons receiving services are safe. If above behaviors are noted, staff are not to leave the person receiving services alone; someone should always be with them. ADDS staff should monitor the person receiving services.
3. If the person receiving services should attempt to commit suicide, ADDS staff should try to stop this action. The Program Coordinator should be called and the person receiving services should be transported to the nearest urgent care, hospital, medical treating facilities for evaluation.

Death of an Individual

Emergency Medical Care/ CPR/ AED

1. Emergency Medical Care Procedures: In the event of medical emergencies, the following measures should be taken:
 - A) In the event of serious illness or injury, or if additional medical/emergency assistance is required, an ambulance should be called, and the person transported to the appropriate hospital Emergency Room, (911). If the event is perceived as a true emergency –
 - i. Call the ambulance/911 first.
 - ii. Begin CPR and continue until EMS arrives to assist.
 - iii. Utilize AED if instructed to do so by the 911 dispatcher
 - iv. If only one staff member is on duty: After additional assistance arrives call the Program Coordinator/ Manager and Community RN
 - v. If two staff members are on duty, the second staff member should contact the Program Coordinator/ Manager and Community RN and then continue to assist the other staff member until additional help arrives.

Death Notification and Mortality Review

1. Deaths of all Division of DD individuals, regardless of service type, must be reported to the head of the facility or designee immediately when notification is received and entered into the Event Management Tracking (EMT) system within 24 hours.
2. A death that occurs under questionable circumstances or because of an allegation of abuse, neglect, exploitation, or mistreatment additionally requires an investigation in accordance with Department Operating Regulation 2.210.
3. Deaths meeting established criteria will be referred for a Root Cause Analysis and be reviewed by the Division's Executive Mortality Review Committee.
4. The head of the facility or designee must immediately notify the Assistant Division Director of all suspicious, unexpected, or high-profile deaths, including such deaths referred to another authority for follow-up.
5. All deaths of Division of DD individuals who are recipients of state or contracted residential services, as well as individuals who die during receipt of a DMH paid service (state or contracted), require a Mortality Review comprised of the following sections:
 - A) Provider/ Regional Office Mortality Review Committee;
 - B) Regional Office or and Division of DD Executive Level Review;
 - C) Such deaths may be referred to or selected for review by the Mental Health Fatality Review Panel;
 - D) When requested by the Regional Director, Superintendent, or designee, a Mortality Review may be completed for individuals whose death occurred under the supervision of a DMH licensed, certified, or contracted provider, even though the Department of Mental Health was not funding the provider for that individual's service.
 - E) HSO will be the lead facility in performing Mortality Reviews for individuals discharged into community placement from state habilitation centers. However, when an individual death occurs within 30 days of discharge from a state Habilitation Center to community placement, the Regional Office Mortality Review Committee will include personnel from the discharging Habilitation Center to better review any causal or proximal factors and/or related events and actions involving Habilitation Center performance.
4. The Mortality Review will include but not be limited to the collection and combination of the following documents for each death event:

- A) Event Report of Death
 - B) Electronic Individual Death Notification
 - C) Mortality Review Provider Section & supporting documentation
 - D) Regional Mortality Review Committee Section & supporting documentation
 - E) Administrative Action Section
 - F) DD Executive Level Review Section
 - G) Death Certificate
 - H) If applicable, autopsy report (if or when available)
 - I) If applicable, Root Cause Analysis Report
 - J) If applicable, Medical and Law Enforcement Documents
5. A Regional Mortality Review Committee will function at both the HSO for review and analysis of all qualifying deaths in their region.
6. The participants will be designated by HSO will include but not be limited to:
- A) Quality Enhancement RN as indicated
 - B) Assistant Director for HSO
 - C) Regional Quality Enhancement Coordinator for HSO
 - D) Physician or Nurse Practitioner, Senior RN if available within the structure of the organization.
 - E) Other optional roles for consideration:
 - i. Service Coordinator, additional QE RNs, or advocate.
7. The Mortality Review document shall be electronic with each section of the Mortality Review completed by the designated party of Provider, Regional Office, and Executive Team within the designated timelines. The following actions are to occur subsequent to an individual death and are categorized by the responsible party.

State and Contracted Provider Notification and Mortality Review Procedures

1. Precautionary Action: Immediately, Providers will ensure necessary and reasonable precautions are taken to secure the safety of others with the identification of conditions or practices requiring immediate intervention to protect other individuals from problematic events. Actions taken will be documented on the Event Report and/or within the Provider section of the Mortality Report as appropriate.
2. Notifications:

Immediately:

- A) Guardian/ appropriate family

- B) Report death of all DMH individuals (state facility, natural home and community placement status) to HSO
- C) Medical Examiner/ Coroner
- D) Law Enforcement as indicated

Immediately complete and submit the "Community Event Report Form - DMH 9719B as required for reporting all individual deaths. Designated provider staff will ensure the report is completed in accordance with Department Operating Regulation 4.270 and CSR 10-5.206.

Mortality Review Process, Required Documents, and Instruction for Completion

Within five (5) business days:

1. The provider agency will complete the Mortality Review Provider Sections I & II on the electronic record for all deaths of individuals receiving state or contracted residential services or who die during receipt of any DMH paid service.
2. The provider's Mortality Review section will be completed by designated professional level staff and submitted to HSO within five (5) business days from date of death unless a documented extension is granted by the Regional Director. Extensions should be documented within the Mortality Report.
3. Within the same five (5) business days:
 - A) Physician Orders and Medication Administration Records from residential setting at time of death or transfer to hospital or other care facility for the current month and three (3) previous months unless an extension is granted and documented, the Provider agency (contracted and habilitation center) should submit with Section I "Provider Mortality Review", the following documentation:
 - i. All staff documentation & progress notes (Nurses, Physicians, direct care and/or staffing/observation/communication notes or logs, etc.) for at least three (3) days prior to the date of death, or transfer to hospital or other care facility.
 - B) Most recently completed Community RN Monthly Summary, including at least three (3) Community RN Monthly Summaries, prior to the death event or transfer.
 - C) All health monitoring records being completed by your organization for this individual such as vital signs, weights, blood pressure, blood sugar, bowel or urine records, Intake/Output etc. for the current month and three (3) previous months prior to death event or transfer to hospital or other care facility.
 - D) All medical and behavioral consultation records for six (6) months prior to death or transfer of care.

- E) Documentation of all nursing delegation for this individual performed within a month prior to death event or transfer to hospital or other care facility.
- F) If ordered, a copy of DMH Non-Hospitalization DNR documentation or Alternative to CPR document.
- G) Hospital, Emergency Room, and/or Emergency Response reports (Paramedic/ EMT/ Ambulance/ First Responder, etc.) occurring within 12 months prior to death event or transfer of care.
- H) All documents specifically requested by Division of DD. Regional Office and Mortality Review Procedures.

Autopsies

1. Autopsy requests can be coordinated with the local Medical Examiner/Coroner's office; or by request of family/guardian.
2. Community Placement: An autopsy will be requested and paid for by the Department for the deaths of individuals enrolled in DD Community Placement Services and who die during receipt of a DMH state funded service for the following conditions or suspected conditions and/or as requested by Division of DD Administration:
 - A) Investigated for physical abuse, sexual abuse, or maltreatment.
 - B) Precautionary suspicion of Neglect, including but not limited to, inadequate supervision, inadequate care, possible malnutrition or dehydration, poisoning, chemical or drug ingestion, and medication error.
 - C) Suspicious/ Criminal activity
 - D) Possible suicide
 - E) Choking
 - F) Scalding/ Burning
 - G) Ingestion of inedible item(s)
 - H) Confinement/ Restraint(s)
 - I) Fire
 - J) Drowning
 - K) Firearm or another weapon
3. The Regional Director, Superintendent, or designee will be responsible to contact the family or guardian when an autopsy is required or recommended. The state will fund requested or required autopsies if applicable.

4. Pending autopsy results should not alter the established timelines. The pending nature of the autopsy may be referenced in the Mortality Review along with any outstanding questions that might be answered by the autopsy report. The report may be amended upon receipt of the final autopsy results if needed.

Root Cause Analysis (RCA)

1. All state and community provider individual deaths and surrounding events may be subject to a Root Cause Analysis (RCA).
2. The RCA process is designed specifically to identify any root or contributing cause/factors in an adverse event and to identify opportunities to correct and/or improve our service delivery to achieve better outcomes.
3. Root Cause Analysis is not conducted on every incident of system failure or when the reason is obvious however, it may be requested when there are repeated failures that are attributed to human error or when a sentinel event results in death.
4. A sentinel event is an unexpected occurrence involving death or the risk that reoccurrence of the event would carry a significant chance of an adverse outcome.
5. RCA's will be completed at the request of a Regional Director, Mortality Review Committee, and/or Division Administration.
6. RCA's are recommended when deaths occur in the following categories or patterns:
 - A) Investigated for physical abuse, sexual abuse, or maltreatment
 - B) Investigated for suspicion of Neglect, including but not limited to, inadequate supervision, inadequate care, possible malnutrition or dehydration, poisoning, chemical or drug ingestion, and medication error
 - C) Suspicious/Criminal activity
 - D) Possible suicide
 - E) Sudden, suspicious unexplained death including but not limited to:
 - i. Choking
 - ii. Scalding/Burn
 - iii. Ingestion of inedible item
 - iv. Confinement/Restraint
 - v. Fire
 - vi. Drowning

vii. Firearm

7. The RCA report must be generated and submitted to the Director or Superintendent in accordance with the Division's training curriculum and timelines for Root Cause Analysis.

Specialized Diets/ Dietary Changes Policy

1. All special diets (low salt, caloric restrictions, consistency changes etc.) for persons served by ADDS shall be ordered by a licensed physician and documented on a Physician's Orders or Consultation Sheet.
2. Staff will receive training upon hire, annually, or more often as needed on specialized diets and modifications and how to support individuals served with diet modifications.
3. All staff will receive training on newly ordered specialized diets or modifications as ordered.

Therapies and Adaptive Aids Policy

1. The following policies apply to persons served by Audrain Developmental Disability Services (ADDS):
 - A) All therapies will be administered under the direction of a physician.
 - B) Adaptive aids will be prescribed by a physician.
 - C) Physician's Orders will be issued stating necessary information for each individual requiring these services.

Safety

Vehicle Breakdown

1. If you are transporting persons served and experience a vehicle breakdown, pull your vehicle as far onto the right shoulder if possible. If not possible, try to pull the vehicle as far out of the lanes of traffic as you can.
2. If you are not the driver, call 9-1-1 immediately if there is a medical emergency. If you are the driver, once your vehicle is stopped, call 9-1-1 immediately if there is a medical emergency.
3. Make sure you **display your emergency flashers or a distress sign** if you have one.
4. Be aware of your surroundings and **do not step out of the vehicle into a lane of traffic**.
5. Remain calm and know that **assistance is available**.
6. Telephone for assistance to your immediate supervisor, program manager or maintenance department. (Call 9-1-1, if you are stranded during a snow or ice storm.)
7. Do not get out of your vehicle, **it is safer to stay inside the vehicle**. Stay with your vehicle until help arrives.
8. Do **not attempt to change a flat** in or near a lane of traffic. It is better to ruin a tire or rim than to risk being struck by another vehicle.

Hot Water Policy

Each Audrain Developmental Disability Services (ADDS) facility shall control the temperature of hot water at all taps accessible to persons receiving services by the use of thermostatic mixing valves, or by other means, to keep the temperature from exceeding one hundred twenty degrees Fahrenheit (120 F).

Non-Public Water Supply

ADDS does not use non-public water supply resources for water (i.e. well water).

Visitor Policy for Persons Served

1. Persons receiving services at facilities of Audrain Developmental Disability Services (ADDS) are encouraged to have visitors/guests.

2. In order to take into consideration others in the facility, there are certain guidelines that persons served and their visitor(s) are requested to follow when having visitors.
 - A) Person served should inform the Program Coordinator/staff if expecting a visitor.
 - B) Visitors should sign in with the office at the ADDS facility when entering the building.
 - C) If the visitor is planning to arrive after 9:00 p.m., the facility staff should be notified.
 - D) An overnight visitor may be denied due to circumstances/needs of the roommate of the person served and other residents.
 - E) All visitors must follow facility rules.
 - F) The person served who has invited the visitor/guest is responsible for informing their visitor/guest of facility rules and ensuring that the rules are followed.
 - G) Visiting pets is allowed under certain circumstances. (See Visiting Pet Policy)
 - H) No firearms/weapons of any kind are permitted on ADDS property.
 - I) No alcoholic beverages or illegal drugs are permitted on ADDS property.

Policy on Persons Served Leaving Premises

1. Persons served who are unable to represent their own interests will not be allowed to leave Program premises with outside individuals.
2. For such persons served to leave the premises, ADDS staff must receive specific authorization from the appropriate responsible party.

Elopement and Wandering/ Missing Persons

1. In the event of an elopement of a person served, the following steps will be followed:
 - A) The entire ADDS facility is searched to assure the person receiving services is not hiding on the grounds.
 - B) If a staff person physically sees an elopement occurring, they are to note the time and try to follow the person receiving services as closely as they can.

- C) If the person receiving services will not return to the facility, the authorities are to be notified.
- 2. If a person receiving services is missing and cannot be found, staff are to call the authorities as soon as possible and provide the name of the person served, a description, and an estimate of the general direction the person was heading, if known.

Pet Policy

- 1. Group Living Situations: Currently pets are not permitted in ADDS group living situations. If it is determined that a pet or service animal would be a benefit to a person served, an exception can be made with approval by the ADDS Executive Director and ADDS Board of Directors.
- 2. ISL Locations: Pets are not encouraged or discouraged at ADDS ISL locations. If a person served chooses to have a pet, the costs of food and care for the pet, including vaccinations and other medical care, are the responsibility of the pet's owner.

Visiting Pet Policy

- 1. Anyone who wants to bring a pet to visit an ADDS location, must comply with the following rules:
 - A) Approval must be obtained from the Program Coordinator/Manager of the ADDS Program where the visit is desired.
 - B) Pets should be current with their vaccinations. The vaccination record may be requested by the Program Coordinator.
 - C) Pets should be well-groomed and parasite free.
 - D) Pets need to stay in the areas designated by the Program Coordinator/Manager.
- 2. Any other guidelines/restrictions the Program Coordinator/Manager feels appropriate at the time of the visit must also be adhered to.

Annual Facility Review

- 1. All Audrain Developmental Disability Services (ADDS) facilities require routine inspection and upkeep. These inspections should be performed as needed and at least annually by outside agencies/providers, ADDS maintenance personnel, House Managers, Support Coordinators during monthly service monitoring, or ADDS Case Record Review/Safety Committee, etc. with assistance from Program staff members on each shift as needed.

2. The components that are looked at during the inspection and staff, agencies involved include as appropriate:
- A) Heating and cooling systems – ADDS maintenance personnel, outside providers.
 - B) Electrical systems – ADDS maintenance personnel, outside providers.
 - C) Emergency warning devices – ADDS maintenance personnel, Support Coordinator, outside providers.
 - D) Walking and working surfaces – House managers, ADDS maintenance personnel, Support Coordinator.
 - E) Ingress and egress – Outside agency/provider, ADDS staff.
 - F) Health and sanitation related to food prep, eating areas, restrooms – Support Coordinator, Health Department, ADDS Case Record Review/Safety Committee.
 - G) Structural integrity of building – ADDS maintenance review, ADDS staff.
 - H) Storage of hazardous materials – House Manager, other ADDS staff.
 - I) Fire protection systems and equipment – Outside agencies/provider.
 - J) Air contaminants and ventilation – ADDS maintenance review, ADDS staff.
 - K) Air protection systems or warning devices, such as carbon monoxide detectors – ADDS Case Record Review/Safety Committee, Support Coordinator, ADDS staff.
 - L) Safety devices installed on equipment – ADDS maintenance personnel, outside agency/ provider, ADDS staff.
 - M) Any other protective devices – ADDS maintenance personnel, outside agency/provider, ADDS staff.
 - N) Recreation/visitation areas – ADDS maintenance personnel, House Manager, other ADDS staff.
 - O) Any other appropriate areas – ADDS maintenance, House Manager, other ADDS staff.
 - P) External agencies review many of the same systems annually.
 - Q) Record of some concerns and some actions to be taken may be noted on the inspection forms which are maintained.

Storage of Cleansers and Potentially Hazardous Substances

All chemicals and potentially hazardous substances shall be stored in a safe and cautious manner to avoid poisonous or toxic contamination.

1. Breckenridge Heights Group Home: Caustic items listed in the PCSP of each person receiving services are to be stored in an accessible location. Solutions not on the lists are to be stored in the facility staff office closet. Persons receiving services are not permitted in the staff office without permission.
2. Harvey House Group Home: All caustic solutions are stored in a locked cabinet in the laundry room.
3. CT Loyd Apartment Living Program: Due to the functioning level and the program design, all caustic solutions used by the persons receiving services are stored in the individual apartment units in locations accessible to each resident.
4. Developmental Training Center: All caustic solutions are stored in a locked storage closet,
5. Hazel Place ISL: All caustic solutions are stored in a locked cabinet in kitchen.
6. Jefferson Road ISL: All caustic solutions are stored in a locked cabinet in kitchen.
7. Abat Street ISL: All caustic solutions are stored in a locked cabinet in office and kitchen.

Material Safety Data Sheets (MSDS)

1. A folder for MSDS information is kept at each Audrain Developmental Disability Services (ADDS) facility. However, since many companies continue to change the chemical makeup of products and are constantly updating their MSDS, ADDS will transition to use of the website EHSO.com for current MSDS information. This website is available on all computers at each ADDS site and accessible to employees (the website will be on the computer desktop and current, up to date information can be accessed).
2. This MSDS folder should contain a form to indicate the purchase of products in question and this form is to be kept updated and checked quarterly by the Quarterly Case Record Review/Safety Committee.

Food Service Training/ Food Establishment Inspection Report

1. Training: Audrain Developmental Disability Services (ADDS) provides Food Service Training through the Show Me Food Safety Standards from the Missouri Department of Health and Senior Services.
 - A) This training provides employees with knowledge of proper portion control, nutritional foods, handwashing techniques, and various food safety programs.

- B) This training is mandatory for all ADDS employees.
2. Inspection Reports: The Food Establishment Inspection Report is based on established definitions; set standards for management and personnel, food operations, equipment, and facilities, when necessary to have a Food Establishment Inspection completed.
 - A) Inspections are conducted in accordance with the monthly Support Monitoring completed by Support Coordinators as well as the ADDS quarterly Case Record/Safety Reviews and, as necessary/desired, the Code from the City of Mexico as well as the Audrain County Health Department.
 - B) Any items that are noted on the report identify the violations in operations of that facility and must be corrected by the next routine inspection/review or such shorter period of time as may be specified in writing by the regulatory authority.
 - C) Failure to comply with any time limits for corrections specified in this notice may result in suspension of food operation activities.

Food Storage and Preparation Policy

1. Each Audrain Developmental Disability Services (ADDS) facility shall store, prepare, display, serve, or transport food and drink in a manner to prevent it from contamination.
2. Perishable food shall be covered and stored at such temperatures as to protect it from spoilage.
3. Each ADDS facility will maintain potentially hazardous food and drink at safe temperatures, at or below 45 degrees Fahrenheit (45 F), except during preparation and services.
4. All meat, fish, and poultry will be properly cooked before being served.
5. All repackaged, potentially hazardous food shall be labeled and dated.
6. Each ADDS facility shall maintain its utensils and equipment used for eating and drinking, in good condition, free from chips and cracks, and thoroughly cleaned after each use.

Storage and Handling of Refuse

1. All ADDS refuse will be stored and disposed of in the following manner:
 - A) It will be stored in a closed, lined container so as not to be accessible to vermin and not create a nuisance or odor.

B) After closed containers are full, the refuse will be disposed of in a closed dumpster located on the curbside by the ADDS facilities.

2. Refuse will be picked up at least weekly by refuse trucks.

Pest Control Policy

1. An agreement has been made with a pest control business to have Breckenridge Heights, Harvey House and CT Loyd facilities inspected and treated monthly or more often as needed, to keep premises free of insect or rodent infestation.
2. Abat ISL, Jefferson Road ISL and Hazel ISL are also served monthly or more often as needed, by a pest control business.
3. If pests are noted at other ADDS offices or facilities, the issue will be addressed by the same pest control business.

Group Home Clean Laundry Policy

1. Each Audrain Developmental Disability Services (ADDS) facility shall provide space for sorting, processing, and storage of soiled linens, separate from space used for clean linens.
2. Each facility shall also provide for the pre-wash of linens soiled by incontinent persons receiving services. All dryers shall be vented in accordance with the city code specifications.

MEDICATION ADMINISTRATION

Medication Administration

1. Policy: No medication may be administered or changed without a written order from a physician. Staff and administration of Audrain Developmental Disability Services (ADDS) have no role related to the prescribing or dispensing of pharmaceutical medications used by persons served in ADDS programs. There must be a copy of this written order on file, as well as an ongoing record of all medications prescribed, date prescribed, prescribing physician, date filled, and place filled. Medication labels from the pharmacy are only written on by a pharmacist.
2. Administration: Medication for a person served shall be administered by staff unless the treatment team, in conjunction with a physician, has determined that the resident is capable of taking his/her own medication.
 - A) In the case of a resident who is responsible for taking his/her own medication, the direct contact staff must be sure the resident understands the type of medication he/she is taking, the proper dosage, and the proper time of taking medications. It should be noted that at this time there are no persons receiving services in an ADDS residential or supported living facility who are self-administering medications.
 - B) An up-to-date individual record of all medications, including prescription and nonprescription medications, used by the person served includes:
 - i. The name of the medication.
 - ii. The dosage, including strength or concentration.
 - iii. The frequency.
 - iv. Instructions for use, including administration route.
 - v. Potential side effects.
 - vi. Drug interactions.
 - vii. For prescribed medications:
 - (a) The prescribing professional and phone number.
 - (b) Dispensing pharmacy and contact information.
3. Records: A record shall be kept of medication taken for all persons receiving services. The record will indicate each medication by name and dose and will indicate when the medication was taken. The record should be kept by staff for staff-administered medications, and, if applicable, kept by the person receiving services for medication administered by the person himself/herself. The Director of Health Services shall regularly review the record of each person receiving services on medication to ensure that the person is administered or taking the medication as scheduled. The Director of Health Services shall also note in the person's record and report to the administrative staff and to the physician any observations of response to drug therapy, and of adverse reactions and over or under utilization of the drugs.

4. Local Pharmacy: Most of the medications prescribed to persons served by ADDS residential facilities are provided by a local pharmacy, Webber Pharmacy in Mexico, Missouri. As each new prescription is received at Webber Pharmacy it is entered by the pharmacist into a computer data software program on a specific profile of that person served in order to receive a “low, medium, or high” potential for a drug interaction with other medications that person served is receiving. The pharmacist will automatically notify the ordering physician of all entries that return with a high potential for drug interaction and potential for interaction is addressed by the physician. Per Webber Pharmacy policy it is at the discretion of the pharmacist to send out medication with a low or medium potential of drug interaction.
5. Storage: It is the responsibility of the Program Coordinator/Manager and Director of Health Services to ensure that all medications are stored in such a way that there is safe administration and handling of all drugs. Medications are never left unattended. Medications may be delivered to ADDS by the pharmacy in a bubble pack or unit dose packaging. When medications are removed from a bubble pack, ADDS staff are required to note on the bubble pack the date and their initials. ADDS staff must also chart on the medication administration record (MAR) after administering the medication.
 - A) Medication Cabinets: Staff-administered medications should be stored in a locked cabinet, with internal and external medicines separated. If applicable, self-administered medications of persons served must be kept locked in their individual medication boxes. All staff-administered medications are stored locked behind a single lock door or cabinet and all narcotics are double locked. Keys to medication cabinets are kept in a central location designated by the Program Coordinator/Manager.
 - B) Refrigeration: Medications that require refrigeration are kept in locked boxes in a refrigerator.
 - C) Protect From Light: Medications that are received from the pharmacy labeled “protect from light” are stored in a dark area and not in any general medication storage area.
 - D) Discontinued Medications: Discontinued medications are returned to the Director of Health Services and stored in a locked closet. Within 90 days, unused medications are disposed in accordance with the Division of Mental Retardation and Developmental Disabilities Medication Aide Two Year Update Training Manual. Any narcotic class drug that has not been administered for 14 days will be discontinued by the prescribing provider and will be disposed of within current guidelines by the Community RN and a witness. Drug destruction forms are signed by two witnesses.
 - E) PRN medications: PRN medications that are administered by ADDS staff are recorded on the back of the MAR entitled “PRN Medications” with the date and time, name of medication, route site, reason for giving the medication and initials of staff members. The time and result of PRN medications is also recorded after the PRN medication is administered – this is also initialed by ADDS staff member.

6. Reordering Medications: ADDS Program Coordinators/Managers are responsible for reordering medications on a timely basis; however, the Program Coordinator/Manager may delegate this responsibility to a qualified staff person at the Program Coordinator's/Manager's discretion.
 - A) If a medication becomes unavailable on a weekend or after hours or on a Holiday, the Director of Health Services is notified.
 - B) The Pharmacy has a pharmacist on call and available to ADDS seven days each week, 24 hours each day to dispense medications per a written agreement with Webber Pharmacy in Mexico, MO.
 - C) When it is necessary to obtain prescription medications after regular working hours the following procedure will be used:
 - i. ADDS staff will try to contact ADDS Director of Health Services on the ADDS cell phone, requesting Director of Health Services to access the pharmacist on call.
 - ii. If unable to access the Director of Health Services, an ADDS staff member will call Webber Pharmacy at 573-581-6930.
 - iii. The following information will be provided to the pharmacist on call:
 - (a) Name of medication needed
 - (b) Prescription number if it is a refill
 - (c) Name of person served for whom the prescription is needed
 - iv. ADDS staff will make arrangements with the pharmacist on call for pickup of the medication at the pharmacy in Mexico.
 - D) Other pharmacy on-call staff and numbers include 573-473-4090 or 573-473-8960.
7. Consumer on Leave: Medications are prepared by ADDS staff to send with a person served when they are going on leave from the ADDS residential facility or attending a function, such as Special Olympics, when they will not be at their home at the time medication administration is due. These medications are recorded on the "Consumer on Leave" form.
8. Sharing Medication: Medications shall not be used by any person other than the one for whom they were prescribed.
9. Disposition: Discontinued and outdated drugs, and containers with worn, illegible or missing labels, shall be returned to the pharmacy for proper disposition.

10. Errors and Reactions: Medication errors and drug reactions shall be recorded and reported immediately to the practitioner who ordered the drug and shall be reported to the administrative staff and follow the event reporting procedure per Hannibal Satellite Office.
11. Emergency Service: If there is a need for emergency service involving medications, the on-duty staff shall take the person receiving services to the nearest hospital that can provide emergency treatment and emergency pharmacy services and follow the event reporting procedure per Hannibal Satellite Office.
12. PCSP Meeting: All medications are reviewed with the person served and/or their guardian at the annual PCSP meeting.
 - A) At the time of the PCSP, if there is a guardian, information is obtained regarding the procedure they wish to follow regarding possible new medication administration. If the guardian desires to be informed each time a new medication is prescribed, the information will be noted, and that procedure followed. If, however, the guardian does not want to be contacted unless the new medication is related to unusual circumstances that procedure will be followed.
 - B) When the person served does not have a guardian, their medications are reviewed at the annual meeting and any new medications are discussed with them when initiated.
 - C) Persons served always have the right to refuse any medication offered to them.
 - D) The Director of Health Services makes weekly visits to each ADDS facility and is available to discuss medications with staff and persons served as requested. Information regarding any new medication is written on the MAR by the Director of Health Services, and information regarding special dietary needs and restrictions associated with any medication is written on the MAR as well and discussed with ADDS staff members responsible for medication administration.
13. Advocacy and Training: As requested, the persons served, or their parents or guardians are provided with or given information about resources for:
 - A) Advocacy and advocacy training to assist them in being actively involved in making decisions related to the use of medications.
 - B) Training and education regarding medications.
14. Staffing: Each location is required to have an employee who is current and active in L1MA on shift at all times. Any employee that is not current or active in L1MA is prohibited from working alone. Employees who are not current or active in L1MA will have documentation in their employee file stating the reason for not being certified until they are L1MA certified.

Medication Administration and Monitoring

Audrain Developmental Disability Service provides medication administration and monitoring at the following locations/programs:

1. Residential Group Homes: Breckenridge Heights, CT Loyd Apartments, Harvey House
2. ISL's: Abat, Hazel, Jefferson Road
3. Day Training Center (DTC)

Audrain Developmental Disability Services does not provide medication administration and monitoring at the following locations/programs:

1. Fieldcrest Community Living
2. Natural Home Services

Narcotic Policy

1. Audrain Developmental Disability Services recognizes the importance of properly ordering, storing, and administering narcotics with all ADDS facilities.
2. It is the policy of Audrain Developmental Disability Services, and a requirement of Level 1 Med Aid, that all employees who work within ADDS facilities where medications are stored ensure that all narcotics are securely stored in a double locked manner. Employees must report any malfunction of locks used to store narcotics immediately to their supervisor.
3. Employees will complete a narcotic count:
 - A) After an employee administers a narcotic medication
 - B) During shift change between the departing and reporting staff
4. All narcotic counts and administration of narcotics will be recorded on the narcotic count sheet and will include the date, time, and printed and signed name of the employees.
5. Narcotics will not be delivered by any pharmacy delivery service. All narcotics are required to be picked up at the designated pharmacy by approved personnel. Approved personnel are house managers, programs coordinators, or the Director of Health Services. The employee who picks up any narcotic from a pharmacy is required to document the new count on the narcotic count sheet and place the medication in the correct bin in the designated double locked area.
6. Employees are required to report any discrepancies during the narcotic count immediately to the Director of Health Services and their immediate supervisor.

7. Failure to abide by this policy could result in disciplinary action or termination based upon the determination of the immediate supervisor, Director of Health Services, and/or the Executive Director.

Medication Error Reporting

1. Records: The Director of Health Services of Audrain Developmental Disability Services (ADDS) maintains a record of all medication errors throughout the year.
2. Quarterly Report: At the quarterly Case Record Review/Safety Committee meeting, the Director of Health Services discusses with all Program Coordinators/Managers any issues in their facilities.
3. Annual Report: At the end of each year, the Director of Health Services will compile a yearly report of medication errors for the year.
4. Any trends, problems and corrections that have occurred over that year will be noted.
5. The current year will be compared to the previous year to monitor patterns or improvements.
6. This information is reported to the ADDS Executive Director.
7. In addition, the Procedure indicated on the 3 following pages will be followed for Medication Error Reporting.

Medication Error Reporting Procedure

1. Purpose: To describe the procedures for reporting medication errors to ensure accurate and appropriate use of medications. To identify medication errors and provide information for review to allow follow up and implementation of change to prevent future medication errors.
2. Ensure the immediate and long-term safety of the patient.
3. Support the member of staff who made the error in an individualized manner so that risk of repeat errors is minimized.
4. Support managers when dealing with staff who have made an error.
5. Provide a framework for grading errors so that staff are dealt with fairly and consistently.
6. Ensure that the organization can learn lessons from the error to minimize such occurrences in the future.

7. A member of staff who has been practicing successfully does not suddenly become deficient or unsafe after a single medication error. However, for an error to occur an important step in the process would have to be omitted and there is a potential for this to recur if the cause is not identified. It is therefore vital that the Director of Health Services and members of staff who made the error identify exactly what went wrong and take steps to rectify this.

8. Policy:

A) Medications shall be properly prescribed, dispensed and administered in accordance with Audrain Developmental Disability policies.

B) All errors associated with the medication system shall be reported as soon as possible utilizing the medication error event form whether the error reached the consumer. If you are responsible for a medication error or if you identify that someone else has made a medication error, you must IMMEDIATELY REPORT THE ERROR TO THE DIRECTOR OF HEALTH SERVICES AND APPROPRIATELY DOCUMENT THE ERROR. The staff's supervisor should also be notified.

C) The practitioner must be notified as soon as possible of medication errors that have reached the consumer and notification to be documented.

9. Definitions:

A) Medication error is any unanticipated event that may cause or lead to inappropriate medication administration or cause patient harm while the medication is in control of the authorized Level 1 Medication Administrator.

B) MEDICATION ERRORS INCLUDE, but are not limited to, when:

- i. The medication was given to the WRONG INDIVIDUAL.
- ii. The WRONG MEDICATION was given to an individual.
- iii. The medication was given in the WRONG DOSAGE.
- iv. The medication was given in the wrong DOSAGE FORM.
- v. The medication was given at the WRONG TIME or was not given at all.
- vi. The medication was administered via the WRONG ROUTE.
- vii. The individual was given medication when there is a DOCUMENTED ALLERGY to the medication.
- viii. The medication administered was EXPIRED, DISCONTINUED, or CONTAMINATED.
- ix. The administration of the medication was NOT DOCUMENTED appropriately (charting error).

10. Responsibilities:

- A) Level One Medication Aide administrators are responsible for filling out and completing a medication error event report when a medication error is discovered.
- B) Procedure:
- i. Medication error event report completed by Direct Support Professional now ensures that Director of Health Services and their supervisor are aware of this report, and it is submitted to Director of Health Services to enter into CIMOR for tracking.
 - ii. The following information will be included on the medication error event report:
 - (a) Person responsible for the error.
 - (b) Name of the consumer, their DMH number, the date and time of the incident and the date and time the incident was discovered and who the error affected, and staff involved.
 - (c) Description of the incident.
 - (d) The medication written as ordered by the physician.
 - (e) If and anyway the consumer was affected by the error and what interventions were initiated.
 - (f) Physician/Supervisor notified and by whom.
 - (g) Signature, date, and time of the person preparing the report.
 - (h) Director of Health Services to track all medication errors.

11. Action Plan

- A) If a staff member makes an initial error, they will be required to take the 4-Part Medication Management assignments on Relias at the nurses' discretion. Successful completion of the quizzes that accompany those assignments will be required. This will be noted in their personnel file and staff should be considered on probation. The staff may continue to pass medications at this time.
- B) If a staff member makes a second (2) error within 30 days of the first error, they will be required to successfully repeat the Level One 4-hour recertification class. This will be noted in their personnel file and staff should be considered on probation. Staff will not be allowed to continue to pass medications until successful completion of the recertification.
- C) If a staff member makes a third error within 30 days of the second error, they may be suspended for one (1) day's work, without pay, at their supervisor's discretion. They will be required to successfully complete the next scheduled 16-hour initial certification Level One medication administration class. This will be noted in their personnel file and staff should be considered on probation. Staff will not be allowed to pass medications until successful completion of the certification class.
- D) If a staff member makes more than three medication errors in 30 days from the initial error or most recent error, immediate termination may be considered. This will be found based on the severity of the

medication error and the interpretation of the error by the Director of Health Services and that staff's immediate supervisor. If a staff member makes more than three medication errors in 60 days, suspension of employment may be considered based on the severity of medication error and the interpretation of the error by the Director of Health Services and that staff's immediate supervisor. After 90 days without another medication error, the staff member will no longer be considered on probation.

Psychotropic Drug Policy

1. 90-Day Documentation: Physicians prescribing maintenance drugs for behavior management and/or treatment of a psychiatric disorder for more than three months will document that the benefits of the medications were weighed against the risks of long-term usage and that the benefits were more significant than the risks.
 - A) This statement and the reason for continued use will be documented on a Physician's Order or on a Consultation Sheet and will be placed in the Master Record of the person served.
 - B) All persons served on psychotropic drugs shall have Physician's Orders reviewed and signed every 90 days.
2. Decreasing Medication: All psychotropic medications will be decreased as soon as behavior permits.
3. Annual Assessment: Each person served on psychotropic drugs shall be assessed with the Abnormal Involuntary Movement Scale (AIMS) twice a year, and as needed, for tardive dyskinesia with documentation of the assessment placed in the Master Record.

Level 1 Medication Aide Training and Procedures

1. Policy: The health, safety and well-being of the persons served at Audrain Developmental Disability Services (ADDS) is of primary concern. Therefore, to assist in ensuring the welfare of all individuals, ADDS has developed policies and procedures which address the areas of administration of medications and treatments.
2. Responsibilities: ADDS administration and staff share responsibilities associated with administering medications.
3. ADDS must establish guidelines, policies, procedures, and protocol, including orientation and training of employees.
4. Employees are responsible for adhering to the established policies and procedures and to seek clarification or training when needed.

5. Purpose: The purpose of the Medication Aide training program described below shall be to prepare individuals for employment as medication aides and the objectives shall be to ensure that the medication aide will be able to:
 - A) Define the role of a medication aide;
 - B) Prepare, administer, and chart medications by non-parenteral routes;
 - C) Observe, report, and record unusual responses to medications;
 - D) Identify responsibilities associated with control and storage of medications; and
 - E) Utilize appropriate drug reference materials.
6. Content: The curriculum content for Medication Aide training shall include procedures and instructions in the following areas:
 - A) Basic human needs and relationships;
 - B) Drug classifications and their implications;
 - C) Assessing drug reactions, techniques of drug administration, documentation, medication storage and control;
 - D) Drug reference resources;
 - E) Infection control
7. Noncompliance: Noncompliance with medication procedures is subject to discipline, up to and including dismissal from ADDS employment.
8. Safety Guidelines: To ensure medications are administered safely and responsibly, the following procedures/guidelines will be adhered to:
 - A) Direct care staff will not administer prescribed or over the counter medication prior to receiving approved training in the proper procedures relating to dispensing and recording medications.
 - B) The instructor shall be currently licensed to practice as either a registered nurse or practical nurse in Missouri and will provide on-site training in administering and recording medications.
 - C) The Hannibal Satellite Office (HSO) will maintain a resource list of approved instructors for the DDMRDD Medication Aide Training Program.
 - D) The Hannibal Satellite Office (HSO) will maintain a resource list of approved instructors for the DDMRDD Medication Aide Training Program.
 - E) ADDS Director of Health Services should be certified with Missouri Association of Nursing Home Administrators, Inc. completing an approved methodology course to instruct Level I Medication Aides and Insulin Administration.

- F) The Director of Health Services will use the Medication Aide Training Procedure Manual, January 2006, available from the Division of Mental Retardation and Developmental Disabilities (50-6064-1); the Insulin Administration Instructor Guide (50-6080-1); and education materials from the Assessment Resource Center. (See Healthcare Materials Order form.)
 - G) To ensure all new ADDS employees are familiar with ADDS Medication Policy and Procedures, all new employees will be asked to successfully complete 16 hours of instruction time (Not including breaks, practicum, or exam time).
 - H) A score of 80% on the final written exam and 100% on practicum is required to pass.
 - I) Before being allowed to pass medications on their own to persons served, new staff must first observe three medication passes. Following that, they must then be observed successfully completing three (3) medications passes.
 - J) Direct support professionals can retake the course within 90 days if unsuccessful on first attempt.
9. Regulations: Regulations are numbered very specifically. The first number, nine (9), indicates that this regulation pertains to the Department of Mental Health. CSR stands for Code of State Regulations. The second number, forty-five (45), indicates that the regulation applies specifically to the Division of Mental Retardation and Developmental Disabilities. The third set of numbers, 3.070, is a reference to where the regulation can be found in the Code of State Regulations. Therefore, Certification of Level 1 medication aides is referenced in Regulation 9 CSR 45-3.070.
10. Certification: Procedures for Certification of DMRDD Level 1 Medication Aides:
- A) Application: When an approved instructor is prepared to conduct a class for DMRDD certification, they will complete the form “Application to Conduct Course” and submit it to their local HSRO. Please allow 15 working days for processing the application.
 - B) Approval: The instructor will then receive a written response regarding approval/denial of the application form from the HSO. If approved the instructor will also receive the requested number of testing packets (test booklets, answer sheets, test key and instructor evaluation form). If application is denied, the instructor will be provided with a reason in writing.
11. Course Criteria:
- A) The course must be a minimum of 16 instructional hours. When scheduling class please allow for written and practicum exam which is additional.

- B) The instructor must use the most current edition of the Level 1 Medication Aide curriculum available through Assessment Resource Center (Healthcare Materials Order Form Catalog code 60641). Student guides are available for order using catalog code 60642. (See order form for full details.)
 - C) When arranging a classroom, the area should be free of excessive noise and distractions. It should have adequate space, lighting, ventilation, seating and writing surfaces for comfortable learning. The instructor should limit the enrollment in any given class to maintain the quality of the teaching environment and instructional management of that class. It is recommended that class size not exceed 12 students per instructor.
 - D) Suggested teaching materials: teaching stethoscope with blood pressure cuff, disposable gloves, various forms sample thermometer, Medication Administration record (MAR) sample medication containers (candy filled bubble pack) and drug reference manuals.
12. Testing: Upon completion of the instructional portion of the MRDD Level I Medication Aide training program, a final exam will be administered to each student which includes a written test and a practicum test.
- A) Written/Online Testing: The instructor is accountable for maintaining the validity and integrity of the test documents by safeguarding them prior to and following testing sessions. The test booklet shall not be copied or reproduced in any fashion. The instructor should always be present during the test. The test document will consist of a variety of questions, including but not limited to true/false, multiple choice and matching taken from a statewide pool of questions based on the curriculum. The total value of the test questions will equal 100 points. The administration of the test will be “closed book” and will be completed without the use of notes.
 - B) Written/Online Testing Score: The final written/online exam must be passed with at least 80% accuracy. See section for “Re-Examination of Unsuccessful Testing” if the written/online exam is failed.
 - C) Practicum Test: The practicum exam is a competency-based exam and shall include the preparation and administration of medications by non-parenteral routes including oral, otic and ophthalmic medications and recording of medications in accordance with the practicum score criteria. The practicum exam may be conducted in a simulated classroom setting with “medications” (candy in bubble packs) administered to mock patients under the direct supervision of the certified instructor and must provide the students the same opportunities to demonstrate competency as required by the practicum exam.
 - D) Clinical Simulation: The following is expected in preparation for clinical simulation:
 - i. Use of realistic/authentic supplies
 - ii. Written Physician’s orders (POS)
 - iii. Authentic Medication Administration Record (MAR) varied in the complexity of information contained and including necessary documentation of pulse, BP, blood sugar, etc. as appropriate.

- iv. Medications (placebo/over the counter (OTC) must be dispensed from bubble cards/unit dose or bottles with pharmacy labels containing the required information.
- v. Various realistic scenarios that will capture the student's comprehension of the areas involved in the practicum.
- vi. Other competency areas that are included in the practicum are: vital signs, medication storage, handling and documentation of controlled substances and narcotic counts, medication errors, infection control, phone orders/written orders and transcription of orders should be demonstrated in the classroom.
- vii. Practicum Score: The Practicum Score Sheet contains the competency exam record and a section for the final exam results and requires signature of the instructor.

13. Final Documentation:

- A) Upon completion of the course, testing and evaluation, the instructor will return all test booklets, answer sheet, test key and Practicum Score sheets for each student with completed instructor evaluation forms.
- B) The Practicum Score sheet has two areas for the instructor to sign:
 - i. The first authorizing if student passed or failed;
 - ii. The second is a signature line at the bottom of the page utilized only when a student passes, authorizing the document to serve as temporary authorization (30 days from signature date) to begin tasks related to medication administration;
 - iii. Also, completion of three (3) witnessed medication passes and student being witnessed successfully completing three medication passes is required for student to begin medication passes solo.

14. Certificates:

- A) Within 30 days from receipt of the testing packet and practicum score sheets the HSRO will enter the information into the state registry and will issue certificates for each individual meeting course requirements.
- B) For two-year (2) recertification, a new certificate is no longer issued but the successful completion of recertification requirements is entered into the state registry through HSO.
- C) The DHSS Health Education Unit maintains a computerized system of Level 1 medication aides and the certifying agency.
- D) If the Department of Mental Health, upon completion of an investigation, finds that a Level I medication aide has stolen or diverted drugs from a consumer or facility or has had his/her name added to the Dept. of Mental Health Employee Disqualification Registry or Division of Aging Employee Disqualification Registry the Level I medication aide certificate will be rendered invalid.

15. LPN Exemption: A new ADDS hire who is a Licensed Practical Nurse will not have to take Level 1 medication certification classes but may pass medications based on his/her nursing license.

Additional Content: Topics addressed in both initial and recertification classes:

- A) Seven Rights of Medication Administration
- B) Approved medication abbreviations related to medication administration
- C) Measurement equivalents related to medication administration
- D) Most Commonly Prescribed Medications
- E) Schedules of Controlled Substances
- F) Institute for Safe Medication Practices (ISMP) list of Confused Drug Names
- G) Tips to Reduce Medication Errors

16. Two (2) Year Update Training (Regulation 9 CSR 45-3.070 14):

- A) Two (2) Year Update training will be initiated by the agency or Level I medication aide instructor. There is no application process.
- B) Medication aide update training is done every two years requiring four (4) hours of instruction time. This may be done in two (2) 2-hour trainings or one 4-hour training course. (See Medical Aide Two Year Update training form.)
- C) This training must be completed by the two-year anniversary date of the medication aide's initial medication aide certification, or the aide may not continue to pass medications.
- D) This training shall address at least the following:
 - i. Medication ordering and storage;
 - ii. Medication administration including the use of generic drugs, how to pour, chart, administer and document drugs, information, and techniques specific to inhalers, eye drops, topical medications and suppositories, infection control, side effects and adverse reactions, medication errors;
 - iii. Individual rights and refusal of medications and treatments and;
 - iv. Issues specific to the facilities as indicated by the needs and rights of the consumers and corrective actions based on problems identified by the staff, the trainees or issues identified by regulatory and accrediting bodies, professional consultants or by any other authorized source.

- E) The training shall be documented on the DMRDD Medication Aide Two-Year Update training form (Form MO 650-8730 [3-20], Jan 2006). A copy must always be issued to the HSRO for entry into the registry.
- F) The Division of Mental Retardation and Developmental Disabilities requires all medication aides to participate in two-year (2) updates regardless of who issued their original certification (DHSS or DMRDD). The division may require a medication aide to take additional training in order to continue passing medications should patterns of inadequacies develop.

17. Re-examination:

- A) If a student does not successfully pass either the written/online or practicum exam or both, they may request to re-take the test one time without retaking the course. This re-examination must occur within 90 days of the original failed test or practicum.
- B) When a person needs to be re-examined for either portion of the final exam, the instructor will complete the “Request for Re-Examination” form. (See DMRDD Request for Re-Examination for DMRDD Medication Aide Certification form.)
- C) The HSO will respond by issuing a new written test as requested or if only the practicum is being repeated, there will be no response, and the instruction may proceed with re-administering the test.
- D) Once the test is re-administered, the instructor will complete a new Practicum Score sheet reflecting the results of the testing. The form requires the signature of the instructor and date.
- E) If the student successfully passes, the instructor will provide a copy of the Practicum Score sheet with a signature authorizing temporary (30) days approval to administer medications.
- F) At this time the student will also witness ten (10) medication passes and be observed completing ten (10) successful medication passes before administering medications solo.
- G) Return the Practicum score sheet to the HSO for entry into the registry. The HSO will enter the data into the statewide registry and issue certificates to the instructor for his/her signature and distribution to the student.

18. Request to Challenge: ADDS Direct Care staff can “challenge” a request to obtain certification by successful completion of the written test and practicum without participation in the course. Those persons wanting to challenge the final exam shall submit a request in writing to the Missouri Division of Mental Retardation and Developmental Disabilities enclosing applicable documentation. If approved to challenge, the MRDD will send applicant a letter to present to an approved instructor. (See application to Conduct Course form).

- A) Criteria to Challenge: To challenge means to request to obtain the DMRDD Medication Aide certificate by successful completion of the written test and practicum without participation in the course.
- B) Who may request to challenge:
- i. Individuals who have successfully completed a pharmacology course such as pharmacy or nursing students, physician's assistants and paramedics who can provide a copy of the transcript may request consideration for challenging the final.
 - ii. Individuals who have successfully completed a medication administration course of at least 16 hours and can provide evidence of course curriculum and their certification may request consideration for challenging the final examination.
- C) How to request to challenge:
- i. Complete the DMH/MRDD form "Request to Challenge" and submit it to HSO.
 - ii. The HSRO will provide a written response approving or denying the challenge.
 - iii. If approved, the applicant should present their written approval to an approved instructor to request testing.
 - iv. The instructor will complete the "application to conduct course" form marking the appropriate section for requesting tests for challenging. A copy of the request to challenge and approval must be attached to the application before tests can be distributed.
 - v. Upon receipt of the test, the instructor administers both the written and practicum exam using the same procedure as regular certification.
 - vi. The same score requirements are required for passing with at least 80% proficiency on written and 100% on practicum.
 - vii. A person who is challenging must successfully pass the test and practicum and may not be offered a re-take without taking the full course.

EMERGENCY PREPAREDNESS AND DISASTER PLAN

Emergency Preparedness and Disaster Plan

The ADDS Emergency Preparedness Plan applies to all staff, departments, and facilities of Audrain Developmental Disability Services (ADDS). The purpose of emergency preparedness planning is to ensure the continuity of the operations and services under all conditions. In an emergency, the effectiveness of response depends on advanced planning and training. All employees are essential for the action plan to be successful. What matters most to our persons served is not just the state and federal response but our response.

1. Scope: This Emergency Preparedness Plan applies to the functions, operations, and resources necessary to ensure the continuation of ADDS' essential functions in the event its normal operations are disrupted or threatened with disruption. This plan applies to all ADDS personnel. The ADDS staff should be familiar with the emergency preparedness and disaster plan and their respective roles and responsibilities.
2. Procedure: Disasters may strike at any time. They may be widespread system-damaging events or a single-facility loss. They can create chaos or present challenges that were not foreseen or prepared for by staff. Knowing what to do and where to turn during a disaster is effective. Emergency preparedness is an ongoing process to include:
 - A) Reviewing policies and procedures with leadership and staff at the facility level;
 - B) Identifying leadership strategies to improve preparedness and response;
 - C) Promoting coordination and integration of response;
 - D) Ensuring that 24-hour facilities have a "shelter in place" plan with provisions arranged for a three-day event, continuation of operations plan and an evacuation plan;
 - E) Reviewing staffing plans at each facility;
 - F) Being prepared to give an accurate assessment of needs to administration; and
 - G) Being proactive. Complications and hysteria following a disaster can affect client care. Preparation will build staff confidence. No matter how well-developed a response plan is, unexpected events may occur. It is essential that all staff remain calm and encourage persons served to remain calm.
3. Emergency Response Team: Staff members are the first line of defense in emergencies. However, leadership in a crisis is essential. Therefore, some staff members have been designated as members of the Emergency Response Team. The team members are trained for potential emergencies and are physically capable of performing these duties. They are knowledgeable about toxic hazards in the workplace and can judge when to evacuate personnel or call for outside help.

4. Command Post: The Central Emergency Command Post will be located at the Administration Office (222 East Jackson) with direct support provided by the Targeted Case Management office (308 East Jackson). If the incident is a smaller, less-critical incident, an office or room in the building where the incident occurs can be identified and serve as the command post.
5. Responsibilities: The following responsibilities are conducted before and during a crisis:
 - A) Establish the Administrative Command Center.
 - B) Make policy decisions relating to emergency management.
 - C) Plan for emergency-management activities.
 - D) Coordinate emergency-management activities.
 - E) Monitor all emergency situations.
 - F) Oversee hazard-mitigation activities.
 - G) Control operations during disaster.
 - H) Designate an information officer as the point of contact for the media (The current Public Information Officer is the Executive Director);
 - I) Communicate with Program Coordinators concerning the release of public information.
 - J) Initiate procedure to track location of Personnel and Clients.
 - K) Identify Alternate Care Sites (Short- and long-term facilities)
 - L) Train personnel:
 - i. Develop warning plans and procedures for all identified hazards;
 - ii. Maintain and update resource lists of supplies and personnel for use in disasters.
 - M) Manage personnel issues:
 - i. Differentiate between facility needs and staff needs;
 - ii. Be aware of staff involvement in local, state, and federal response;
 - iii. Implement a method to request additional staff on short notice.

N) Coordinate Logistics and Supplies (immediate and long-term):

- i. Transportation
- ii. Food
- iii. Medical supplies
- iv. Business Supplies
- v. Generators

6. Incident Command Personnel: The administrator on call shall assume the role of the Incident Commander until relieved by one of the executive staff. The Executive Director shall perform the duties of the Incident Commander once on scene. The Incident Commander is the only mandatory position to be filled and maintained through the duration of the activation plan.

7. Command Staff:

Emergency Title	Designated Staff Member
Incident Commander	Executive Director
Finance Chief	Financial Manager
Deputy for Personnel	Human Resource Manager
Operations and Planning Chief	Director of Safety Operations
Chief for Medical	Director of Health Services
Information Officer	Executive Director or Designee
Transportation Officer	Director of Transportation

A) Roles and Responsibilities:

- i. Incident Commander/Spokesperson: The Incident Commander will make all operations and planning decisions and assign Section Chiefs if unfilled. He or she has overall responsibility for managing the incident by identifying objectives, planning strategies, and implementing tactics, and shall serve as the single spokesperson to the media and others seeking information directly related to the incident. All other team members report directly to the Incident Commander.
- ii. Operations and Planning Chief: The Operations and Planning Chief works closely with the Incident Commander to develop and manage the operations necessary to accomplish the incident objectives. This includes developing an Incident Action Plan which outlines the overall objective for the specific incident; coordinating communications, facilities, supplies, transportation and security, monitoring safety conditions, and implementing measures for assuring the safety of all assigned personnel and persons served.

- iii. Operations Chief for Medical: This team member establishes communications with persons served and staff at each of the facilities or evacuation points so that medical attention, first aid supplies or other medical support can be provided to anyone in needed.
- iv. Transportation Chief: This team member assures that transportation is provided in the event of a disaster, including transportation for employees back and forth to the workplace if necessary. If there is a total loss of phone service and cell phones are also not available, the Transportation Chief shall have the home addresses of all employees and help ensure employees are transported to or from the workplace as needed.
- v. Finance Chief: This team member tracks costs and compensation related to the incident and procures funding for special equipment, contracting or vendors; and arranges for replacement facilities.
- vi. Deputy for Personnel: This team member collects information from Program Managers on available staffing; and calls in additional staffing as necessary.
- vii. Information Officer: This team member reports directly to the Spokesperson and, unless otherwise directed by the Spokesperson, serves as the primary contact for supporting agencies that are assisting in the incident. The Information Officer should direct all media inquiries to the spokesperson.
- viii. Quality Assurance Officer: Duties as assigned by the Incident Commander.

8. ADDS Emergency Call Lists:

Tim Crews	Incident Commander /Spokesperson/Information Officer	573-581-8210
Kayla Deimeke	Finance Chief	573-581-8210
Melissa Brumagin	Deputy for Personnel	573-581-8210
Lisa Harrison	Transportation Chief	573-721-0967
Valarie Copeland	Operations Chief for Medical	573-721-1851
Kara Clovis	Operations and Planning Chief /Quality Assurance Officer	573-473-0789
Colleen Davis	ISL Coordinator	573-473-7921
Mark McDowell	TCM Supervisor	573-470-1960
Barry Dalton	DTC Director	573-591-6910
John Wilholt	Maintenance Officer	573-721-0036

9. Emergency Numbers and Utility Information:

EMERGENCY	911
Poison Control Center	800-366-8888
Ameren UE (electric/gas)	800-681-7911
Missouri American Water Co.	866-430-0820
City of Mexico (Sewer)	573-581-2100
Audrain County Emergency Management	573-473-5892
Audrain County Public Health	573-581-1332

10. ADDS Emergency Shut-Offs Facility Water Electric Gas:

Abat ISL 517 North Abat

South side in manhole next to the house next to back door (porch) south side – meter base
Water: Located in kitchen in southeast corner in labeled cabinet

Administrative Office 222 East Jackson East Wall

“Furnace room” Furnace room NA

Breckenridge Heights 1401 West Breckenridge

In basement – south wall main shut off in the basement (in the furnace room) Main line on north side of house near steps/back porch

CT Loyd Apartments 1416 West Breckenridge

All apartments (east hall in water closet) at the main on the south side, outside NA

DTC 807 West Breckenridge

Located in furnace room located in the furnace room Northeast corner of the building

Fieldcrest Office 1001 Fieldcrest

Manhole North side (outside) laundry room North Side

Harvey House 1402 West Breckenridge

Main is in Harvey House central office, west wall main is in the pantry room South side of the building – central area

Hazel Place ISL 1041 Hazel Place

Water meter – west side of the house North wall inside Northwest Corner of the house

Jefferson Road ISL 327 Jefferson Road

Inside west bedroom, SE corner West wall of garage Southeast corner

TCM Building 308 East Jackson Street

Inside furnace room inside furnace room NA

Continuity Of Operations Plan

1. Policy: Audrain Developmental Disability Services (ADDS) will participate in the full spectrum of readiness and preparedness to ensure that all staff can continue their essential functions during a threat environment. Readiness activities are divided into two key areas: Organizational Readiness and Preparedness and Staff Readiness and Preparedness.
2. Equipment: ADDS preparedness incorporates weather radios, Audrain County Notification system, cell phones and fire alarm monitoring systems.
3. Staff Readiness and Preparedness: ADDS staff will be encouraged to prepare for a continuity event and plan in advance what to do in an emergency. ADDS will conduct continuity readiness and preparedness activities during new employee orientation and then annually. Program Coordinators will discuss readiness and preparedness at staff meetings and during drills (tornado, fire, bomb threat, intruder, etc.)
4. Emergency Plan Activation and Relocation: Emergency Plan activation and relocation are scenario-driven processes that allow flexible and scalable responses to all threats that could disrupt operations with or without warning. The decision to activate the ADDS Emergency Management Plan and related actions will be tailored for the situation based on projected or actual impact.
5. Decision Authority: As the decision authority, ADDS will be kept informed of the threat environment using all available means, including the ADDS Command Center, local operations, state and local reporting channels and news media. The Executive Director will evaluate any and all information pertaining to the health and safety of employees, ability to execute essential functions, any changes in threat advisories, and what may be expected during an emergency situation.
6. Alert and Notification Procedures: ADDS maintains plans and procedures for communicating and coordinating activities with staff before, during and after a continuity event.
 - A) Before an event, staff at ADDS will monitor advisory information, including local media or contacted on the cell phone. If all systems are down, the Transportation Officer will try to contact them from their residence to communicate information.
 - B) The Executive Director will notify all staff regarding the Emergency Management Plan activation.
 - C) ADDS will notify family members, guardians or emergency contact concerning Emergency Management Plan activation.
7. Relocation:

- A) If the need for relocation is needed for a facility, the Executive Director will make the decisions on information regarding continuity activation and relocation status.
- B) Once the Emergency Management Plan is activated and staff are notified, ADDS will relocate continuity staff and vital records to ADDS continuity facility(s) to perform essential functions. A map and directions will be available at this time for all continuity employees.
- C) Upon activation of the Emergency Preparedness Plan, ADDS will continue to operate at its primary operating facility until ordered to cease operations by the Executive Director.
- D) ADDS will ensure that the Emergency Management Plan can be operational within 12 hours of plan activation.
 - i. Situation: Audrain Developmental Disability Services (ADDS) is located in the city of Mexico in Audrain County. The county can experience a variety of emergencies and disasters that we need to be prepared for. Prolonged or catastrophic events cause widespread disruption of day-to-day life and have an adverse impact on those affected by these events. ADDS must be prepared to address and provide comprehensive information on how disasters directly impact residents and staff. We need to react promptly and ensure immediate actions on behalf of those most severely affected.
- E) Assumptions:
 - i. ADDS will implement appropriate and prudent Agency plans and procedures when threatened by potential or actual disasters.
 - ii. During emergencies, residents of ADDS facilities may experience numerous health problems. Many of these problems are attributable to preexisting medical conditions complicated by the emergency. Other problems may arise as a direct result of the event.
 - iii. The increased number of residents (and staff) needing medical help may burden the health and medical infrastructure. This increase in demand may require city, county, and/or state level assistance.
 - iv. A catastrophic event may cause such widespread damage that the existing internal response capability is curtailed or destroyed.
 - v. Lack of potable water will increase health and sanitation problems. Disease outbreaks can spread quickly, especially among ADDS residents. Proper sanitation may become a major problem if water supplies are gone or contaminated. Water treatment and wastewater treatment facilities may be hampered by any reduced water flow. Wells may become contaminated with silt and bacteria. Private sewage systems will not function properly.

- vi. Some disasters may affect electrical generation and distribution systems, causing a reduction or loss of power. This may reduce or disable the ability to provide emergency life-saving services to residents.
 - vii. During some emergencies, it may be necessary to evacuate residents and staff from the affected area(s). Adequate medical mass transportation and/or shelters may not be available.
 - viii. No homes or organizations can plan for all potential emergencies. For ADDS, some of the challenges are:
 - (a) Orderly evacuation during a fire.
 - (b) Serious illness or accidents.
 - (c) Preparation for and response to severe weather including tornado/flooding.
 - (d) The location of an emergency shelter.
 - (e) Means of transporting persons served to the emergency shelter.
 - (f) Meal provision for persons served.
- F) Concept of Operations: The concept of operations outlined in this plan presumes a severe, prolonged emergency is occurring or is imminent. Implementation of procedures will begin as soon as possible after the event is predicted or occurs. Mitigation efforts will be practiced on a year-round basis with emphasis on awareness and local preparedness. Staff involvement in planning, training and execution is essential. Staff efforts in awareness, alerts and notification, preventive measures and local responses are critical aspects of the overall strategy. Effective facility-wide participation by administration, health and medical professionals, other staff, volunteers, outside health and medical providers and city/county emergency management must be maintained to ensure maximum protection of the residents and staff.
- G) Mission Statement for Emergencies: The Emergency Management Plan has been adapted to allow all residents and employees of ADDS to be prepared in the event of an actual emergency.
- H) Identity of Threats: Potential threats to the Audrain County area: tornadoes, winter storms, floods, earthquakes, drought, heat, wildfires, technological hazards, hazardous materials, transportation accidents, bomb threats, active shooter threats, dam failures, urban/structural fires, power failures, terrorism, nuclear attack/detonation, nuclear power plant incidents, and public health emergencies.
- I) Proximity of Main Commerce: Proximity to railways and highway: less than 1.5 miles from the railroad (where hazardous materials may be transported) and approximately 25 miles from Interstate 70 (where hazardous materials may be transported).
- J) Probability of Threat

- i. Heat Wave: A heat wave is defined by the National Weather Service as three consecutive days of 90-degree Fahrenheit temperatures or higher. These elevated temperatures generally occur from June through September. Heat waves are often a major contributing factor to power outages as the elevated temperatures result in a tremendous demand for electricity for cooling purposes. According to the National Weather Service, Missouri is vulnerable to heat waves ranging from High to Moderate in the months of July and August. The probability that such incidents will develop is considered moderate to high.
- ii. Winter Storm: Audrain County is located north of the Missouri river, the area with the highest threat of severe winter weather in Missouri. Weather data indicates that Missouri counties north of the Missouri River receive an average annual snowfall of 18-22 inches compared to 8-12 inches south of the river. Ice and extreme cold temperatures are also a possibility. (In 2013 and 2019, Audrain County experienced a severe winter blizzard.) A large winter storm accompanied by severe cold could cause numerous secondary hazards such as power failures, carbon monoxide poisoning, fuel shortages and transportation incidents. The probability that such incidents will develop is considered high risk.
- iii. Urban and Structural Fire: Fire is the primary cause of accidental death in the United States, surpassing floods, automobile accidents and other disasters. Fires may be accidental or intentional and have the potential to cause major conflagrations, leading to secondary hazards, such as a hazardous 139 materials accident. Fires are by far the most frequent hazard that will affect Audrain County and Mexico. The probability that such incidents will develop is considered high.
- iv. Wildfire: A wildfire is the uncontrolled burning of grasslands, brush, or forest/woodlands. The majority of fires will occur during the spring fire season, between February and May, but also occur in high frequency between July and September. (During the spring of 2000, more than 70 brush fires and wildfires erupted around the state, prompting the governor to declare a state of emergency.) The probability that such incidents will develop is considered moderate to high.
- v. Power Failure: This type of incident involves any interruption or loss of electrical services due to disruption of power generation or transmission caused by accident, natural hazards, equipment failure or fuel shortage. A significant power failure would require the involvement of the emergency management organization to coordinate the provision of sheltering, heating/cooling, etc. The probability that such incidents will develop is considered high.
- vi. Terrorism: As defined by the FBI in 2009, "The unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives." There are two types of terrorism: domestic and international. The probability that such incidents will develop is low. (In 1999, there were 76 reported bomb threats statewide.)

- vii. Civil Disorder: In general, this refers to groups of people purposely choosing not to observe law, regulation, or rule, usually in order to bring attention to their cause. It can take the form of small gatherings or large groups blocking or impeding access to a building or causing disruption of normal activities by generating noise and intimidating people. The probability that such incidents will develop in Mexico is considered low.
- viii. Hazardous Materials: Audrain County is prone to hazardous-material incidents from fixed facilities and transportation accidents. Several major highways traverse the county (U.S. Highway 54, Missouri Route 22 and Missouri Route 15). There are also two railroad lines through the county. In addition, there are natural gas pipelines, crude oil pipelines, and other product pipelines with bulk terminals running through the county. The Mexico Airport also presents the potential for hazardous material incidents and fatalities due to airplane crashes. There are five lakes and approximately three creeks and two rivers in Audrain County that could potentially spread hazardous materials, such as agriculture waste or chemical spills. The probability that such incidents will develop is considered moderate to high.
- ix. Nuclear Power Plant Incident: The Callaway Nuclear Plant is a commercial nuclear power reactor located south of Audrain County in Callaway County. The plant is owned and operated by Ameren UE, St. Louis. (The Callaway Plant has declared eight unusual events since it came online in 1984. To date the last declared event was on May 18, 1989.) In a worst-case scenario where a significant release of radioactive material has occurred, food sources out to a 50-mile radius of the plant could be contaminated. All of Audrain County is within the 50-mile Emergency Planning Zone. The State of Missouri as well as the utility company has developed emergency operations plans to ensure the health and safety of the general population within the emergency planning zones. Audrain County lies within the “ingestions exposure” pathway of the Callaway Nuclear Plant. The ingestion 140 exposure pathway is the area within a 50-mile radius of a commercial nuclear power plant in which people may be indirectly exposed to radiation by eating or drinking contaminated food, milk, and water. The safety of the food supply could also be a concern to members of the agricultural community if a radiological release to the atmosphere occurred. This could affect dairy farms, dairy processing plants, egg processors and distributors, grain warehouses, meat processing plants, and commercial fruit and vegetable producers. The agricultural community would be notified and advised on what actions to take in the event of a radiological emergency.
- x. Public Health Emergency: Public health emergencies can take many forms – disease epidemics, large-scale incidents of food or water contamination, or extended periods without adequate water and sewer services. There can also be harmful exposure to chemical, radiological or biological agents and large-scale infestations of disease-carrying insects or rodents. Public health emergencies can occur as primary events by themselves, or they may be secondary events to another disaster or emergency, such as a flood, tornado, or hazardous material incident. The common characteristic of most public health emergencies is that they adversely impact or have the potential to adversely impact many people. They can be statewide, regional, or localized. Two public health hazards have

recently emerged as issues of great concern with far reaching consequences. One would be the intentional release of radiological, chemical, or biological agent, as a terrorist act of sabotage, to adversely impact many people. The second hazard would be a deadly flu outbreak that could kill or sicken thousands of people across the country, as in the case of the Spanish Flu epidemic of 1918-1919. Such a pandemic could occur by natural means or be man-caused, such as a bio-chemical terrorist activity. The probability that such incidents will develop has been considered high for several years and since January of 2020 Covid-19, a pandemic has been experienced. There was a State of Emergency declared on 3/13/2020 with a “stay at home” order statewide in April of 2020 with continued precautions and restrictions continuing until the current time.

- xi. Tornado: In Missouri, tornadoes occur most frequently between April and June (with April and May producing the most tornadoes), but a tornado can occur anyplace and at any time of the year (The most recent tornado spotted in Audrain County was July 9, 2021, a couple of miles south of Mexico Memorial Airport, with no fatalities.)
- xii. Earthquake: Although earthquakes in the Midwest occur less frequently than on the West Coast, the threat of earthquakes to Missouri residents is considered high. The City of Mexico is located approximately 270 miles from the edge of the New Madrid seismic zone. In the event of a magnitude 7.8 earthquake along the seismic zone, Audrain County could experience an intensity of VII (extraordinarily strong) on the Modified Mercalli Scale. An earthquake of this size indicates negligible damage to buildings of good design and construction; slight to moderate damage in well-built ordinary structures; and considerable damage to poorly built or badly designed structures; with some chimneys broken. However, even minor damage to facilities could lead to severe health and safety risks to persons served and staff. (Earthquakes last occurred in Missouri in 2021 and a 2.5 in early 2022.)
- xiii. Dam Failure: There are 88 dams located in Audrain County. Five dams are rated as high hazard, 23 as significant hazard and 60 as low hazard. This rating is based on the contents of the downstream environment zone. Partial or complete collapse of a dam has the potential to cause downstream flowing problems in the county. The probability that such incidents will develop is considered low.
- xiv. Flood: There are several waterways that cross Audrain County including the Loutre and South Fork rivers. There are a number of lakes and smaller creeks and drainage ditches that feed these rivers and should be of concern if flooding is imminent. (Parts of Audrain experienced significant flooding in May of 2019. Some municipalities in Audrain County participate in the National Flood Insurance Program. The flood plain maps are kept on file with the County Clerk. The probability that such incidents will develop is considered high.
- xv. Drought: Droughts are defined as prolonged periods of no rain that can affect agricultural areas and impact water-supply systems. Because of its geographical location and characteristic weather patterns, Missouri is vulnerable to drought conditions. Agricultural droughts are the most common

on record, particularly those inflicting damage to corn crop yields. The Department of Natural Resources (DNR) has divided the state into three regions prioritized according to drought susceptibility: Region A (slight), Region B (moderate), and Region C (high). Audrain County is located in Region B, indicating moderate drought susceptibility. (In 2000, Audrain County was designated at a Phase II Alert Level by the DNR. Under Phase II, some public water systems may have trouble meeting increased demands and, in the summer of 2012, there was a historic heat wave/drought.)

8. Community Without Community Support: If a disaster involves only an ADDS facility, it is likely that community resources such as Fire, Police and Emergency Management will assist. In a communitywide incident, it is likely that ADDS facilities will be on their own for a period of up to 72 hours. ADDS bases its Emergency Plan with the realization of being on its own for 72 hours without any community support.
9. Local Emergency Management: ADDS has provided our local Emergency Management Director with our Agency's information, number of persons being service, and demographics (any special needs). This information has been compiled in a local database with a national backup. Local law enforcement agencies have the blueprints of the facilities, layouts of the facilities and necessary information regarding persons with special needs who need help to exit the facilities.
 - A) Blueprints/Shut-Off Information: Blueprints are kept at each of the ADDS facilities. Shut off Information is provided in this Emergency Management Plan. It is also included in the Emergency Packet that is found at each of the facilities.
10. Safety Equipment Monthly Checklist: Each ADDS facility maintains a Safety Equipment Checklist. The Checklist is to be completed monthly. If any problems are noted, the Safety Coordinator is to be notified. The problematic area will be taken care of immediately.
11. Medications: An agreement has been made with Webber Pharmacy to supply ADDS with medications in the event of an emergency. ADDS facilities maintain a 3–7-day supply of medications in the event of an emergency. A cooler is located in each of the facilities to transport any medications that need to be refrigerated.
12. Generators: In the event of a disaster emergency, there are generators located in the Maintenance Shop to help provide electricity to ADDS facilities. ADDS maintenance staff must be contacted to arrange for the usage of the generators until further shelter is organized.
 - A) Generators may be used at the time of an extended outage for heating, lighting, and using a microwave.
 - B) Generators are checked twice a year to make sure that they are in good working order.

- C) Annually, ADDS staff are shown where the generators are located and how to operate them.
 - D) The generator is fueled by gas. To start the generator, turn the power button on, then slide the lever to choke. Pull the cord (much like a lawnmower) until the generator starts. Slide the lever to choke.
13. Loss of Water or Sewage / Leaks: In the event of a loss of water/sewage handling capabilities, it is essential to the comfort of persons served as well as staff and visitors that emergency facilities be available.
- A) Portable toilets will be put in place to restore water and sewer service.
 - B) After notification of loss of water/sewage, ADDS staff should follow these steps:
 - i. Close and block off all visitors and staff restrooms.
 - ii. Place signs on all restroom doors, directing individuals to portable toilets.
 - iii. In the event of a water leak, ADDS staff are to immediately go to the water shut-off located at their facility and shut the water off, then contact the Program Coordinator or ADDS maintenance staff.
14. Natural Gas Leakage: In the event that ADDS staff suspects a natural gas leak, persons receiving services and staff will evacuate the ADDS building. All persons will be taken to another Agency facility temporarily. To ensure safe habitation, persons served will be transported to temporary care with family, friends, or the Hannibal Satellite Regional Office as required.
15. Shelter:
- A) In-Place Shelter: In-place shelter will be used in a situation requiring protection for residents from the effects of a hazardous material incident, terrorist incident, earthquake, or tornado when evacuation is not an appropriate action. In some disaster situations, such as earthquakes and tornadoes, local government has a limited role in providing protection to its residents. In such cases, proper warning and immediate sheltering instructions are essential. ADDS residential facilities will have food available for 3-7 days in case of such emergencies.
 - B) Agreements with Evacuation Shelters and Utility Companies: An agreement has been made with the Mexico Public School District to use one of their facilities as an evacuation shelter in the event of a disaster. The local hospital, utility, water, and phone company have been contacted concerning their disaster plans in the event of an emergency. Each company has assured our Agency that in the event of a disaster they are prepared to get control of the area in a short amount of time. If a disaster should occur and the ADDS facilities are still in working order, all facilities should be able to function for at least three days without any additional outside resources.

C) Locating Family Members: All family members and guardians should understand that at the time of a disaster, and if our facilities are not in good working order, the persons receiving services will be evacuated to one of the facilities of Mexico Public Schools. An unaffected school building 143 closest to that ADDS facility will be used as a shelter in the event of an emergency.

D) Facility Closing Policy: If an ADDS facility has been destroyed or is deemed unable to be lived in, the facility will need to be closed. Each person receiving services can grab one bag of personal belongings to take with them. ADDS staff members are responsible for packing food and medications for the persons receiving services. If doors can be locked, they should be locked with a note on the front door stating where all residents are being evacuated. Each ADDS facility should have an Emergency Packet that contains an emergency call list, facility site map, resource list, responsibility list and medications. This packet should be taken to the evacuation shelter.

E) Evacuation Responsibilities of Staff:

A) Staff: Employees who are on shift are responsible for the evacuation of all persons served.

B) Program Coordinator/Manager: The Program Coordinator/Manager must be notified immediately as soon as all persons served and staff are safe.

C) Attendance sheets: Attendance sheets are to be completed at the designated assembly area to ensure all persons served are accounted for.

D) Missing Persons: If it is noted that a person served is missing, staff are to retrace their steps to account for the person served. If the situation is unsafe, staff should notify law enforcement to help search for the person served.

E) Medications: ADDS employees are responsible for gathering all medications and putting them in a suitcase with the Medication Administration Records of all persons served.

F) Case Records: If there is time, staff are to gather case records of all persons served and take them to the evacuation location as well.

G) Safety First: Staff are not to endanger their lives in any way to perform these actions.

16. Alternate Care Facilities: In the case of a disaster event (fire, flood, tornado, etc.), which renders a group home or other ADDS facility unsafe for habitation, the persons receiving services of that home will be taken to Breckenridge Heights, Harvey House or Abat ISL for temporary holding until relatives or family/friends can be contacted to provide temporary care and oversight of the person receiving services. Persons receiving services, who cannot be provided with adequate and responsible temporary supervision, will be transported immediately to an alternate living situation until such time as the group home or other ADDS facility can be made safe for habitation.

17. Transportation: In the event that the persons receiving services are in the community being transported by ADDS and a disaster should happen, the persons receiving services and staff should immediately go to the Harvey House Group Home. Family members and guardians should be given advance notification that this is the meeting place in case of an emergency.
18. Movement to a Temporary Shelter:
- A) Shuttles: Shuttles are used to transport persons served to the shelter. ADDS vehicles are to be kept properly maintained and with adequate gas.
 - B) Communication: Two-way radios, cell phones and notes on the front door of affected facilities should be used to explain where persons served are located. If possible, Program Coordinators should communicate with the guardians and other contacts where evacuation sites are located.
 - C) Personal Information: All information is located in the travel bag. If services are curtailed, Program Coordinators will work with local law enforcement and emergency management for other solutions.
 - D) Shelter Locations: Written letters of agreements are in place with the Mexico Public School District to evacuate to their facilities. Eugene Field School and Mexico Junior High are within walking distance of most ADDS facilities. Hawthorne Elementary School is located across town in cases where the local area is affected.
 - E) Safety Guide: Persons receiving services should be moved to safety as soon as possible. ADDS staff should attempt to keep everyone calm without running or panicking. Caution and good judgement must be used in each case.
19. An Emergency Planning Guide for People with Disabilities has been developed by the National Fire Protection Association with input from people with disabilities. Coordinators from each ADDS facility should be familiar with the guide. A copy of the NFPA Emergency Planning Guide for People with Disabilities is available online at www.nfpa.org/evacuationguide.
- A) Within the guide is a Personal Emergency Evacuation Planning Checklist. This checklist will be completed on each person receiving services and placed in an accessible emergency file that will be obtained at the time of the evacuation. The personal Evacuation Planning Checklist will be reviewed periodically by the Program Coordinators at each facility.
 - B) Safe Locations: According to the NFPA Emergency Planning Guide for People with Disabilities, the following locations are the safest areas:
 - C) Tornado: In case of a tornado, all persons receiving services will be placed on the floor near an inside wall and/or in a basement, if possible.

- D) Fire: In the case of a fire, all persons receiving services will be removed or assisted outside immediately.
- E) Flood: In the case of a flood, all persons will be removed to a safe place immediately and returned to the ADDS facility only after sanitation measures have been completed.
- F) Earthquake: In case of an earthquake, ADDS staff will see that all persons receiving services remain inside. ADDS staff will move all persons away from windows and outside doors. ADDS staff will see that all persons receiving services take cover under heavy tables or desks, preferably next to an inside wall, or in a doorway. Stay away from glass. If outdoors, move away from any nearby structures and utility lines.

20. Emergency Drill Schedule:

Month	Monthly Drill Type		
January	Power Outage	Gas Leak	Fire
February	Earthquake		Fire
March	Tornado	Missing Person	Fire
April	Tornado		Fire
May	Flood		Fire
June	Power Outage	Medical Emergency	Fire
July	Intruder/Terrorism		Fire
August	Earthquake		Fire
September	Bomb Threat		Fire
October	Flood		Fire
November	Medical Emergency		Fire
December	General Discussion with Persons Served		Fire

Disaster Preparedness

Severe Weather

Severe weather conditions in the form of tornadoes, floods, high winds, hailstorms or snow and ice storms are weather conditions that may be experienced in our region. Weather Advisories are provided by the National Weather Service. Audrain Developmental Disability Services (ADDS) monitors weather alert radio broadcasts.

Tornadoes

1. Type of Alerts:

- A) Tornado Watch: Atmospheric conditions are such that tornados might develop.
- B) Tornado Warning: A tornado has been sighted or indicated by radar. Outdoor warning sirens will be sounded.

2. Response Procedures:

- A) Tornado Watch: Alert ADDS staff to be prepared to assist persons served and any visitors to an interior space, hallway, etc. Review tornado plans and be prepared to take action. Listen for tornado sirens and local media alerts about warnings.
- B) Tornado Warning: Follow specific plan of action for your ADDS facility. Move all employees, persons served and visitors to an interior space away from windows, follow specific emergency plan for facility. Close all windows, curtains, and doors. Locate and prepare alternate means of equipment (flashlights), move first aid supplies to the safe area. Remain in designated area until the “All Clear” is declared.

Floods

- A) If a possibility of flooding exists, Program Coordinators will notify staff.
- B) If persons served are in a low-lying area that can be affected by flooding, they will be moved to a safer area. If the situation warrants prudent action due to flooding, total evacuation and assistance from law enforcement will follow.
- C) In the event an ADDS facility is severely damaged due to flood water, persons served will be evacuated to another ADDS facility that is not in a flooded area. Cots and beds will be purchased and distributed to evacuated persons.
- D) If persons served are in a vehicle during a flood, staff members are NOT to go through any flood waters.

Power-Outage Procedure

- 1. Employees of Audrain Developmental Disability Services (ADDS) should follow these steps during a power outage:
 - A) Locate, comfort, and determine safety of persons served.

- B) Locate flashlight(s). Emergency lights can fade after long use, so a flashlight and extra batteries must be kept with you.
- C) If necessary, congregate in an area of choice.
- D) Unless danger exists, leave sleeping persons receiving services alone.
- E) Contact an ADDS administrative staff member.
- F) Report any power outage to Ameren UE (1-800-552-7583) and advise them that medically fragile persons receiving services live in the ADDS facility.
- G) Stay alert to the smell of gas.
- H) In cold weather, have persons receiving services wear several layers of clothing and peel off layers as needed.
- I) Use a battery powered radio to monitor weather and power outage circumstances.
- J) During a power outage in cold weather, pipes may freeze. To help prevent freezing, allow a fast drip or trickle of water to run through faucets near exterior walls and leave cabinet doors under sinks open if safe to do so.
- K) If water pipes freeze, contact an ADDS Program Coordinator/Manager or ADDS Maintenance staff person.

Terrorism

1. Safety First: In the event of terrorist activity, the safety of persons served and staff is the primary goal.
2. Responsibilities: Audrain Developmental Disability Services (ADDS) staff should:
 - A) Account for all persons served and staff, if possible.
 - B) Attempt to call the Program Coordinator.
 - C) Provide first aid.
 - D) Notify Emergency Medical Services, if needed.
 - E) Remain on the clock until relieved by the Program Coordinator.

- F) Secure the ADDS facility to prevent looting or additional damage, if possible.
- G) Shelter: In the event that the ADDS facility is severely damaged from a terrorist attack, all persons served will be moved to another ADDS facility until the damaged building is secure.

Fire Safety Procedure

Fire Safety Procedure: Maintaining the safety and well-being of all persons served, visitors and employees of Audrain Developmental Disability Services (ADDS) from the dangers of fire and smoke is the primary objective of this procedure. Fire at any ADDS facility represents a potentially life-threatening situation. It is essential that all employees be familiar with the actions to be taken in case of fire.

1. RACE:

- A) Rescue any person in immediate danger.
- B) Alert the fire department by calling 911.
- C) Close all doors, if possible, to prevent or slow the spread of smoke or fire.
- D) Extinguish the fire with a fire extinguisher if you can do so safely.

2. Procedure:

- A) The primary responsibility of ADDS staff is to see that all persons receiving services are safely out of the building as quickly as possible.
- B) All persons served should be assembled and accounted for after they are evacuated.
- C) Call the 911, using a neighbor's phone if necessary.
- D) After evacuation, one staff person must stay with and supervise persons receiving services.
- E) If the building is on fire, do not reenter the building.

3. Evacuation: Simple steps such as closing doors and moving consumers beyond a fire or smoke separation can keep a situation under control and save lives:

- A) Touch the door before opening it. If it is hot, do not open.
- B) If the door is not hot, open it slightly.
- C) There may be a great deal of smoke and heat.
- D) Stay low and proceed no more than three steps into a room.
- E) Discharge a fire extinguisher until it is empty.

F) Close the door behind you, do not re-enter.

G) Evacuate and wait on the Fire Department.

4. Safety Equipment

A) Smoke Alarms: To help prevent fire and passage of smoke, ADDS buildings have special safety features including fire detection/alarm systems.

B) Fire Extinguishers:

C) All ADDS facilities are equipped with fire extinguishers. Extinguish a fire only if your own safety can be assured. To use a fire extinguisher, remember the word PASS:

- i. Pull the pin in the handle.
- ii. Aim at the base of the fire.
- iii. Squeeze the handle to discharge the extinguisher.
- iv. Sweep from side to side, aiming at the base of the fire, until the fire is fully extinguished.

D) All Fire Extinguishers are rated and labeled for class A, B, and C fires:

- i. Class A: For fires involving wood, paper, plastics and other ordinary combustibles.
- ii. Class B: For fires consisting of burning liquids and grease.
- iii. Class C: For electrical fires.

5. Fire Drill Policy:

A) No less than one (1) fire drill on each shift will be conducted each month.

B) Unscheduled fire drills will be conducted at various times during the day at each ADDS facility.

C) Participants in the fire drills will consist of all persons served in the facility that are present and all staff on duty at the time of the drill as well as any visitors in the facility at the time of the fire drill.

D) The drills will be documented in the designated documentation location for each location and will be retained in the ADDS facility or future review.

6. Fire Training:

A) Fire Training is provided to ADDS staff by Mexico Public Safety annually. The Fire Inspector comes to the Agency and provides a video and educational information on fire prevention and what to do in case

of a fire. ADDS staff are shown video footage of actual fires and explanations regarding what happens during a fire. The Fire Inspector then provides fire extinguisher training to all employees. This is mandatory training for all ADDS staff members.

7. Fire Inspection:

- A) An external fire inspection is completed annually by the City of Mexico Public Safety Department (MPSD). All ADDS facilities in which the Agency delivers services are inspected. MPSD provides a report to ADDS detailing areas for improvement to assist in improved reaction time if a fire may occur.
- B) ADDS has 60 days to implement all recommendations. MPSD then provides a re-inspection to assure all recommendations have been completed.

8. Fire Protection Procedures: The ADDS Safety Committee shall arrange for a qualified professional to inspect each ADDS facility for fire safety on an annual basis.

- A) Fire Alarm System: Each ADDS facility shall have a heat and smoke detection system. The fire prevention system at each ADDS facility shall include fire extinguishers and an emergency lighting system. The Program Coordinator for each facility shall ensure that the fire alarm system is operational at all times. Routine fire equipment maintenance shall include, but not be limited to, a monthly test of smoke detectors, a monthly check of the emergency lighting system, and an annual recharging of fire extinguishers. Professional fire alarm checks are completed each year in September.
- B) Fire Evacuation Plans and Safety Notebooks: Each ADDS facility shall have a written fire evacuation plan. All ADDS staff and persons receiving services shall become familiar with the plan through fire drills. ADDS staff shall hold drills of the evacuation plan at least once a month. If the person receiving services requires additional training to master the skill, ADDS staff shall hold the drills more frequently. The supervising ADDS staff member shall record the performance of all ADDS staff and persons receiving services during the fire drills in the facility's Emergency Drill Notebook.
- C) Storage of Flammable Materials: Staff shall store any flammable materials, such as paints, solvents, cleaning materials, etc., in an area away from appliances, furnaces, water heaters, or other sources of flame. Flammable materials shall not be stored near outside exits or under stairs.

Active Shooter Procedure

1. Purpose: An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area. In most cases, active shooters use firearms and there is not a pattern or method to their selection of victims. Active-shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims. But because active-shooter situations are often over quickly, individuals must be prepared to deal with an active-shooter situation until law enforcement arrives.

2. Source: Active Shooter: How to Respond, a guide published by the Department of Homeland Security.
3. Summary: Here are some good practices for coping with an active shooter situation:
 - A) Be aware of your environment and any possible dangers.
 - B) Take note of the two nearest exits in any ADDS facility you visit.
 - C) If you are in an office, stay there and secure the door.
 - D) If you are in a hallway, get into a room and secure the door.
 - E) As a very last resort, attempt to take the active shooter down. When the shooter is at close range and you cannot flee, your chance of survival is much greater if you try to resist the shooter.
 - F) Call 911 when it is safe to do so.
4. How to Respond: When an active shooter is in your vicinity, quickly determine the most reasonable way to protect your own life. Remember that others are likely to follow the lead of employees and managers during an active shooter situation.
 - A) Evacuate: If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
 - i. Have an escape route and plan in mind.
 - ii. Evacuate regardless of whether others agree to follow.
 - iii. Leave your belongings behind.
 - iv. Help others escape, if possible.
 - v. Prevent individuals from entering an area where the active shooter may be.
 - vi. Keep your hands visible.
 - vii. Follow the instructions of any police officers.
 - viii. Do not attempt to move wounded people.
 - ix. Call 911 when you are safe.
 - B) Hide out: If evacuation is not possible; find a place to hide where the active shooter is less likely to find you. Your hiding place should:
 - i. Be out of the active shooter's view. Provide protection if shots are fired in your direction (e.g., an office with a closed, locked door).
 - ii. Not trap you or restrict your options for movement.
 - iii. Lock the Door: To prevent an active shooter from entering your hiding place:

- (a) Lock the door.
- (b) Blockade the door with heavy furniture.

C) Remain Quiet: If the active shooter is nearby:

- i. Silence your cell phone and/or pager.
- ii. Turn off any source of noise (e.g., radios, televisions).
- iii. Hide behind large items (e.g., cabinets, desks).
- iv. Remain quiet.

D) Remain Calm: If evacuation and hiding out are not possible:

- i. Remain calm.
- ii. Dial 911, if possible, to alert police to the active shooter's location.
- iii. If you cannot speak, leave the line open and allow the dispatcher to listen.

E) Acting against a shooter: As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- i. Acting as aggressively as possible against him/her.
- ii. Throwing items and improvising weapons.
- iii. Yelling.
- iv. Committing to your actions

F) Police Behavior: Be aware of how police officers may behave upon arriving to the scene.

- i. The purpose of Law Enforcement is to stop the active shooter as soon as possible. Officers will proceed directly to the area in which the last shots were heard.
- ii. Officers usually arrive in teams of four officers.
- iii. Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment.
- iv. Officers may be armed with rifles, shotguns, and handguns.
- v. Officers may use pepper spray or tear gas to control the situation.
- vi. Officers may shout commands and may push individuals to the ground for safety.

G) Dealing with Police: Be aware of how you should react when law enforcement arrives.

- i. Remain calm and follow the officers' instructions.
- ii. Put down any items in your hands.
- iii. Immediately raise hands and spread fingers.
- iv. Keep hands visible at all times.

- v. Avoid making any quick movements towards the officers.
 - vi. Avoid pointing, screaming, or yelling.
 - vii. Do not stop asking officers for help -- evacuate immediately.
5. Information for Law Enforcement: Be ready to provide law enforcement or 911 operators with the following details if you can:
- A) Location of the active shooter
 - B) Number of shooters, if more than one
 - C) Physical description of shooter(s)
 - D) Number and type of weapons
 - E) Number of victims
6. Injuries: The first officers to arrive at the scene will not stop to help injured persons. Expect rescue teams to arrive later which will be additional officers and emergency medical personnel. These later arriving teams will treat and remove any injured persons. Once you have reached a safe location, you will likely have to stay in the area until the situation is under control and all witnesses have been identified and questioned.
7. Training: At least annually, an Active Shooter drill with discussion will be completed at each ADDS facility. Program Coordinators/Managers will also periodically discuss Active Shooter Situations during staff meetings from time to time.

Bomb Threat Action Plan

1. Purpose: The purpose of the bomb threat emergency action plan is to establish workable guidelines with sufficient flexibility to be able to provide adequate response to any bomb threat emergency as it develops. Due to many variables that are encountered when dealing with potentially lethal circumstances, this plan is designed to be a guideline.
2. Source: Bomb Threat Call Procedures, by the U.S. National Counterterrorism Center.
3. Procedures:
 - A) Signal the building evacuation plan.
 - B) Keep caller on the line—the longer he/she talks, the more authorities can learn.
 - C) Record as much of the message as possible on a Bomb Threat Form — try to get exact words.
 - D) Tell the caller that the building is occupied and that the threatened action could result in the death or serious injury to many innocent persons.

- E) Immediately upon termination of the call, report information to law enforcement and the Program Coordinator or other agency administrator.

4. Record Critical Information:

- A) Date
- B) Time of Call
- C) Time Caller Hung Up
- D) Extension Number
- E) Exact message (if possible)

5. Questions to Ask Caller:

- A) Where is bomb located? (Building, Floor, Room, etc.)
- B) When will it go off?
- C) What did it look like?
- D) Why?
- E) Who put it there?
- F) Caller's Name?

6. Pay Attention to Caller Details:

- A) Caller Location (Describe background and level of noise.)***
- B) Sex (Male, Female)***
- C) Pitch of Voice (Low, Moderate, High)***
- D) Speech (Stutter, Accent, Peculiar Dialect)***
- E) Estimated age***
- F) Name and room number of person receiving call***
- G) Background Sounds:***

- i. Whispered Voices Music Motors
- ii. Clear Crockery/
- iii. Dishes
- iv. Street Noises
- v. Office Machinery Factory
- vi. Machinery
- vii. Animal Noises
- viii. House Noises PA System Static
- ix. Bells or Horns Weather Other

H) Threat Language

- i. Well Spoken (Educated) Foul Irrational
- ii. Message Read by
- iii. Threat Maker
- iv. Taped
- v. Message
- vi. Incoherent

I) Caller's Voice

- i. Calm Angry Excited
- ii. Slow Rapid
- iii. Soft Loud
- iv. Laughter Crying Normal
- v. Distinct Slurred Nasal
- vi. Stutter Lisp
- vii. Raspy Deep Ragged
- viii. Clearing Throat Deep Breathing Cracking
- ix. Accent Disguised Accent

7. Reporting:

- A) Staff receiving call should record their own Name, Position and Phone Number.
 - B) Notify Program Coordinator.
 - C) Document all information on a Bomb Threat Form.
 - D) ADDS facility receiving the call must be available for law enforcement contact.
8. Evacuation Plan: In case of a bomb threat, each program site should have a predetermined evacuation plan on-site. The evacuation plan should include a safe area to meet away from the facility. Staff and persons served should be made aware of the evacuation plan ahead of time.

Suspicious Mail

- 1. Policy: In the event of suspicious mail being received at an ADDS facility, the safety of persons served and staff of Audrain Developmental Disability Services (ADDS) is the primary goal.
- 2. Identifying Suspicious Mail: Suspicious mail could include the following:
 - A) Any mail from an unknown source
 - B) Mail addressed to someone who is not in the facility
 - C) Mail addressed to only a title, wrong title, or anything incorrect
 - D) Envelope handwritten with no return address
 - E) Misspelled words

- F) Lumpy in appearance
- G) Mail with a stain, odor, or discoloration
- H) Mail sealed with excessive amounts of tape
- I) Mail marked with restrictive endorsements such as “personal” or “confidential”
- J) Mail with extra postage that looks suspicious

3. Procedure: How to handle suspicious mail:

- A) Do not handle a letter or package you suspect may be contaminated.
- B) Do not shake, bump, or sniff it.
- C) Do not try to clean up any powders or liquids that have leaked from mail.
- D) Leave the area immediately and evacuate the premises.
- E) Wash your hands thoroughly with soap and water.
- F) Notify Program Coordinator immediately.

Missing Persons/Elopement

1. Notify management, guardians, and local emergency personnel for assistance.
2. Assign staff to specific sections and use a checklist or shaded-in floor plan of searched areas to avoid duplication of efforts. Initiating a systematic search of the building and other immediate areas—this means, rooms, closets and stairwells, nearby buildings, vehicles in the parking lot, and areas that are normally locked, along with the roof, if there is roof access.
3. Making a thorough search of the grounds. Alert staff of potential hazards, such as parking areas, adjacent roadways, or bodies of water, such as lakes or ponds.
4. Document all actions taken either at the time of the incident or immediately afterward.
5. Form a plan of action for when the individual served is located: – Obtain a complete medical evaluation to identify potential injuries and provide necessary treatment.
6. Notify any previously contacted individuals of the individuals served return.
7. Conducting an investigation to determine how the elopement occurred in order to correct any underlying contributing factors

Medical Emergency

1. When an emergency medical situation or disaster occurs, staff must immediately contact emergency medical services (9-1-1). Calling 9-1-1 should take place prior to making internal contacts with other staff or with family and guardians.
2. During a medical emergency, staff should initiate CPR as medically appropriate and continue life-saving procedures until Emergency Services arrive.
3. Program managers are responsible for ensuring all staff have access to appropriate emergency and disaster resources. New and current employees should be trained in where resources are located and how to access these resources in an emergency. Staff are trained and empowered to use emergency resources without first seeking permission.

See Staff Procedures for Medical Emergencies and Disasters

Access to Emergency Information for Staff and Persons Receiving Services

1. Emergency contact information for the staff of Audrain Developmental Disability Services (ADDS) will be maintained either in a telephone index, on IPS online, or a printed listing posted in the office. Information on ADDS staff will be obtained from the Emergency Contact section of the employment application or on IPS online.
2. Emergency contact telephone numbers for persons receiving services from ADDS will also be maintained in a telephone index or listing. Further emergency information is located in the record of the person receiving services. All ADDS staff will be familiar with the location of pertinent information on every person receiving services.

Emergency Supplies to Be Available

The following items should be available in case of emergency:

1. Earthquake preparedness materials.
2. Power Outage and Earthquake Response information.
3. Emergency Supplies:
 - A) Medications, especially seizure medications and insulin
 - B) Portable radio with extra batteries
 - C) Flashlight(s) with extra batteries
 - D) First aid kit
 - E) Canned and dried foods which can be eaten cold

- F) Non-electric can opener
- G) Several gallons of water (replace occasionally to ensure freshness)
- H) Blankets

Safety, Health, and Transportation: Safety Committee

1. Policy: An Audrain Developmental Disability Services (ADDS) Case Records Review/Safety Committee shall be established to inspect program areas to insure the safety of persons receiving services and staff. After completing the inspections, the committee will inform the Executive Director of any health and safety needs.
2. Safety Committee Members: Administrative Staff and Program Coordinators/Managers.
3. Quarterly Inspections: Program Coordinators/Managers will perform quarterly inspections of all program areas, directing their attention to:
 - A) Exterior and interior building maintenance
 - B) Fixed and movable equipment safety and maintenance
 - C) Cleanliness of all areas of the facility
 - D) Safety standards as they apply to each program
4. Monthly Safety Checklist: In addition to the quarterly inspections, each Program Coordinator/Manager will complete a monthly safety checklist and submit any safety deficiencies to the Case Record Review/Safety Committee. The Case Record Review/Safety Committee will note deficiencies and make proper recommendations to the Program Coordinator/Manager of the facility and to the Executive Director.
5. Corrective Action: The Program Coordinator/Manager will report corrective action taken to the Case Record Review/Safety Committee.
6. On-site Plans and Policies: Each program area will have written safety, health, and medical policies pertaining to the program site.
7. These policies will be included in the Policies and Procedures Manual located at each program site.
8. All safety, health, and transportation policies will be reviewed with staff as part of their initial employment orientation, and at the time of staff evaluation.
9. Each program will post a fire/disaster evacuation plan in a prominent area showing the safest exit route.

10. Monthly Fire Drills: Reports of monthly fire drills will be submitted to the Case Record Review/Safety Committee and should include date, time of day, staff present, and comments on person's performance. Staff personnel files will contain evidence of health and safety training.
11. Major Event Meetings: A special safety meeting will be held in the event of a major incident involving safety and health. Safety policies will be reviewed and updated as required.
12. Annual Inspections: Annually, the city fire inspector will complete an inspection of all program sites.
 - A) These reports will be submitted to the Case Record Review/Safety Committee.
 - B) A report of action taken along with a copy of the report from the inspectors will be reviewed.
13. Vehicle Maintenance and Equipment:
 - A) A preventative maintenance program for vehicle safety will be included in each van requiring transportation of persons receiving services.
 - B) Each program vehicle will have a first aid kit and fire extinguisher.
 - C) There will be a written guide to aid in the handling of accidents and road emergencies in each vehicle.
14. Community Event Forms:
 - A) All Community Event Forms (both staff and persons served) will be forwarded to the Executive Director as appropriate within 24 hours of an incident.
 - B) This notification will be made regardless of the severity of the incident; however, the 24-hour notification may be waived for weekend incidents if they are of a minor nature.
 - C) Major incidents will result in immediate notification of the Executive Director. Typically, the Program Coordinator/Manager should first be notified and they in turn will notify the Executive Director.
 - D) In the event that the Program Coordinator/Manager is not available, the staff making the report will notify the Director of Health Services.
 - E) If necessary, the Executive Director should draft a plan of action in response to the incident. Any necessary changes should be implemented within 30 days from the time of the incident. All reports and the resulting action plan will be made available at the program site.
 - F) A written report will also be submitted to the Executive Director. The inspection reports and results for each ADDS facility will be maintained in a safety and health binder for easy accessibility.

First Aid/CPR/AED for the Workplace

1. The purpose of the First Aid/CPR/AED program is to provide participants with the knowledge and skills necessary to help sustain life and minimize the consequences of injury or sudden illness until advanced medical help arrives. This program offers various choices and modules to meet the various training needed for the workplace.
2. The content and activities will help the participants of this program identify and eliminate potentially hazardous conditions, recognize emergencies, and make appropriate decisions for First Aid and care. Each course also includes information on injury and illness prevention, with a focus on personal safety. Course content will be from the American Heart Association or the American Red Cross.

Staff Injury Reports Procedure -- Post at All Work Sites --

1. On The Job Injuries Procedure:

A) First-Aid / Emergency Room:

- i. If injured on the job in any way, tell your supervisor or contact the main office immediately. Get first-aid treatment or if the injury needs treatment by a professional or you are advised by a member of management, seek care at the nearest urgent care or emergency department. Follow recommendations of workman's compensation insurance carrier as needed.

B) Reporting:

- i. The employee will complete a Workmen's Compensation Report form signed by the employee, as well as an Agency/ Supervisor's Accident Investigation Report if needed.
- ii. The supervisor will immediately inform the ADDS Administrative Office of any injury.
- iii. If a job-related injury results in hospital admission (or death), the supervisor or the Financial Manager must contact the Agency's Workman's Compensation insurance carrier immediately.
- iv. A "Report of Injury" form will be completed on every reported injury, however minor, and submitted to the workman's compensation insurance carrier, who will report it to the Missouri Division of Workers' Compensation.
- v. This report must be submitted immediately.

C) Medical Bills:

- i. All medical bills pertaining to the injury should be sent or turned in to the office. These bills will be submitted to the workman's compensation insurance carrier for payment.

- ii. If you are required to make payment at the time of services, the workman's compensation insurance will reimburse you.
- iii. Once the doctor releases you, inform your supervisor.

D) Failure to Report:

- i. A notice to your employer of every accident is required by law.
- ii. Employees who fail to promptly report any injury may have to pay for their own medical treatment and may lose compensation benefits.

E) Billing Limitation: On-the-job injuries are billable only to workman's compensation and ADDS is prevented by law and by board policy from any payment or compensation beyond that paid by the workman's compensation insurance carrier.

F) Post-Accident Drug Test: Any accident requiring medical attention will also require the employee(s) involved to take a post-accident drug test if a 24-hour testing site is available. It shall be the employee's responsibility to seek drug testing for all accidents resulting in an injury that requires medical attention.

2. Reporting Health-Related Issues:

- A) Employees who become aware of any health-related issue, including any injury, illness, or pregnancy, should notify their supervisor of their health status. This policy is instituted strictly to protect the employee.
- B) A written "Permission to Work" form from the employee's treating physician is required at the time or shortly after notice has been given. The doctor's note should specify whether the employee is able to return to work and any restrictions on their ability to perform regular work duties.
- C) A leave of absence may be granted on a case-by-case basis. If the need arises for a leave of absence, employees should notify their supervisor on the day they receive notice.

ADMISSION/ DISCHARGE, PERSON-CENTERED SUPPORT PLANS, IMPLEMENTATION STRATEGIES

Admission and Discharge Policy

1. Initial Contact and Referrals

- A) When an individual is initially referred to Audrain Developmental Disability Services (ADDS), an Initial Contact Form will be completed by the staff member contacted.
- B) The staff member contacted will also complete an ADDS Referral Form to effect referrals to internal programs or other agencies.

2. Referrals For Department of Mental Health Eligibility Determination

- A) Persons requesting services offered by Audrain Developmental Disability Services (ADDS) are required to be determined eligible for Department of Mental Health (DMH) services. Prospective applicants who have not been assessed by DMH are given the Hannibal Satellite Office (HSO) Intake Coordinator's name, phone number, and address.
- B) DMH eligible persons are admitted into appropriate programs on a space available basis. Ineligible persons are referred to appropriate agencies for services.
- C) The Executive Director may, in cases of emergency or dire need, admit persons who are apparently eligible on a temporary basis pending outcome of above cited eligibility determination.

3. Referrals to Human Services Agencies

- A) Persons that are not eligible for services, or who are requesting services not offered by ADDS, are referred to the appropriate human services agency in this area.
- B) The list of agencies and services they provide is located in the Directory of Human Services or other available resource information.

4. Assessment Procedure

- 1. Breckenridge Heights Residential Home
- 2. Harvey House Residential Home
- 3. C.T. Loyd Apartment Living Program
- 4. Developmental Training Center
- 5. TCM Services
- 6. Community Service Program, Natural Home Program, and Independent Supported Living Programs

5. Persons referred to ADDS for residential who have not been assessed for eligibility for DMH services, are to be referred to the HSO.
6. The HSO Intake/Eligibility Coordinator will conduct psychological, medical, and social testing to determine eligibility.
7. Persons found ineligible for services by the HSO will be evaluated by ADDS to determine the appropriateness of placement in our services. Alternate services will be recommended to persons determined ineligible for ADDS programs.
8. The Intake/Eligibility Coordinator with Hannibal Satellite Office will make the referral (generally via email) to the ADDS Targeted Case Management Office with new referral or, if the individual is a transfer with the HSO region, a referral will come from the sending county.
9. When an individual is determined eligible by the HSO, the ADDS TCM staff has five (5) working days to make contact with that individual.
10. Person-Centered Support Plan (PCSP) meetings will be conducted for persons eligible for HSO services. The diagnosis, needs, and desires of the person will be discussed. The PCSP team, composed of HSO staff, ADDS staff, the person served, family/guardian, and other concerned persons, determines the appropriate services which should be pursued.
11. The availability of space in the programs determines the date of placement. Within 30 days of placement, PCSP objectives and other identified services will be developed to enhance strengths and improve weaknesses. Amendments will be made to the PCSP when analysis of data collected per daily programs is deemed necessary. These will be made by the PCSP team during monthly or quarterly reviews.

Waitlist Policy

If Audrain Developmental Disability Services must utilize a waitlist for services rendered the following criteria will be used to determine eligibility and status on the waitlist:

1. Review of Prioritization of Need (PON):
 - a. PON 1-4: Based on the Missouri Adaptive Ability Scale (MAAS), with a PON 1 indicating lower needs and higher function, and PON 4 indicating higher needs and lower function.
 - b. PON 5: Reserved for individuals in verified crisis situations.

Access to services is granted first to those with higher PON scores. Among individuals with the same PON score, those who have been on the waitlist longer are prioritized.

2. Funding Dependency: Availability of services is contingent on annual budget approval by the Missouri State Legislature and by the approval of the annual budget for the individual and the services requested.
3. Waiver Programs and Eligibility:
 - a. Comprehensive Waiver: Residential Supports
 - b. Community (Support) Waiver: Individuals living with family or independent living
 - c. Autism Waiver: For children aged 3-18 with autism
 - d. MOCDD (Lopez) Waiver: Waives parental income for Medicaid eligibility
 - e. Partnership for Hope Waiver: County-based

Each waiver has its own eligibility criteria, service caps, and funding mechanisms. Individuals must meet **ICF/DD level of care** and demonstrate that their needs cannot be met through other resources.

4. Advocacy and Support: Families affected by the waitlist are encouraged to:
 - a. Contact legislators to advocate for increased funding
 - b. Share personal stories to highlight the impact of service delays

Person-Centered Support Plan (PCSP)

1. PCSP Team Members

Person-Centered Support Plan (PCSP) will be developed by a cooperative team, including the person served and his/her family members or guardians. PCSP team members will include ADDS staff (including the Program Coordinator/Home Manager as appropriate), designated Support Coordinator, Hannibal Satellite Office staff (as appropriate), Division of Vocational Rehabilitation staff (as appropriate), and other interested parties.

2. PCSP Meeting Schedule

PCSP meetings will be scheduled annually and reviewed monthly. The team will establish the date, time, and location of the meetings and prepare the agenda. Written notices will be sent to all designated participants for the annual PCSP meetings. Other scheduled reviews may be communicated by telephone.

3. Content

The diagnosis, guardianship needs, risks, medical issues, needs for assistive technology, and functional limitations of the person served will be addressed during the PCSP meeting. Goals and objectives will be developed to promote a more independent level of functioning or to

maintain a least restrictive level. The desired level of functioning and services to be provided will be established by the team based on the person's expressed needs and preferences and input from knowledgeable team members. The services and objectives will be relevant to achieving appropriate community integration for the person receiving services. The Home and Community Based Services (HCBS) Standards will be followed as well as the MO Quality Outcome guidelines will be reviewed in developing the PCSP. Anticipated times for completion of services and methods for completion of services and objectives may be adjusted at review meetings when deemed necessary by the team. The changes will reflect input into the plan by the person served. Appropriate action persons will be assigned to each service or objective for assurance of completion.

4. Responsibility

An ADDS staff person will be designated as the Program Coordinator/Home Manager to assume responsibility for the plan of the person served. The Program Coordinator/Home Manager will ensure that the plan is implemented in a purposeful and goal-directed manner and with input from the person served. Upon exit/discharge from the program, the Program Coordinator/Home Manager will arrange for follow-up and assist in obtaining appropriate support services with the assistance of the support coordinator (TCM).

Implementation Strategies

1. Implementation Strategies are a provider tool which guides employees to work effectively with the individual to achieve his/her desired personal outcomes and goals.
2. The service provider is responsible for writing the Implementation Strategies. These are required for every personal outcome/goal which is habilitative in nature and that is included in the PCSP. The Implementation Strategies document is a dynamic document which changes as often as necessary, with input from the individual, as necessary to ensure the teaching methods reflect the preferences and progress of the individual supported. The Implementation Strategies can be built into the daily documentation plan in Therap.
3. The service provider and the individual work together to update the implementation strategies, and changes do not require approval of the Support Coordinator or planning team. It is not a requirement for the service provider to send copies of the Implementation Strategies to the Support Coordinator.
4. All Implementation Strategies must be measurable. Reference to measurable in this requirement is not about a certain number or percentage. Measurable is defined as being written so that you can determine if the activity has been completed/accomplished.
5. Implementation Strategies must include the following components:

- A) Personal Outcomes and Related Goals
- B) Individual teaching activities and necessary tools/supplies/technology
- C) Process used to facilitate learning based on an individuals' learning style and support needs
- D) Responsible Party
- E) Specific, individualized, measurable stepping stones necessary for the individual to achieve his/her Personal Outcome, to get from point A to point B
- F) States the timelines/target dates for completion

See location Handbooks for specific admission, discharge, PCSP, and Implementation Strategies information.

External Advocacy

Special Policy on Input from Persons Served

Audrain Developmental Disability Services (ADDS) values the opinions, priorities, and desires of the persons we serve. Whenever possible, a key component in all decision making in regard to an individual and his/her program will reflect what that individual or their representative wants.

Summary of the Input Process

1. Input from persons served is inherent in the enabling legislation that established this agency. The law specifies that at least two Board Members must be related by blood or marriage to an individual with a disability as defined in the legislation.
2. Persons served and/or their family members/guardians are an integral part of the Person-Centered Support Plan (PCSP) meetings. During the PCSP their input is encouraged and solicited. They have a voice on who attends the meeting and special topics they would like to have brought up at the meeting.
3. Each residential program and the Developmental Training Center have regularly scheduled house/program meetings during which time individuals served get to plan activities and express opinions about the content of their daily lives. Minutes are kept of these meetings.
4. The Executive Director maintains an open-door policy wherein persons served by the Agency can come in or call to discuss their present situation or future aspirations. (It should be noted that this system is viable and working as several individuals receiving services have accessed this and stopped by.) Program Coordinators maintain a similar open-door at program sites.
5. Finally, as a part of the Agency's Outcomes Management and Quality Assurance processes, a system of questionnaires and interviews are utilized to gather objective data on the satisfaction of persons served, family members, and guardians in order to inject those results into future program emphasis and design, as

reflected in the Individual Served Based Plan. Input of persons served, family members, and/or guardians is also gathered and implemented on an informal word-of-mouth basis.

See PCSP Policy, Individual Rights Policy, Restrictions and/or Modifications Policy.

Variance Reporting

ISL Variance Reporting Process Policy

1. ISL Variance Reporting is necessary to ensure that only services provided to an individual served is funded through the Medicaid Waiver. ISL Variance Reporting will be completed annually in conjunction with the PCSP of the individual(s) served in ADDS ISLs. Or, if an individual's services are terminated prior to the end of their PCSP year, the Variance Report will be completed at that time.
2. The hours of ADDS staff performing services in any ADDS ISL will be calculated through the ADDS payroll system monthly. The generation of this report will be the responsibility of the ADDS Financial Manager. This report will be provided to both the Executive Director of ADDS and the individual responsible for QA at ADDS.
3. This report will be maintained in a separate file until such a time that the hours are summarized for the PCSP year of the individual served. "ISL Variance Calculation Worksheet" will be completed and submitted to MMAC if recoupment of funds is found necessary due to understaffing. The Direct Care hourly rate has been established by the ADDS Executive Director and it is the Direct Support Professional hourly rate less costs associated with other costs of providing services such as an administration fee, etc. The Direct Care hourly rate will vary depending upon the experience of the Direct Care staff involved.
4. When submitting the "ISL Variance Calculation Worksheet" to MMAC the amount due will be noted and it is understood that MMAC is responsible for making the recoupment and ADDS will not send in any payment.

False Claims Act

False Claims Act

1. Overview: The False Claims Act (Title 31) is a federal law that assists in the prevention of fraud, waste and abuse within an entity that receives or makes at least \$5 million in annual Medicaid payments. Any submission of false information, records or claims regarding federal health care programs may violate the False Claims Act and can result in severe financial penalties. Examples of false claims can include billing for services not provided or medically necessary, billing for the same service more than once or making false statements to receive payment for services. Violators of the False Claims Act can submit a false claim either actively knowing that it is false or can submit it with “reckless disregard” to whether or not the claim is false. With either case, violators may face steep fines and civil penalties that can equal three times the amount of the false claim plus additional fines per claim.
2. False Claims Act Policies and Procedures:
 - f
 - A) Although False Claims Act penalties can be severe, entities can implement standard policies and procedures to ensure that all levels of the workforce understand the False Claims Act. These policies and procedures also help employees, contractors, and agency members learn how to remain compliant with the law in order to prevent possible violations and other fraud, waste, and abuse in the workplace.
 - B) Audrain Developmental Disability Services will abide by all federal and state laws to effectively implement and enforce procedures to detect and prevent fraud, waste, and abuse in receiving payments from Medicaid funds.
 - C) Audrain Developmental Disability Services will educate and train workforce members about fraud and abuse, including the detailed provisions of the False Claims Act, state laws regarding civil or criminal penalties and qui tam provisions through compliance training.
 - D) All agency employees, contractors and agents will be knowledgeable and aware of laws regarding false or fraudulent claims.
 - E) The Compliance Officer is responsible for ensuring that the compliance program is effective in detecting and preventing potential incidents of fraud, waste, and abuse. With oversight from the Compliance Officer, the management team will establish and maintain 2 methods for detecting and preventing incidents of fraud, waste, and abuse, including but not limited to:
 - i. A claims quality assurance program that monitors the accuracy of adjudicated claims on a monthly basis.
 - ii. Mandatory annual training for all agency employees.
 - iii. If the Compliance Officer identifies any incidents of fraud and abuse, the agency will implement systematic changes and corrective action initiatives to prevent further offenses.

- iv. The agency Risk Management Report will be updated at least annually.
- 3. All workforce members will conduct themselves in an ethical and legal manner, including maintaining accurate records related to the rendering of items or services payable by Medicaid funding.
- 4. Audrain Developmental Disability Services will fully cooperate with federal and state agencies that conduct Medicaid fraud and abuse investigations.
- 5. All workforce members, contractors and agents will be responsible for reporting potential or suspected incidents of fraud and abuse and/or other wrongdoing directly to their supervisor, Compliance Officer, or a member of executive management.
- 6. Audrain Developmental Disability Services will protect all workforce members from retaliation and retribution when they report suspected wrongdoing through any reporting method.
- 7. The Compliance Officer, in consultation with legal counsel, will be responsible for receiving and acting upon all information suggesting fraud, abuse or wrongdoing, and for directing all investigations.
- 8. The Compliance Officer, in consultation with legal counsel, will investigate any allegations of suspected violations of any criminal, civil or administrative law.
- 9. Audrain Developmental Disability Services will include all policies and procedures in agency handbooks and in the agency Policy and Procedures manual and distribute all information to contractors and agents in accordance with the Deficit Reduction Act of 2005.
- 10. Training on the False Claims Act will be delivered to all agency employees through the annual compliance program training. False Claims Act training will include:
 - A) Detailed information on the False Claims Act and the administrative solutions for false claims and statements;
 - B) State laws pertaining to civil or criminal penalties;
 - C) Whistleblower rights, and;
 - D) Audrain Developmental Disability Services requirements for preventing, detecting, and reporting fraud, waste, and abuse.
- 11. Complaints, allegations, and concerns reported through the compliance hotline and/or received directly by the Compliance Office concerning fraud and abuse will be handled under the direction and coordination of the Compliance Officer.

12. To the extent practical or allowed by law, the Compliance Officer will maintain the confidentiality or anonymity of any workforce member when requested.
13. Retaliation or retribution for reporting issues in good faith is prohibited.
14. All Covered Persons employees, contractors, and agents with knowledge of potential fraud and abuse situations will report them by notifying:
 - A) Their direct supervisor
 - B) Any supervisor or member of management
 - C) Human Resources
 - D) The Compliance Officer or Compliance Department, either in person or by phone
 - E) The confidential compliance hotline
15. Any party who receives a report of fraud (e.g., management, Human Resources, legal counsel, etc.) will immediately inform the Compliance Officer, who will conduct an initial investigation before any other action is taken. No supervisor or manager should directly confront the employee alleged to have committed fraud, or otherwise discuss the issue with anyone suspected of engaging in fraudulent or abusive practices without prior approval from the Compliance Officer.
16. The Compliance Officer will direct or conduct fraud and abuse investigations. In doing so, the Compliance Officer will gather facts of the incident as promptly as possible.
 - A) If the Compliance Officer determines that there is sufficient evidence to support an allegation of violation of law or regulation, he/she will consult with legal counsel on further investigation, and whether legal counsel should conduct or direct the additional investigations. If an allegation is a criminal violation of law, the Compliance Officer will immediately refer the case to legal counsel.
17. If the agency legal counsel assumes responsibility for the continued investigation, the agency will develop a memo that is signed by both the Compliance Officer and legal counsel stating:
 - A) Whether inside or outside counsel will be leading the investigation.
 - B) That the investigation is being conducted in anticipation of litigation.
 - C) The role the Compliance Officer will have in the investigation.
18. When legal counsel takes over a compliance investigation, they will evaluate the facts to determine if credible evidence of a violation of criminal, civil or administrative law exists. Legal counsel will notify the

agency's Executive Director and/or Compliance Officer of the results of its compliance investigation and provide the Compliance Office with sufficient details of the compliance investigation to show that it is properly addressing the issue.

19. The Compliance Officer may also use legal counsel to help determine the extent of liability resulting from false claims submission, as well as to assist in planning the appropriate actions to correct deficiencies and resolve any liability issues.
20. Audrain Developmental Disability Services will take appropriate disciplinary and enforcement action (i.e., corrective actions, employment termination or contract termination) against workforce members, providers, subcontractors, consultants, and agents found to have committed fraud and abuse violations.

Service Delivery/ Billing Established

Service Monitoring- Provider Virtual Capabilities Policy

1. As required or requested, ADDS will support virtual opportunities for service monitoring, telehealth, and any other approved individual service-based care related to service monitoring and/or all other state monitoring activities.
2. ADDS utilizes various virtual platforms and equipment to include but not limited to, Apple iPads and laptop computers, and landline telephones and utilizes FaceTime, Zoom, or Webex. Depending on the requested platform, equipment may be readily available at each location or accessible by requesting use of the equipment from a member of management (i.e. iPads).
3. If virtual capabilities are unavailable for service-monitoring, in-person service monitoring must occur until ADDS is able to restore virtual capabilities.

THERAP

ADDS Therap Overview and Policies

1. Therap is a web-based, easy, and efficient service that provides documentation and communication resources for Audrain Developmental Disability Services (ADDS), in providing support to people with developmental disabilities. Therap requires an online component to access, compose, store and review Therap applications, as well as to send secure communication. Program computers and internet capabilities are to be used for designated Therap documents and applications as designated by ADDS.
2. The computer software is the property of Therap services. The equipment and information are the property of ADDS and is to be used only for legitimate business purposes. Users are provided access to the computer network to assist them in the performance of their jobs, and certain users may also be provided with access to the internet through the computer network.
3. All employees have a responsibility to use ADDS' computer resources, Therap, and the internet in a professional, lawful, and ethical manner, and consistent with other related policies. Personal Use or Abuse of the computer network or the internet, or violation of this policy, may result in disciplinary action, up to and including termination of employment, and/or civil or criminal liability.
4. The following are required for all employees that use the Therap system:
 - A) Employees will choose a password of their choice to enable access to the system and to review activity tracking. The "electronic signature" tracks time and date stamps all employees' entries within Therap. Employees should never give this password to other employees. Each employee will receive initial training as an Intro to Therap before they are given their password and working with an individual directly.
 - B) Program computers and internet capabilities are not to be used for personal use, including but not limited to, online purchases (personal or for clients), accessing personal email accounts, visiting social media sites, etc. and accessing websites of inappropriate content (offensive, violent, sexual content, etc.).
 - C) All computer workstations are equipped with Ant-virus software to protect against viruses. Employees should not disable anti-virus software. If it is suspected that a workstation has been infected, employees should contact their immediate supervisor to report.
5. Communication through Therap must be professional, accurate, sensitive, and respectful toward all parties involved. No derogatory, slanderous, discriminatory, harassing, obscene or otherwise inappropriate documentation or communication is permitted.

6. Representatives of Department of Mental Health or any Target Case Management (TCM) entity will be given access of individual's records and data collection as needed for Case Management, Medical Reviews, and Investigation with ADDS Administrative approval.
7. The use of Secure Communication (SCOMM) in sharing sensitive information is strictly confidential. Any unauthorized sharing of such information may be considered a breach of confidentiality.
8. Users are given computers and Therap access to assist them in the performance of their jobs. Users should have no expectation of privacy in anything they create, store, send or receive using the company's computer equipment and Therap. The computer network is the property of ADDS and may be used only for company purposes.
9. ADDS has the right to monitor and log all aspects of its computer systems including, but not limited to, monitoring internet sites visited by users, monitoring Therap access, monitoring chat and social media sites, monitoring file downloads, and all communications sent and received by users.
10. Non-exempt employees are prohibited from signing onto Therap during their unpaid time and are prohibited from signing onto Therap at a location other than one considered company property unless authorized by their managers. ADDS will not compensate for data usage used by employee outside of company areas.
11. All shift documentation must be completed by the end of each shift; this includes all Modules/Programs being utilized. Failure to do so may result in delay of pay, non-payment, and may be grounds for termination. It is prohibited to copy and paste or use the same documentation from a previous shift documentation from one consumer to another. It is also prohibited to copy and paste or use the same documentation from a previous shift documentation for one consumer. All shift documentations must be unique to each shift worked and contain accurate details for each shift.
12. Use of online document should be efficient and should in no way decrease direct interactions with clients who are receiving support.
13. Information that is sent through electronic communication in Therap is verification that the documentation has been received and reviewed by the employee. This can be done by:
 - A) Marking Read
 - B) Acknowledging
 - C) Approving
 - D) Employer Reports of the employee reviewing the information.

General Therap User Information

User Access

1. Users will be assigned access within Therap restricted to only the individual(s) in which that user is required to report on. Audrain Developmental Disability Services employees will be given access to individuals that directly relate to the staff member's position. For example, Program Directors, Residential Coordinator, Executive Director, and Administrative Director has full access to all individuals; someone doing direct support as an employee of Audrain Developmental Disability Services will only have access to the individual with whom they work.
2. Any employee who has been terminated or is no longer employed with the agency must be removed from access of Therap within 12 hours of notification. Failure to remove access can compromise security.

Passwords

1. Each user will establish their own personal password. (The first time a user logs into Therap, they will be prompted to change their password.) Passwords are required to have at least:
 - A) one upper-case alpha character (A-Z)
 - B) one numerical character; and (0-9)
 - C) one special character (!, #, *, etc.)
 - D) passwords must be at least six characters long
2. Passwords will expire every 120 days where a new password will need to be established.
3. Do not share your password with anyone including spouses, family members, co-workers, etc. The user is responsible for all documentation, tracking, etc. recorded under username and password.
4. The data is stored securely so no user can access the data without proper privilege and audit trail (activity tracking); no user can deny the association of his/her identity with a document stored in Therap (see "Electronic Signature" below).
5. If you forget your password, contact your Program Manager to reset your password.
6. ADDS will not record, inquire of, or assign passwords to users. ADDS may reset a temporary password at the request of the user who has been locked out of the system. The user will be prompted and requested to reset their temporary password by the Therap System.

Electronic Signature

1. Because the username and password are unique to the user and is not to be shared under any circumstances, anytime the user accesses Therap, this will be considered an electronic signature for all reports, correspondence and activity done on Therap.

Receiving Notifications/Alerts Over Non-Secure Media

1. Therap users can receive notifications from Therap through texts, emails, or paging when you receive critical incidents or high priority information. Remember that when you are looking up information, that information is considered Protected Health Information (PHI) and is subject to HIPAA. Administration can configure your notification properties in Therap to protect this information and can set it up where it will notify you that an incident or high priority situation has occurred without revealing any Protected Health Information.

Accessing Therap in Non-Secured Public Place or Shared Computer

1. When accessing Therap in a non-secured public place do not leave the computer screen unattended and be sure to clear caches and cookies as necessary; close out or log out of Therap immediately once you are finished.
2. All access to Therap is required to be done on an agency issued device.
3. Session Expiration: Therap has a session expiration mechanism such that a session expires when a user has not used the system (i.e., has not hit any key on the keyboard or clicked on a button on the form) for half an hour, before starting to enter information again. The system displays a countdown message for 5 minutes before the session expires; if the user wants to resume work, they can cancel the expiration by simply clicking a button on the countdown message. This is a security feature which prevents unauthorized people from using your login in cases where users may have left the program without logging out.
4. No client information should be saved onto a provider or staff person's personal computer. All information should be contained within Therap or on ADDS agency issued devices.

Tracking User Activities

1. Users understand that ADDS Therap Administrators can track all users' activities on Therap. The module is equipped with the capability to record and report on activities of all user accounts within an agency. The Activity Tracker shall record all users accessing the system, time, date, login name, Username, IP address used to access the system, all activity, including viewing of information, creation, or modification of any and all data or records. Provider Administrators with this role or option can detect any attempts to breach the system security (failed login attempts) and other misuse. The Therap system is monitored by security systems and Tier I administrators for unusual activity within the accounts.

Deletion Of Information

1. Users understand that all data is recorded and maintained through Therap, even after it has been deleted. The Electronic Data Management System (Therap) shall maintain all data submitted by the users, in the original form, and as approved, updated or modified, all versions of reports, data and information shall be archived and retrievable. Any sensitive or confidential documents (Abuse, Neglect, Unlawful Acts, etc.)

shall be available upon request by authorized persons to review and may be accessed online with restricted access.

2. If request for deletion: Records and data shall not be deleted from the system; any such requests for the deletion of any information shall be recorded and accessible to auditors, investigators, and appropriate authorities. This information shall be recorded in ADDS Therap Administrators' Secure Communications, and shall contain a written explanation of the request, with identification of the User making the request, Date and Time, data information, and Form ID number.

Additional Training for Therap Applications

1. Users can receive additional training as needed from the Therap program and website. Online training, "walkabouts," automated training, webinars, a User Guide, online help, Feedback, FAQs, etc., are available for all users on: www.TherapServices.net. When contacting Therap directly via SComm, live help or phone, do NOT give out protected health information (names, diagnoses, information protected by HIPAA). This resource is to be used only on how to use Therap, not to discuss any specific client information.

Completing Daily Requirements on Therap

1. Complete and clear pending required information on Therap's "First Page" or "Dashboard" each day. These are notifications of new information about the individuals in their care or important communications. The employee's Dashboard can be cleared by opening and reading all information contained in these links. The user is responsible for all information contained in these communications and the Therap system does record that these items that have been viewed and acknowledged by the employee.

Inability to Access Therap

1. If a user is unable to access Therap for any reason (problems logging in, internet down, website down, etc.) the user must contact their Program Manager (via voicemail or email) to let them know immediately or within two hours if the provider is still not able to access Therap. This is typically most important when administering medication. If users can get on later, a note must be made as to why the administration of medication was not documented on time.

Note: Therap can track when users log in and off and if their log-in was unsuccessful and the reason it was unsuccessful.

Monitoring

1. Tier I users from ADDS can monitor activity on Therap performed by ADDS staff at any time. This includes medication administration (MARs), contact notes, all tracking available on Therap and any other information that is entered in by another user, similar to checking paper documents/ This also means that supervisors are able to make sure that tracking is happening as required.

PCSP Data

Staff Training

1. New staff will receive training on basic Therap use during monthly trainings held by ADDS. Additional training can be done at the request of an employee. The employee must notify their immediate supervisor about additional training needs.

Acknowledgement of PCSP Programs

1. Each employee must read and acknowledge all PCSP programs assigned to the consumers they serve. If an employee works at a location outside of their home location, they must read and acknowledge the PCSP programs at the location at which they are working.

Note: Each employee must also read the attached PDF file of the hard copy/paper copy (Plan Template) of the PCSP.

2. PCSP programs will be updated each year at the annual due date. The program managers are required to enter the new PCSP data for each consumer and approve the plan. Managers are also required to scan the hard copy/paper copy of the PCSP and attach it as an attached PDF document (Plan Template) with the plan. Once approved, the plan will need to be reviewed and acknowledged by all staff who serve the consumer(s).
3. Staff must acknowledge any PCSP for a consumer they serve within 30 days or one (1) month of the implementation date.
4. All new staff must acknowledge any PCSP for a consumer they serve within 30 days or one (1) month. Some programs may require you to read and acknowledge all program PCSP's before working directly with consumers.

Note: Employees must acknowledge PCSP programs before they are able to document on individuals served.

Using Programs in Therap

T-Log (Contact Notes) Notification and Types

1. All information written in T-Logs becomes undeletable record in Therap and is accessible to all users who have permissions for those individuals. All information used in T-logs should be work related issues only.
2. ADDS does not currently utilize T-Logs for notification but may in the future (See SCOMM). T-Logs can be used to track any contact with individuals or anything to do with individuals in our program.
3. Users can use T-Logs to document activities, health appointments, follow up, general incidents, phone calls, daily/weekly contacts, changes, reasons for late documentation, etc.

4. When the agency determines to use T-Logs, employees will receive training on how to properly use this feature in Therap.

SCOMM (Secure Therap email)

1. All communication through SCOMM is strictly for work related information only. This is not a venue for personal emails, forwarding stories, jokes, etc. All communication should be professional.
2. Notification levels should fit the situation, so if the email needs immediate attention/response or is an issue to be addressed by the Community RN, then choose “High,” otherwise most email should be considered “Low” priority.
3. SCOMMS/Therap Emails
 - A) SCOMM is the email system within Therap. You can communicate with others who are in the Therap system only.
4. Messages/Therap Email/Communication Integrity:
 - A) Send communication, documentation and correspondence that is considered PHI (protected health information) via Secure Communication (SCOMM) in Therap (the email service through Therap).
 - B) All communications between user’s browser and the Therap application is cryptographically secured. No third party can modify the data transferred. No user can modify the data stored in Therap, without going through the application. The data is stored in multiple secured locations, guaranteeing its safety from natural and manmade disasters.
 - C) Secure Sockets Layer (SSL): SSL is the international standard used to ensure protection of data during transmission over the Internet. SSL provides endpoint authentication and communications privacy over the Internet using cryptography. The protocols allow client/server applications to communicate in a way which is designed to prevent eavesdropping, tampering and message forgery.
 - D) Anytime a provider’s contract or ADDS employee is terminated, that provider will be immediately removed from the Therap system and will no longer have access to that information.

Appointments

1. Appointments for individuals served should be set up in the Health Tracking section of Therap. An appointment consult sheet should be printed after the appointment is created. This document will serve as the previous consult sheet that is taken to the appointment to be completed by the provider. Do not print this form no earlier than a day prior to the appointment as there can be changes to information for the individual served.
2. If an appointment is cancelled or needs to be rescheduled it must be document on the appointment created. If rescheduled, the new appointment date and time needs to be documented.

3. Once an appointment has been completed, the appointment should be marked as completed and the consult sheet completed by the provider should be uploaded and attached to the appointment.

Health and Safety in Therap

Emergency Drills and Safety Data

1. Employees should document when any consumer completes an emergency drill in their shift notes. Employees should include the type of drill, how the consumer completed the drill, if the consumer faced any challenges when completing the drills, and the consumers understanding of the drill.
2. Tier I users and program managers should review each consumers program to ensure that completion is done each month and for each shift.

MAR/TAR

1. At the beginning of each month or any time a change is made to the MAR/TAR, the MAR/TAR must be configured. The Community RN will configure and approve the MAR/TAR each month and/or as needed.

Note: You will not be able to view the MAR until it is configured and approved first.

Note: If you have a medication where the dose is changing, the medication must be discontinued and a new medication with the current and correct dose must be added as a new medication.

2. If an error or noncompliance of medication is identified on the MAR/TAR, contact the Community RN immediately with the discrepancy. The Community RN is the only user who should add, remove, or change the MAR/TAR.
3. If the Community RN is not available, and a consumer has a new medication the staff should utilize the paper MAR/TAR until the Community RN is available to make changes in Therap.
4. When using the MAR/TAR, you must document medication administration immediately. Once employee initials are entered in the MAR/TAR a time stamp of the medication administration will also be recorded.
5. Late documentation (or for any extra explanation needed for the administration of a medication):
 - A) If you are going to be late documenting a medication (for example, you administered the medication while out in the community) be sure to go in as soon as you get home to document the medication. If you are documenting later than 3 hours after you administered the med, then we will need to get an Explanation. This should not be a regular practice.

- B) If the MAR/TAR is locked, you must notify the Community RN immediately to have it unlocked so that you can document medication administrations. If you are unable to reach the Community RN, utilize a copy of the current MAR/TAR in paper form for documentation until you are able to speak with the Community RN.

Clarification, Special, or Extra Explanation Needed for Administering a Medication

1. Any time you document a medication was given or not given, there needs to be an explanation on the MAR/TAR. For example, if a medication was not administered, was deleted, was supposed to be given, or was supposed to be discontinued, etc. you will need to make a note on that date on the MAR/TAR.

A) Controlled Medication Count

- i. You must continue using the paper Controlled Medication Count Sheet for all controlled meds. There is not an area in Therap specifically to enter in the controlled medication count. You will need to continue to follow the procedure for this until further notice.

B) Recording PRN Medications

- i. You will need to record each time you administer a PRN medication. You will also need to enter in why you administered the medication and the effectiveness of it.

C) Follow up on PRN Meds is required and must include the required information:

- i. Follow up date
- ii. Follow up time
- iii. Followed up by
- iv. Comments – enter in the effectiveness/results of the medication

D) A double medication check should be done via Therap on each individual served after medication administration and at every shift change. Not completing this requirement can result in a preventable medication error.

E) A weekly and monthly Overdue Medication Report will be run by the Community RN. The Community RN will report any findings to the program managers. Medication Errors will continue to be reported via CIMOR.

Health Tracking Modules

1. ADDS staff will utilize the following Health Tracking Module:

- A) Blood Glucose
- B) Height/Wight
- C) Immunization

- D) Infection Tracking (will implement in the future)
- E) Medication History
- F) Medication Review
- G) Menses
- H) Respiratory Treatment
- I) Seizures
- J) Skin/Wound
- K) Vital Signs

2. If the Community RN is not available and assistance is needed for any of the above Health sections, contact your program manager immediately.
3. GER- Incident Reports

A) Incident Reports or EMTs will continue to be documented and submitted through CIMOR.

Time Tracking

1. The following events will be recording in the Time Tracking module in Therap (if applicable):
 - A) Bed Checks
 - B) Sleep
 - C) Toileting
 - D) Repositioning
2. Staff are required to monitor and record the required time tracking events every two (2) hours during all sleep hours. Documentation of this data will have a time stamp associated with the recording staffs' initials.

ADDs TECHNOLOGY PLAN

Vision

Audrain Developmental Disability Services (ADDS) vision for technology is to ensure that the agency and its employees, provide the safest and highest quality of service to the community with the aid of technology. ADDS will pursue, when appropriate and sustainable, technology tools that increase our capacity to educate the public, get vital information to those who need it the most, measure and evaluate our work and effectively communicate with the community and surrounding areas.

Purpose

The purpose of this policy is to describe what steps must be taken to ensure that users connecting to the agency network are authenticated in an appropriate manner, in compliance with agency standards, and are given the least amount of access required to perform their job function. This policy specifies what constitutes appropriate use of network accounts and authentication standards. In addition, the purpose of this plan is to assist staff with identifying assistive technology and implementing its use where it is needed and desired.

Scope

The scope of this policy includes all users who have access to agency-owned or agency-provided computers or require access to the network and/or systems. This policy applies not only to employees, but also to guests, contractors, and anyone requiring access to the agency network. Public access to the agency's externally reachable systems, such as the agency website or public web applications, are specifically excluded from this policy.

Hardware

1. ADDS converted to a cable internet and phone system over 8 years ago. This conversion resulted in increased bandwidth at almost all locations. This conversion was prompted by ever increasing users, as well as a desire to begin the conversion of many of our systems to web-based applications. Both the internet services and phone services are maintained by Spectrum. The hardware is included in the monthly cost of service and no contract exists to prevent us from seeking another service provider at any time that ADDS desires.
2. Beginning in 2022, ADDS purchases hardware through our IT support provider so that technical support and warranty services are timely and convenient. In 2021 we contracted for IT support services through Marco Technologies. When technical and connectivity issues arise, this ensures that service is provided quickly through the ongoing service contract. The contract clearly delineates response time for various level of need. In 2021, we added network firewalls to our system to ensure security. Prior to this our individual computers were used to access cloud-based services as needed. With the current system, all users need a unique password to access our IT network, as well as their technology device provided by ADDS.
3. ADDS is currently evaluating the benefits of switching to the Phynx Fiber Optic network. While our current provider meets our needs, there are occasional outages and slower speeds. Due to an upcoming switch to Therap for electronic records, ADDS is considering an internet provider change.

Devices

All ADDS locations are provided with the proper equipment to read the Policy and Procedure manual, time clock, as well as training videos. This information is located on a laptop or some other technical device, such as a Tablet, ThinkPad, or Chromebox.

Software

1. Antivirus and antispyware software are renewed as necessary. The Technology Coordinator is immediately consulted when staff expresses a concern. If the problem is too complex for the Technology Coordinator to resolve, a ticket is submitted to Marco. ADDS has an existing relationship with this company for IT support.
2. ADDS switched to a web-based company called IPS (Integrated Payroll Services) in mid-2016 for payroll processing. This is also the web-based system that tracks employee time sheets in the form of clocking in and out online. This relationship also results in cloud-based backup of Payroll data.
3. Continued contract with Creative Software Solutions (Walker Tek Solutions) for web-based hosting and backup of TCM logging and billing software.
4. Continued conversion of paper documents to electronic. We prioritized conversion of all human resource records in 2013 and 2014. This has been accomplished and we now plan to explore conversion of accounting and TCM case records.
5. ADDS currently uses Therap as the software program for documentation. All software for Therap that continues to be purchased by ADDS must be approved by the Technology Coordinator and the Management Team. This will ensure that all software is licensed and does not conflict with the software installed on the computers.
6. Priorities for 2024 include:
 - A) Upgrade to Therap electronic record keeping. Continue to upload historical documents to Therap in 2024.
 - B) Continue to provide staff with updates with Therap in 2024.
 - C) Complete Staff phishing audits and obtain results by 12/31/2024.

Security

1. Health Information Portability and Accountability Act (HIPAA requires an annual risk assessment be conducted. Marco Technology conducted a risk assessment prior to our onboarding on April 7, 2021. The two areas needing additional focus are protection from external threats, such as phishing practices and more awareness of user's actions. We have purchased 24-hour Managed IT support and associated software, and the services and software are currently in use. This will better protect computers from phishing and malware attacks from e-mails, provide access to encrypted e-mail for all users and it will allow for better filtering to protect employees for browsing

2. Virus scanning software is installed on all computers through the network and this software will be updated automatically by Marco as it is developed. In outlying offices, network login is required in the same manner as administrative offices.
3. Audit network for phishing attempts, as well as any other attempts at unauthorized access.
4. Mobile devices and all emails are encrypted to keep the data of individuals and access to the electronic record secure.
5. Cybersecurity insurance is important in the event of a ransomware attack. ADDS has implemented and maintained the coverage.
6. Priorities for 2024 include:
 - A) Evaluate existing cybersecurity package and determine if any changes are necessary by 12/31/2024.
 - B) Ensure all staff have completed security trainings provided by Marco by 09/01/2024.
 - C) Explore opportunities for additional security trainings for both management and DSP staff by 12/31/2024.

Physical Security

1. For all residential and program settings, ADDS uses a keypad system for entry into the exterior entrances. In addition, certain locations such as medication rooms have access controls that only allow access to designated individuals.
2. In addition, we have exterior video surveillance at our group residential settings. This assists with providing a record of incidents should they happen. This system was implemented following some incidents of theft and vandalism. Since the system's implantation it has been used to identify possible suspects in a bicycle theft.

Confidentiality

All identifiable information is confidential and persons without the need to access this information will not have access. This is accomplished through the security levels, but ultimately is the job of every user to protect. Windows is set to automatically lock the computer if left unattended for more than 5 minutes. On the low-tech side, employees are to log off computers when they leave computers unattended for any period and log in on their return. Close doors upon leaving his/her office. In public places, care should be taken to turn monitor screens away from the view of the public or have security filters installed on monitors. Do not leave printed documents in public places.

Policy

Account Setup

1. During initial account setup, certain checks must be performed in order to ensure the integrity of the process. The following policies apply to account setup:
 - A) Positive ID and coordination with Human Resources is required.
 - B) Users will be granted least amount of network access required to perform his or her job function.
 - C) Users will be granted access only if he or she accepts the Acceptable Use Policy.
 - D) Access to the network will be granted in accordance with the Acceptable Use Policy. Users should be aware that the data they create on the systems remain the property of Audrain Developmental Disability Services.
 - E) Audrain Developmental Disability Services reserves the right to audit networks and systems (including data/internet usage/email usage etc.) on a periodic basis to ensure compliance with this policy.
 - F) All personnel who use the system have an obligation to use the system in a manner that is appropriate, effective, and efficient for official business only use. Personnel must be aware that workstations may display sensitive and confidential information for the purpose of patient healthcare and transacting business. Therefor all personnel must use discretion and apply security measures while performing day to day activities.

Account Use

1. Network accounts must be implemented in a standard fashion and utilized consistently across the organization. The following policies apply to account use:
 - A) Accounts are created by a member of administration and are given to the employee upon starting the job.
 - B) Accounts must be password protected. A password is provided to you by administration, which needs to be promptly changed upon first use.
 - C) Accounts must be for individuals only. Account sharing and group accounts are not permitted.
 - D) User accounts must not be given administrator or 'root' access unless this is necessary to perform his or her job function.
 - E) Guest access is not allowed under any circumstance. Only employees will be allowed network access.

- F) Individuals requiring access to confidential data must have an individual, distinct account.
- G) This account may be subject to additional monitoring or auditing at the discretion of the Technology Coordinator, Executive Director, Business Manager or as required by applicable regulations or third-party agreements.

Account Termination

When managing network and user accounts, it is important to stay in communication with the Human Resources department so that when an employee no longer works at the company, that employee's account can be disabled. The Business Manager must be notified in the event of a staffing change, which includes employment termination, employment suspension, or a change of job function (promotion, demotion, suspension, etc.). Marco monitors usage through various auditing methods. If a user fails to use accepted practices their account may be suspended immediately.

Use of Passwords

When accessing the network locally, there are no default administrative passwords set, all are unique.

Remote Network Access

Remote access to the network cannot be provided.

Screensaver Passwords

Screensaver passwords offer an uncomplicated way to strengthen security by removing the opportunity for a malicious user, curious employee, or intruder to access network resources through an idle computer. For this reason, screensaver passwords are required to be activated after 5 minutes of inactivity.

Minimum Configuration for Access

Any system connecting to the network can have a serious impact on the security of the entire network. A vulnerability, virus, or other malware may be inadvertently introduced in this manner. For this reason, users must strictly adhere to agency standards about antivirus software and patch levels on their machines. Users must not be permitted network access if these standards are not met.

Encryption

1. ADDS invested in Google Business System, which includes email encryption. This system encrypts all emails which have the word “secure” placed in the subject line. Staff is instructed not to use unencrypted emails, such as personal or regular email to share information of confidential nature.
2. Keystone IT provides consultation for healthcare companies about security compliance.

Failed Logons

1. Repeated logon failures can indicate an attempt to 'crack' a password and surreptitiously access a network account. To guard against password-guessing and brute-force attempts, the agency locks user accounts after 3 unsuccessful logins. This is implemented by a time-based lockout that requires a manual reset, at the discretion of the Business Manager and Technology Coordinator.
2. To protect against account guessing, when logon failures occur the error message transmitted to the user is not indicated specifically whether the account name or password were incorrect. The error is as simple as "the username and/or password you supplied were incorrect."

Non-Business Hours

Since the company's business requires overnight network access, the company must not restrict account logon during off hours. On weekends, account access is not disabled.

Applicability of Other Policies

This document is part of the agencies cohesive set of security policies. Other policies may apply to the topics covered in this document and as such, the applicable policies should be reviewed as needed.

Enforcement

This policy will be enforced by the Technology Coordinator, Business Manager and/or Executive Director. Violations may result in disciplinary action, which may include suspension, restriction of access, or more severe penalties up to and including termination of employment. Where illegal activities or theft of company property (physical or intellectual) are suspected, the agency may report such activities to the applicable authorities.

Data Backup/Catastrophic Data Loss Prevention

1. Payroll data is no longer backed up with MHC but is now all backed up in our web-based payroll system, IPS.
2. Human Resource Data has previously been backed up through the web based Filebound system. In 2020 we added a Human Resource module to our IPS system, which provides a logical and reliable backup of Human Resource data.
3. Billing data is secured and backed up by the Department of Mental Health through their CIMOR system, and TCM data is secured and backed up on an underground server managed by Walker Tech Solutions (WTS) in Springfield, Missouri.

4. A network hard drive serves as a daily backup for local computer email, word-processing and spreadsheet files. Jump drives (flash drives) are also used as another layer of backup with the drives kept in a secure location.
5. Be aware that hard drives can fail at any point of time without prior warnings and data on hard drives can become corrupt due to malware/virus attacks. There are several other similar factors that eventually lead to a data loss situation.
6. To safeguard yourself from such data disasters, create a habit of conducting scheduled backups and always handle the drive carefully (whether it is damaged physically or logically) to prevent a permanent data loss situation.
7. Stellar Data Recovery Professional for Windows is one of the most reliable data recovery tools that is developed by Stellar Data Recovery which is trusted by more than two million users worldwide. The tool helps you recover data from inaccessible, formatted, and corrupt hard drives or deleted partitions with just a few clicks.
8. In terms of Internet Outage, we contract with Spectrum for broadband service. Currently, we use Spectrum cable broadband service for Internet access. ADDS also has cellular phones that can also be used as a wireless access point to access the Internet in disaster situations.

Focusing on those we serve – Assistive Technology

Our Technology goals have been laid out and implemented to serve both our staff and the individuals ADDS supports.

Overview

1. ADDS understands the importance of assistive technology and the bridge it offers to greater independence for all individuals, potential employees, and the individuals we serve. A simple tablet allows individuals the ability to share information and exchange communication. Assistive technology can be used by people with disabilities who have difficulty speaking, hearing, writing, seeing or learning. Assistive technology lowers communication barriers and allows people to complete activities they might otherwise find challenging.
2. ADDS recognizes the importance of these technologies and their implementation in our agency. Our goal is to increase the success of everyone we support and employ, helping them to become more independent and successful.
3. Examples of Assistive Technology:
 - A) Visual Aid Tools
 - B) Educational Toys and Games

- C) Computers
- D) Tablets
- E) Smart Phones
- F) Apps and Software for Electronic Devices
- G) Mobility Devices
- H) Smart Home Devices (e.g., Amazon Echo or Google Hub) Remote Monitoring

4. Examples of less technical assistive devices are assistive reaching devices, ramps, adapted utensils, grab bars, canes and walkers, magnifying glasses, transfer boards, lowered countertops, flip books, communication boards, large print books, audio books, even your reading glasses are an assistive technology. There are many other examples of this type of technology.

Identification of Need

Individuals are encouraged to independently access any method they find helpful to their daily lives; however, it is also our staff and the other team member's responsibility to assist in the identification of any type of technology which might be helpful to individuals in our services. We also encourage staff to take advantage of any technology that is helpful yet respects the rights of others. Annually, the team should discuss the technologies available and use the PCSP document to note the possible benefits of assistive technology.

Methods for Meeting Need

- A) ADDS utilizes assistive technology in all agency programs. Examples are too numerous to list in this plan. However, once a need is identified, every effort is made to provide the technology that is needed, typically through ADDS funding or Medicaid funding.
- B) Assistive Technology devices can be obtained through private insurance and/or Medicaid (waivered services), sometimes schools. Most technology providers can provide the information necessary to determine and understand the specific criteria for funding and coverage. Appeal processes are often available if a device is denied. In addition, ADDS funds requests for affordable technology options. *See PCSP Section of Policy and Procedure Manual for training purposes.*

Definitions

- A) *Antivirus Software*-An application used to protect a computer from viruses, typically through real time defenses and periodic scanning. Antivirus software has evolved to cover other threats, including Trojans, spyware, and other malware.
- B) *Authentication* -A security method used to verify the identity of a user and authorize access to a system or network.
- C) *Biometrics* -The process of using a person's unique physical characteristics to prove that person's identity. Commonly used are fingerprints, retinal patterns, and hand geometry. Human

D) *Encryption* -The process of encoding data with an algorithm so that it is unintelligible without the key. Used to protect data during transmission or while stored.

E) *IMS* – Information Management Systems, also known as Paper Free Office Solutions

F) *IPS* – Integrated Payroll Services

G) *Password*: A character sequence used to authenticate a user to a file, computer, or network. Also known as a passphrase or passcode.

H) *WTS* – Walker Tech Solutions

Summary

1. Gaps and Opportunities
2. ADDS has had gaps regarding how we can share information through technology. The addition of the Therap software will provide an opportunity to safely share encrypted data when it is necessary.
3. Therap will also allow administrators to easily audit the records of the individuals we serve, helping to ensure high quality services. This addresses a gap we had previously of an efficient audit system for our records.
4. A change from cable to fiber-based internet would provide a much more reliable internet connection.

Progress – 2021

1. Marco has been contracted for IT management and 24-hour IT support.
2. Implemented firewalls and mail quarantine capabilities
3. Security training and Phishing audits initiated
4. Cloud-based network upgraded with Marco managed IT 5. Installation of Meraki firewall at Administrative Office.

Revision 1.0, 06/16/2016

Revision 2.0, 01/19/2017

Revision 3.0, 01/18/2018

Revision 4.0, 01/17/2019

Revision 5.0, 01/16/2020

Revision 6.0, 01/20/2021

Revision 7.0, 02/17/2022

****Beginning 7/2025 the Technology Plan will become an external document to this policy and procedure manual.**

HUMAN RESOURCES

APPLICATION PROCESS

EMPLOYEE BENEFITS

REQUIRED TRAININGS

Human Resource Development

It is recognized that the single most important factor in providing quality services to the individuals the agency serves is to recruit, hire, and retain qualified and dedicated staff.

Recruitment is accomplished through the ADDS website and Facebook page, Indeed, LinkedIn, Radio and local publication methods, word-of-mouth from existing personnel, and collaboration and communication with other similar organizations through statewide organizations.

Each employee has a clear job description, a trained, experienced, and knowledgeable supervisor, and is provided with an ongoing array of special training to ensure he or she has the knowledge and skills necessary to do the job for which they have been hired.

To provide a secure and orderly workplace in which good employees are retained, the Board and administration of ADDS have gone to considerable effort and expense to provide employee benefits. These include:

1. Fair wages with systematic annual wage increases
2. Retirement through Missouri Local Government Employees Retirement System (LAGERS)
3. Fully paid health insurance and low-cost vision and dental insurance for the employee.
4. Availability of dependent health insurance, dental and vision (at employee expense)
5. Plans offered through Aflac
6. Social Security and Medicare
7. \$25,000 Life Policy

To improve morale and retain employees the board and management may provide occasional incentives such as visits from the ice cream truck, meal tickets, children's book giveaway, t-shirts, etc.

Anti-harassment and Anti-discrimination Policy

1. Policy: Harassment and/or discrimination towards any employee or person served at Audrain Developmental Disability Services (ADDs) will not be condoned. This policy applies to all administrators, program coordinators, staff, persons receiving services, guardians, families, and funding providers.
2. Equal Opportunity: ADDs provides equal opportunity in employment for all qualified persons and prohibits discrimination in employment or terms of employment on the basis of race, color, religion, creed, sex, sexual orientation, gender identity or expression, national origin, ethnicity, ancestry, age (40-70), veteran status, disabled and Vietnam-era veteran status, disability unrelated to job requirements, genetic information, military service, or other protected status. Furthermore, it is the policy of ADDs to provide equal employment opportunities and benefits without regard to marital status, political affiliation, economic status, use or nonuse of lawful products while off the employer's premises during nonworking hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification or substantially relate to the circumstances of a particular job or licensed activity.
3. Reasonable Accommodations: Reasonable accommodation shall be made for persons with disabilities who are applicants and employees capable of performing the essential qualifications of their position. ADDs shall not limit, segregate, or classify applicants and employees to tend to or to deprive any applicant or employee of opportunity or adversely affect the employment opportunity of such persons.
4. Job Notice: Advertisements for employment shall contain the phrase: "Equal Opportunity Employer -Male, Female, Disability, or Veteran."
5. Reporting:
 - A) Each employee is responsible for the dissemination and implementation of this policy within his or her work environment. Each employee will have the responsibility for referring all reported or observed incidents of harassment and/or discrimination to the Executive Director or Human Resource Manager of ADDs.
 - B) The Executive Director or Human Resource Manager will address all reports of acts of harassment and/or discrimination regardless of whether the source of the allegation is known, and whether the allegation is submitted in writing and follow up with the Executive Director or Human Resource Manager.
 - C) Any employee who has information on these matters, no matter how minor, should not ignore the possibility that illegal harassment and/or discrimination may be occurring. Therefore, all related information should immediately be reported to the ADDs administrative office for review and appropriate action.

D) Retaliation: Further, no employee who brings forth an honestly perceived complaint of harassment and/or discrimination will be subject to retaliation. Retaliation is prohibited by ADDS.

Application Process and Employment Practices

1. Ineligibility/Nepotism: Applications will not be accepted from members of the Board of Directors, immediate relatives of the Board Members, and immediate relatives of individuals served within the program. State laws prohibit the hiring of Board Members or their family members for one year after the end of Board service.
2. Written Application Required: The applicant for employment will be required to present in writing all pertinent facts concerning his/her education, experience, and other qualifications for the position for which he/she is applying. Any misrepresentation or false statements may be a cause for dismissal.
3. Interview:
 - A) Prospective employees screened and selected for interviews shall be provided access to the ADDS Policies and Procedures Manual, including the following information: personnel policies, job descriptions, salary range applicable, and any relevant, immediately anticipated changes in agency structure and function.
 - B) A personal interview will be required for the candidate with the Human Resource Manager and his/her prospective supervisor and other pertinent staff members as appropriate. The applicant will also be required to submit references, both personal and from previous employers. The Executive Director may defer the hiring decision to the Program Supervisor, but the Executive Director will always have the final decision on hiring.
 - C) New appointments will be reported to the Board of Directors by the Executive Director at the next regularly scheduled meeting of the Board.
4. Pre-Employment: Before employment, ADDS requires applicants to be registered with the Family Care Safety Registry and submit proof of a High School Diploma or GED or higher education documentation (i.e. College Diploma). Employees will also be required to submit any certificates, proof of current and good standing licensure, or degree verifying paperwork required for specific employment opportunities. Prospective employees may be required to complete a urine drug screen if requested.

5. Upon Employment:

- A) Employees must provide ADDS with a Social Security Card, driver's license/chauffeur's license and direct deposit information and sign a confidentiality agreement/HIPAA form upon hire. Employees will also be required to submit insurance requirements of 100,000/300,000/100,000.
- B) Prior to contact with persons served, the new employee must have trainings in Positive Behavior Supports, Quality Outcomes, and Abuse Neglect Reporting.
- C) New employees are required to have a TB test and receive training in blood-borne pathogens/universal precautions, Non-Violent Crisis Preventive Intervention (CPI), CPR/First Aid (American Red Cross or American Heart Association), and Level 1 Medication Aide training and must also review the ADDS Policies and Procedures Manual and sign acknowledgement of such. New employees will also receive training on PCSP's and review and acknowledge all PCSP's of those served.
- D) The organization shall provide timely orientation and ongoing training for all staff members. All staff members will attend in-services, conferences, or other training sessions offered that would be deemed beneficial to the program and persons served, upon the request of the Program Coordinator/Manager.

6. Records: The written record of employment, including starting salaries, application materials, and the face sheets for new employees shall be placed in the individual's personnel file at the time of employment. Personnel files are confidential and shall be kept in a locked cabinet at the Administrative Office located at 222 East Jackson, Mexico, Missouri.

7. Contents of Personnel File:

- A) The personnel file shall contain an employment information sheet specifying the period of employment, rate of pay, holidays, sick leave, and other job particulars. Also, other information related to the resume, references, and work/education history will be maintained. Current addresses and telephone numbers for each employee shall be recorded. It is the employee's responsibility to maintain this information in current form.
- B) Employee personnel files are the property of ADDS and are not to be released to the employee. No information within the file is to be copied for the employee, without the consent of the Executive Director or Human Resource Manager.
- C) Employee personnel files may be reviewed by the employee in the presence of the Human Resource Manager.
- D) Medical information and Background Checks are kept in a separate locked file at the Administration Office.

8. Notification of Position Openings: When openings occur within ADDS, the positions will be posted at the discretion of the Executive Director, Human Resource Manager, and Supervisor of the open position. ADDS utilizes Indeed to post current employment opportunities, as well as sharing on social media platforms, IPS, Handshake, and Therap for recruitment opportunities.
9. All job positions can be posted in the agency.
10. Salary Administration:
- A) The Executive Director shall classify each employee position by the level of responsibility and, for each level recommended, starting salary ranges.
 - B) Starting salaries shall be determined within the salary ranges assigned for the position opening. Initial salaries shall be based upon the following criteria:
 - i. Academic Preparation: Assigned salaries will be determined with consideration of recognized levels of training and degrees.
 - ii. Prior Related Experience: Allowance may be given for teaching, business, industrial, military and/or governmental experience which is directly related to job responsibility.
 - iii. Supply and Demand: Special circumstances (i.e., critical shortages of qualified personnel) may necessitate an adjustment in the entrance salary of an individual applicant.
 - C) All employees will be paid by direct deposit every other Friday. The work week for hourly rate employees runs from midnight Saturday night to the following Saturday at midnight. Overtime is paid for hours worked after forty (40) hours have been worked during the work week. Hourly employees are non-exempt employees. Leave accrual shall occur in this same manner (e.g., amount of annual leave remains the same but is credited for use on every other Friday.)
11. Hours and Duties: Staffing schedules will be prepared by the Program Coordinator or Executive Director to designate hours to be worked by each employee. All employees are compensated for the actual responsibilities and duties of their positions. Sometimes, work demand may require more time. However, sustained periods of overtime are neither expected nor considered desirable. Employees are required to attend staff meetings as part of their responsibilities.
12. Equal Employment Opportunity Statement:
- A) The policies regarding all personnel practices including recruitment, hiring, training, promotion, compensation, benefits, transfers, layoffs, return from layoffs, education, tuition assistance, social

programs, and recreational programs will be administered without regard to race, color, religion, creed, sex, sexual orientation, gender identity or expression, national origin, ethnicity, ancestry, age, veteran status, disabled and Vietnam-era veteran status, disability, genetic information, military service, marital status, political affiliation, economic status, past arrest or conviction record, use or nonuse of lawful products while off the employer's premises during nonworking hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification or substantially relate to the circumstances of a particular job or licensed activity, and with proper regard for privacy and constitutional rights of citizens. Every effort will be made to eliminate or prevent any potential discriminatory practices to provide equal opportunity for all qualified persons, and that there shall be no discrimination against any person regarding any of our personnel practices.

- B) The Board recognizes its duty to provide equal opportunity to all qualified persons, and that there shall be no discrimination against any person regarding any of our personnel practices. Any employee found to have acted in violation of this policy shall be subject to appropriate disciplinary action, including possible discharge. The following will be the rules under which the policy is implemented and operated:
- i. The Board will conduct all personnel practices without discrimination. The Board will base all employment decisions on the principle of equal opportunity employment.
 - ii. Reasonable accommodations shall be made for individuals with disabilities who are applicants and employees capable of performing the essential qualifications of their position, in accordance with the Americans with Disabilities Act of 1990. ADDS follows the Federal and State guidelines to promote an environment that is free of discrimination and harassment for individuals with disabilities. If anyone has a complaint, please complete the "ADA and EEO Complaint Form" located on the ADDS website and at the end of this manual.
 - iii. The Board shall not limit, segregate, or classify applicants and employees so as to deprive any applicant or employee of equal opportunity, or adversely affect the employment opportunity of such persons.
 - iv. The Board will base employment and promotion decisions on the principles of quality and competence.
 - v. All advertisements for position openings shall contain the phrase "Equal Opportunity Employer-Male, Female, Disability, or Veteran."
 - vi. The Executive Director is charged with the responsibility for assuring the attainment of the Board's objective of full compliance with the policy of nondiscrimination.
 - vii. This policy will be endorsed and supported by all employees, and any activity not consistent with this policy will be reported to the Executive Director.

Background Screening for Employees and Volunteers Policy

1. ADDS will follow the Background Screening policies and procedures outlined in 9 CSR 10-5.190.
2. A criminal background check will be completed upon submission of all employment applications. The initial background check will include Family Care Safety Registry (FCSR) and a Missouri Highway Patrol background check. Upon hire of any employee, subsequent background checks will be completed within two (2) working days before or two (2) working days after the hire date of employees who will have contact with individuals served.
3. The criminal background check and inquiries required under section (4) of 9 CSR 10-5.190 shall be initiated prior to a volunteer, student, or members of the provider's household having contact with individuals served, where applicable.
4. A biannual OIG, FSCR, and Missouri Casenet screening will be completed on all current employees of ADDS who have contact with individuals served.
5. ADDS requires all new and/or returning applicants for employment, volunteer positions, students, and members of the provider's household, where applicable, who will have contact with individuals served to:
 - A) Disclose his/her criminal history, including any conviction or a plea of guilty to a misdemeanor or felony charge and any suspended imposition of sentence, any suspended execution of sentence or any period of probation or parole; and
 - B) Disclose if s/he is listed on the employee disqualification list of the Department of Social Services or the Department of Health and Senior Services, or the DMH disqualification registry.
6. Offenses under section 630.170, RSMo, that disqualify a person from service are as follows:
 - A. A person is disqualified from holding any position in the agency if that person:
 - i. Has been found guilty of or pleaded guilty to or nolo contendere, including having received a suspended imposition of sentence or suspended execution of sentence to any of the following offenses:
 - (a) Abuse or neglect of an individual served as defined in section 630.155, RSMo;
 - (b) Furnishing unfit food to an individual served as defined in section 630.160, RSMo; or
 - (c) Vulnerable person abuse, as described in sections 565.210 to 565.214, RSMo, as those sections existed prior to January 1, 2017.
 - ii. Is listed on the DMH disqualification registry; or

- iii. Is listed on the employee disqualification list of the Department of Health and Senior Services or Department of Social Services.
7. A person who has been found guilty of or pleaded guilty to or nolo contendere, including having received a suspended imposition of sentence or suspended execution of sentence, to any of the offenses specified in section 630.170.2, RSMo, is disqualified from holding any position having contact with individuals served in the agency. For reference purposes, DMH maintains an updated list of disqualifying crimes under section 630.170, RSMo, at <http://dmh.mo.gov/about/employee-disqualification/>.
 8. A person who has been found guilty of or pleaded guilty or nolo contendere, including having received a suspended imposition of sentence or suspended execution of sentence, to a violation of section 577.010, RSMo or section 577.012, RSMo and who is alleged and found by the court to be an aggravated or chronic offender under section 577.023, RSMo, is disqualified from holding any position having contact with individuals served in the agency if the person is hired by the agency after January 1, 2014.
 9. Any person disqualified from employment under this rule may request an exception from the DMH Exceptions Committee in accordance with 9 CSR 10-5.210 Exceptions Committee Procedures.
 10. The right to request an exception under this subsection does not apply to persons who are disqualified due to being listed on the employee disqualification registry of the Department of Social Services or Department of Health and Senior Services, nor does it apply under section 630.170.4, RSMo, to persons who are disqualified due to any offenses pursuant to the provisions of Chapter 566 or sections 565.020, 565.021, 568.020, 568.060, 569.025, as that section existed prior to January 1, 2017, or 574.080, RSMo. For reference purposes, DMH maintains an updated list of disqualifying crimes not eligible for exception under section 630.170.4, RSMo, at <http://dmh.mo.gov/about/employee-disqualification/>.
 11. For the purposes of this rule, a verdict of not guilty by reason of insanity (NGRI) is not per se disqualifying. A suspended imposition of sentence (SIS) or suspended execution of sentence (SES) is disqualifying.
 12. Any person who has committed a disqualifying crime as identified in section (8) of this rule, unless the person has received an exception from DMH, is not eligible for hire by an agency. However, the agency retains the discretionary authority to deny employment to persons who:
 - A) Have committed crimes not identified as disqualifying;
 - B) Have received an exception from the Exceptions Committee; or
 - C) Have received a verdict of Not Guilty by Reason of Insanity.
 13. This policy applies to all employees of the Agency and concerns the procedure to be used to verify information included in the application as well as any other information deemed necessary to ensure safe and complete hiring practices.

14. By signing the application, the applicant gives this agency the right to explore all avenues to ensure that its employees meet the highest standards possible. The following actions, as a minimum, will be considered as part of the hiring process and will be accomplished in connection with said process:
- A) References will be checked, either by phone or letter.
 - B) A check will be made to determine if a file is open on the applicant concerning any neglect, abuse (sexual, verbal, or physical), traffic/driving record, criminal actions or another area that is deemed appropriate. ADDS follows the guidelines as stated in the Revised Missouri Criminal Code established under Senate Bill 491 cited within 630.170.
 - C) The results of the FCSR checks will be reviewed by the Executive Director or the Human Resource Manager to determine the appropriateness of the applicant's information and potential employment with this agency.
 - D) Driver's records, federal exclusion list, and background checks will be updated twice yearly. Employees are responsible for notifying the administrative office of ADDS if they receive any driving restrictions at any time.
15. Job Description: Job descriptions are established and shall be maintained up to date for each position. The descriptions will be reviewed and updated at least annually by the Executive Director, Direct Supervisor, and/or the Human Resource Manager. Individual employees will be expected to assist in maintaining up-to-date, relevant job descriptions by recommending changes as needed.
16. Communication: The Executive Director is responsible to the collective Board of Directors and bears the burden for communicating to the staff all information required for effective administration of the program.
17. Malpractice Insurance: While it is expected that every employee will do their jobs properly and professionally at all times, the Agency will maintain, as part of the Agency-wide insurance package, malpractice insurance, which covers individual employees in the performance of their duties with ADDS.

Evaluation and Classification of Personnel

1. Employment Status: All employees shall be designated as permanent or temporary.
- A) Permanent Full-Time Employee: Any employee who successfully completes necessary training and is regularly employed on a full-time basis (over 30 hours per week). Permanent employees must demonstrate the following before or during their probationary period of employment:
 - i. Complete and pass CPR/First Aid (American Red Cross or American Heart Association) class.

- ii. Complete and pass Non-Violent Crisis Preventive Intervention (CPI) class.
- iii. Complete and pass Level I Medication Aide.
- iv. Register on the Family Care Safety Register.
- v. Acquire a Missouri chauffeurs License.
- vi. Maintain appropriate vehicle insurance with proof turned into the ADDS Office.
- vii. Read the Policies and Procedure Manual and sign the signature acknowledgements.
- viii. Review and voice understanding of HIPAA compliance information.
- ix. Sign ADDS Confidentiality Agreement.
- x. Complete Abuse and Neglect Training.
- xi. Complete Blood Borne Pathogen Training.
- xii. Complete Positive Behavior Supports and Missouri Quality Outcomes Training.
- xiii. Complete training on consumer Rights, review of Agency Code of Ethics, HCBS Rules, Client Rights, and other Agency policies as requested.
- xiv. Complete the Drug and Alcohol Acknowledgement form.

B) Permanent Part-Time Employee: Any employee who successfully completes necessary training and is regularly employed on a scheduled part-time basis (under 30 hours per week).

C) Temporary Employee: Any employee hired to fill an “ad hoc” position of short employment duration, which is so specified at the time of hiring.

2. **Certifications:** Time spent in training to acquire certifications will be paid at the employee’s usual hourly rate of pay, except that the chauffeur’s license must be acquired on the employee’s own time. All certifications/licenses must be acquired during the probationary period. Employees will not complete probationary period without completing the requisite training.
3. **Performance Evaluation:** After 45 days of employment, and annually thereafter, each employee will be evaluated. This evaluation will be reviewed with the employee by the immediate supervisor. The employee shall be given reasonable time to make written comments regarding the evaluation. The written evaluation and employee comments will be placed in the staff member’s personnel file. The evaluation will reflect work quality, quantity, habits, and attitudes. The evaluation will help determine salary ranges. New employees should be closely monitored during this period by their immediate supervisor, with an emphasis on the training and development of the new employee.
4. **Administrative Staff Evaluations:** Annually, each administrative staff person will receive a written evaluation from the Executive Director. In a one-on-one session, the Executive Director, the Human Resource Manager, and the staff person will go over the items on the person’s job description and discuss his/her performance on each. Job descriptions will be updated at this time. The Executive Director will then write a summary of the session, noting areas of improvement as needed, special strengths, and three to five goals agreed upon for the next year.

5. Raises: based on employee job performance, salary raises may be granted. Salary increases for staff members will be granted at the discretion of the Executive Director, not to exceed Board approved rates of pay. (Board decisions on rates of pay ordinarily occur at the June Board meeting.)
6. Student Placements: Students who desire placement as a learning experience in connection with a college or university shall be interviewed and approved for such placement by the Executive Director, Human Resource Manager, or a designated staff person. The policies, as outlined in the Policies and Procedures Manual, will be adhered to by the students as if they were full-time regular salaried staff members. Assignment of duties within the organizational settings shall be under the supervision of the Executive Director or a designated staff member. Students are not eligible for any compensation such as salary, vacation, sick and medical leave, travel reimbursements, etc. in return for meeting their placement responsibilities.

Benefits

1. Employee Health Insurance Program: Audrain Developmental Disability Services (ADDS) will supply insurance for the full-time employees, whereby the employees will have the option of paying for their families. A 30-hour average week would qualify a person to be considered a full-time employee. An employee is eligible for insurance on the first day of the month following two (2) full calendar months.
2. Employee Professional Development:
 - A) Purpose: The purpose of the employee professional development program is to promote professionalism in all areas of the program, with the goal of upgrading the working scope, abilities, and total effectiveness of the staff group. Training programs and opportunities shall be considered as a benefit to those individuals interested in continued employment.
 - B) Eligibility: Approval of an individual's participation in a training activity shall be relative to the employee's present or probable future position and the relative worth of such an activity to the organization as determined by the Executive Director. An employee's total performance record shall be considered in designating employees for participation in professional development programs.
 - C) Reimbursement: Attendance at training sessions of any type shall be on the employee's own time unless such attendance is required by the Executive Director. Participation in development programs shall be considered a mutually rewarding situation with an employee's commitment of interest, job dedication, and personal sacrifice being inherent required elements for eligibility to participate. Employees required by the Executive Director to attend special training development sessions shall be reimbursed for fees and associated travel costs. Basic training, enabling the employee to meet the basic responsibility level for a position, may be required at any time in the course of an employee's service.

D) Travel Reimbursement: There will be reimbursement for required job-related travel in employee-owned vehicles. This does not include mileage traveled going to and from work. Detailed records will be kept including date, destination, and miles traveled. Employees who drive for the agency for Agency related travel are required to maintain liability insurance coverage of \$100,000 per person and \$300,000 per accident. Staff assigned to transport individuals served must have a Missouri Chauffeur's license.

3. Employee Retirement Program: All employees of ADDS who are employed in a full-time position (averages 29 hours per week) are required to become members of LAGERS, Missouri Local Government Employees' Retirement System. ADDS will begin making contributions on all full-time employees after they have completed their six-month waiting period. The employee makes no contributions.

A) The ADDS Board of Directors, at its March 20, 1996, Board meeting, voted on and approved joining the Missouri Local Government Employees Retirement System (LAGERS). This was effective April 1, 1996. The Board approved the L-3 noncontributory plan. Benefits under this plan are based on number of years of credited service, times 1.25% of the employee's "final average salary." The "final average salary" is the average of a member's monthly pay during the period of 60 consecutive months of credited services producing the highest monthly average, which is contained within the 120 consecutive months of credited service immediately preceding retirement. The Board elected to require NO contributions from covered employees and elected that 100% of prior employment of eligible employees be considered for prior service credit in computing benefits. The employee may retire as early as age 55, with benefits reduced at a rate of 6% for each year prior to age 60.

Effective January 1, 1999, the Retirement Program (LAGERS) is upgraded to L-7 (1.5%, times years of service, times final wage salary).

Effective January 1, 2007, the Retirement Program (LAGERS) was upgraded to L-12 (1.75%, times years of service, times final wage salary).

Leave

1. Absences: Absences usually can be anticipated. Employees shall inform their immediate supervisor or designated staff members in advance whenever possible.
2. Annual Military Leave: Employees who are members of the National Guard or other military reserves will be allowed leave without pay up to ten (10) working days in any one year upon the presentation of their orders to the Executive Director. Leave time will not be deducted from their vacation time. At least one (1) months' notice is requested. (See additional information in FMLA policy)
3. Jury Duty: Time off with pay will be granted for jury service or agency related court subpoenaed witness duty at the discretion of the Executive Director. Employees will receive three (3) days of regular pay for

time served on Jury Duty per year. Any Jury Duty requiring more than three (3) days will be deducted first from vacation pay and then shall be unpaid time. Regular pay for Jury Duty shall only be granted for time served on Jury Duty. Time off without pay will be granted for court subpoenaed witness duty. Vacation time may be used for Court subpoenaed witness duty. Time off without pay will be granted to Parties to lawsuits or individuals who will benefit directly from the results of a lawsuit for up to one (1) day off. Any time off for a personal lawsuit will be deducted first from vacation pay and then shall be unpaid time.

4. Leave Accrual: Leave accrues every pay period. The rate shall reflect the existing annual leave policy and allowances.
5. Sick, Emergency, and Personal Leave: Upon start date of employment, each full-time staff working 36-40 hours weekly will be credited with 3.69 hours of sick leave every pay period; each full-time staff working 32-36 hours weekly will be credited with 2.77 hours of sick leave every pay period, however, staff will not be allowed to use leave until three (3) months of employment have been completed.
 - A) Only thirty (30) days of sick leave may be carried over into a new calendar year. Use of sick leave is extended by the program for proper cause and concern for the employee's welfare as an ADDS employee. It is not an inherent right of the employee to be absent from work. Identified misuse of leave benefits shall be just cause for not extending this benefit and abuse shall be just cause for dismissal.
 - B) Sick leave shall be granted to an employee when:
 - i. They are unable to perform duties by reason of personal illness or injury of self, dependent child, or spouse, or when the health of others may be endangered by attendance of the employee.
 - ii. Necessary medical, dental, and optical examination and treatment for self, dependent child, or spouse, not to exceed the actual time required for examination and reasonable travel time, as determined by the Human Resource Manager. Appeals may be made to the Executive Director.
 - iii. A Doctor's written excuse shall be provided to the employee's supervisor immediately upon the employee's returning to work from an illness of more than 16 consecutive hours for self, dependent child, or spouse or upon the request of the employee's supervisor. Failure to do so shall result in an unexcused absence and may result in termination. If staff provide advance notice and/or an adequate justification for their absence, the Supervisor may exercise discretion on requiring a written medical excuse.
 - iv. Employees who have accumulated over 20 days of sick time may opt to "sell" back to ADDS at $\frac{1}{2}$ day's pay per day accumulated. This will be transacted in December of each year.
 - v. After one (1) year of service and if an employee is in good standing resigns from ADDS, sick time will be paid to them at the rate of $\frac{1}{2}$ of what they have accrued.

6. Emergency/Personal Leave: Emergency/personal leave will be deducted from accumulated sick leave and granted to employees for:

- A) Attending the funeral of his/her spouse, children, or his/her parents, a maximum of three (3) sick days may be used.
- B) Attending the funerals of stepparents, siblings, grandparents, grandchildren, first aunt or uncle, or immediate in-laws, a maximum of one (1) sick day may be used.
- C) Extreme extenuating circumstances which may threaten the health and/or welfare of the immediate family, such as household fire, accidents, or major disasters. This provision does not apply to routine situations, such as transportation problems, autos not starting, repair of furnaces, repair of autos, childcare related absences, and similar non-critical obligations of the employee. Determination of eligibility for emergency leave use shall be made by the Executive Director, consistent with strict interpretation of these rules. The Human Resource Manager or Executive Director may investigate and require written verification of proper cause in the use of paid/unpaid leave by an employee at any time.

7. Vacation Pay:

- A) Eligibility: Permanent full-time employees may use vacation as it accrues.
- B) Accrual Rate: Upon start date of employment, each full-time staff will accrue vacation according to the following accrual chart (on the following page); however, staff will not be allowed to use leave until three (3) months of employment have been completed. The maximum amount of vacation staff can accrue is 160 hours. (Board approved 11/19/20).

Annual Days Accrued

<u>Years of Service</u>	<u>36 + Hrs/Week</u>	<u>32-36 Hrs/Week</u>
0 Year to 1 Year	3.08	2.31
1 Year to 2 Years	3.38	2.54
2 Years to 3 Years	3.69	2.77
3 Years to 4 Years	4.00	3.00
4 Years to 5 Years	4.31	3.23
5 Years to 8 Years	4.62	3.46
8 Years to 11 Years	4.92	3.69
11 Years to 14 Years	5.23	3.92
14 Years to 17 Years	5.54	4.15
17 Years to 20 Years	5.85	4.38
20+	6.15	4.62

- C) Program Manager/Coordinator Approval Required: Desired vacation dates should be submitted for approval at least two (2) weeks prior to planned vacation leave.
 - D) Other: In the event of death of an employee, ADDS will pay accrued vacation to the employee's estate. Accrued Sick leave and personal days will not be paid.
8. Holidays: Employees will be notified annually of regular holidays observed. New employees will not receive holiday pay for scheduled holidays until after two (2) months of employment, at which time they should have all certifications acquired and all required documentation for their employment delivered to the office to be placed in their personnel file. If they fail to get all certifications or the required documentation for employment, they will not start receiving holiday pay until this is all completed. If a new full-time employee works the holiday during the first two (2) months of employment, they will receive holiday pay for that holiday.
- A) After being employed at ADDS for two (2) months, employees shall celebrate holidays on the observance of the date except:
 - i. When an authorized holiday falls on an employee's day off, that circumstance shall not reduce the total time off with pay that the employee shall receive. The holiday shall be treated as though it has fallen on the next working day.
 - B) All full-time employees are entitled to holiday pay if the following rules are followed:
 - i. When an authorized holiday falls on an employee's day off, that circumstance shall not reduce the total time off with pay that the employee shall receive. The holiday shall be treated as though it has fallen on the next working day.
 - ii. An employee must work their scheduled full-time hours or have vacation, comp hours or sick leave to cover all excused absences up until the day of the holiday. Sick leave can only be used if the employee or an immediate family member was ill, and a doctor's excuse may be required. The employee must work their next scheduled workday following the holiday or use vacation, comp hours or sick leave.
 - C) Personal Day will be added to all full-time employees leave balance on the first day following January and in July each year. To be eligible an employee must be employed with the Agency for a period of at least two (2) months and complete all certifications and requirements for employment. Personal Days must be used as "whole" days of leave (cannot be taken as partial days of leave) and they do not carry over into the following year, expiring on December 31st of the year they are earned. As with other leave balances, employees must get prior approval from their Program Manager/Coordinator to use these days. It is the supervisor's discretion to utilize Personal Day hours prior to utilizing Vacation hours.

- D) Full-time staff working 36-40 hours weekly will receive eight (8) hours of holiday pay. Full-time staff working 32-36 hours weekly will receive six (6) hours of holiday pay.
 - E) When employees are required to work on holidays, employees will be paid for the holiday hours in addition to the hours worked.
 - F) Part-time consultants and part-time hourly rate employees (less than 32 hours per week) are not eligible for payment for holidays.
9. Scheduling: The scheduling of vacations, accumulated time, holidays worked, and sick time shall be handled as follows:
- A) No more than five (5) days (40 hours) may be taken as vacation/accumulated time/sick time in a work week.
 - B) When any type of day off during a work week is taken, that time does not accumulate toward your 40-hour base for overtime purposes.
 - C) A sick day may not be used for a shift you are not scheduled to work.
 - D) If scheduled for a double shift (16 hours) and approved for time off on that day, two (2) days must be deducted from your accumulated time off in order to get sixteen hours of pay.
 - E) In the event of a long-term illness, first all sick time will be used for five (5) days (40 hours) per work week, then accumulated time/holidays worked, then vacation days.
10. Compensation Information:
- A) Employees will be paid by direct deposit every other Friday.
 - B) The work week for hourly rate employees begins at midnight Saturday night and continues to the following Saturday at midnight.
 - C) Overtime is paid for hours worked after 40 hours have been worked during the work week and in accordance with other Personnel/Employment Policies and Practices as they pertain to Leave.
11. Nonexempt staff working at residential locations will receive a weekend shift differential of \$1.00 per between the hours of midnight Friday until 4:00 pm Sunday. For example, if an employee works from 10:00 pm Friday night until 6:00 am Saturday morning, they will receive their regular pay from 10:00 pm until midnight, then a \$1.00 per hour shift differential between midnight and 6:00 am.

- A) Staffing schedules will be prepared by the Program Manager/Coordinator and will designate hours to be worked by each employee. All employees are compensated for the actual responsibilities and duties of their positions.
- B) From time-to-time work demand may require additional time. However, routine overtime should neither be expected nor is it considered desirable.
- C) Employees are required to attend staff meetings as part of their responsibilities.

12. Flextime:

A) Definitions:

- i. Flextime: Flexible work schedule whereby an employee may work their required hours in a non-conventional fashion. An example of flextime is working four, ten-hour days.
- ii. Overtime: is defined under this policy as hours worked in excess of 40 hours during a workweek (Sunday through Saturday). Overtime is paid at time and one half for non-exempt employees.
- iii. Regular Schedule: is defined under this policy as the total number of hours an employee is scheduled to work Sunday through Saturday.

- B) All overtime and flextime leave must be authorized by your immediate supervisor and approved by the Executive Director.
- C) Any employee who fails to follow this policy regarding the approval of flextime and overtime leave may be subject to disciplinary action, including unpaid suspension and discharge.
- D) Employees earn overtime per every minute worked over 40 hours.
- E) Department coordinators shall review and be held accountable for all overtime approved by supervisors. Coordinators shall not request, allow, or approve overtime unless the work is documented as essential to the operations of the program. The Executive Director shall review the overtime expense of all employees within the agency.
- F) All hourly, non-exempt employees shall log in and electronically clock in and out via the web-based payroll system. Hourly, non-exempt employees working in locations with no ability to access the internet, shall record time worked on a timesheet by using the manual time clock at their location or use a cell phone for such purposes. This should include any overtime worked.
- G) The following designated positions may be considered exempt employees:

- i. Executive Director
- ii. Financial Manager
- iii. Director of Health Services
- iv. Coordinator of Group Residential Services
- v. Coordinator of ISL Services
- vi. House Manager
- vii. Developmental Training Center Director
- viii. Fieldcrest Coordinator
- ix. Natural Home Coordinator
- x. Director of Programs/QA Coordinator
- xi. Targeted Case Management Supervisor
- xii. Human Resource Manager

H) Exempt employees shall not be compensated with pay for overtime worked and all hours worked for over 40 hours will be treated as flex hours at straight times.

I) Employees shall not work overtime for travel to and from state, local and professional training conferences. All travel shall be the sole responsibility of the employee unless pre-approved by the Executive Director.

J) Overtime must be authorized by the immediate supervisor or Program Coordinator or be dictated by unusual circumstances or emergencies. If an employee has an unusual circumstances or emergency, it is expected for the employee to use sound judgment to ensure the health and safety of all involved. Once the situation is stable, the employee has to contact their supervisor, coordinator, or department director for further instruction.

K) If an employee chooses to work hours not scheduled, additional hours, overtime hours, and hours that are not deemed as unusual circumstances or emergencies, then these hours may be considered unauthorized and disciplinary action may be taken, including termination.

L) Residential Program Coordinators/Managers will be responsible for scheduling staff to cover necessary hours.

13. Compensation Upon Termination: Upon termination of employment in good standing with at least one year of service, compensation will be paid for unused vacation accrual and for half of accumulated sick time at management's discretion.

14. Garnishment Fees: In the event an ADDS employee is assessed for a garnishment by the Court, ADDS shall charge a fee of 2% of the garnished amount that pay period to the employee for the cost of processing the garnishment. This fee shall be withheld from their payroll check when a garnishment is processed and paid to the Court.

Family Medical Leave Act (FMLA)

1. Policy: Recognizing the occurrence(s) of serious health conditions which involve either an ADDS employee or a qualified family member, Audrain Developmental Disability Services (ADDS) provides unpaid Family Medical leave of up to 12 weeks in a 12-month period.

A) Any employee who has been an ADDS employee (regular, temporary, full-time, or part-time) for 12 months (not necessarily consecutive months, but within the last 7 years) and has worked at least 1,250 hours during the previous 12 months may take up to 12 weeks of unpaid leave for serious health conditions involving the employee or a qualified family member during any 12-month period for any or all of the following reasons:

- i. Because of the birth of a child of the employee and to care for that child;
- ii. Because of the placement of a child with the employee for adoption or foster care;
- iii. To care for a spouse, child, or parent of the employee who has a serious health condition;
- iv. Because of a serious health condition that makes the employee unable to perform the functions of his/her job; or
- v. To care for a service member with a serious illness or injury if the employee's spouse, son, daughter, parent, or next of kin is on covered active duty in the Armed Services.
- vi. Because of a qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is on (or has been notified of an impending call to) "covered active duty" in the Armed Forces.

B) The 12-week period begins on the first day of the approved FMLA leave.

C) The Family and Medical Leave Act has been amended to provide an eligible employee who is:

- i. the spouse, son, daughter, parent, or next of kin the ability to take up to 26 work weeks;
- ii. during a 12-month period to care for a covered service member with a serious illness or;
- iii. injury. The leave shall only be available during a single 12-month period.

2. Definitions: For purposes of this policy the following definitions shall apply:

A) Parent: The biological parent of an employee or an individual who stood in loco parentis to an employee when the employee was a child (minor). "In loco parentis" means that the employee has the day-to-day responsibilities for the care and financial support of a child or persons who had such a responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary.

B) Child: A biological, adopted, or foster son or daughter, a stepson or stepdaughter, a legal ward, or a son or daughter of a person standing in loco parentis, who is under 18 years of age (or 18 years of age or

older and incapable of self-care because of a mental or physical disability as defined by the American with Disabilities Act - ADA).

- C) Spouse: A husband or wife.
- D) Covered Active Duty: Covered active duty for members of a regular component of the Armed Forces means duty during deployment of the member of the Armed Forces to a foreign country. “Covered Active Duty” for members of the reserve components of the Armed Forces (members of the U.S. National Guard and Reserves) means duty during deployment of the member with the Armed Forces to a foreign country under a call or order to active duty in a contingency operation.
- E) Covered Service Member: A member of the Armed Forces, including a member of the Armed Forces and a veteran of the Armed Forces, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious illness.
- F) Outpatient Status with respect to a covered Service Member, means the status of a member of the Armed Forces assigned to a military medical treatment facility as an outpatient; or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.
- G) Next of Kin: The nearest blood relative other than the covered Service Member’s spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the covered Service Member by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered Service Member has specifically designated in writing another blood relative.
- H) Serious Injury or Illness for a Service Member: In the case of a member of the Armed Forces including a member of the National Guard or Reserves, means an injury or illness incurred by the member in the line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating.
- I) Son or daughter on active duty or call to active-duty status: The employee’s biological, adopted, or foster child, stepchild, legal ward, or a child for whom the employee stood in loco parentis, who is on active duty or called to active-duty status, and who is of any age.
- J) Leave because of a qualifying exigency: Eligible employees may take FMLA leave while the employee’s spouse, son, daughter, or parent (the “covered military member”) is on active duty or called to active-duty status as defined for one or more of the following qualifying exigencies:
 - i. Short notice deployment to address any issue that arises from the fact that a covered military member is notified of an impending call or order to active duty in support of a contingency operation

seven or less calendar days prior to the date of deployment. Leave may begin on the day the covered military member is notified of an impending call or order to active duty in support of a contingency operation.

- ii. Military events and related activities to attend any official ceremony, program, or event sponsored by the military that is related to active duty.
- iii. Family support or assistance programs to attend family support or assistance programs and informational briefings sponsored or promoted by the military.
- iv. Childcare and school activities to arrange for alternative childcare when the active duty or call to active duty status of a covered military member necessitates a change in the existing childcare arrangement for a child; to provide childcare on an urgent basis (but not on a routine, regular, or everyday basis); to enroll in or transfer a child to a new school or day care facility, when enrollment or transfer is necessitated by the active duty status of a covered military member; to attend meetings with staff at a school or daycare facility when such meetings are necessary due to circumstances arising from the active duty or call to active duty status of a covered service member.
- v. Financial and legal arrangements to make or update financial or legal arrangements to address the covered service members' absence while on active duty. To act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging, or appealing military service benefits.
- vi. Counseling to attend counseling provided by someone other than a health care Provider for oneself, for the covered service member, or for the child provided that the need for counseling arises from the active duty or call to active-duty status of a covered military member.
- vii. Rest and Recuperation to spend time with a covered military member who is on short term, temporary, rest and recuperation leave during the period of deployment. Eligible employees may take up to five (5) days of leave for each instance.
- viii. Post Deployment activities to attend arrival ceremonies.
- ix. Additional activities to address other events which arise out of the covered military member's active duty or call to active-duty status provided that the employer and employee agree that such leave shall qualify as an exigency and agree to both the timing and duration of such leave. Note: "Qualifying exigency leave" is only provided for family members of service members in the reserve components of the military not for service members in the regular armed forces.

K) Serious health condition: An illness, injury, impairment or physical or mental condition that involves the following:

- i. Inpatient care in a hospital, hospice, or residential medical care facility.
- ii. Continuing treatment by a health care provider. A serious health condition involving continuing treatment by a health care provider includes any one or more of the following:
 - (a) A period of incapacity for more than three consecutive calendar days and treatment that involves:
 - (1) Treatment two or more times by a health care provider within the first 30 days;
 - (2) first visit occurring within the first 7 days; or
 - (3) Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment.
 - (b) A period of incapacity due to pregnancy or for prenatal care.
 - (c) A period of incapacity or treatment due to a chronic serious health condition, which:
 - (1) Requires periodic visits (defined as at least twice a year) for treatment by a health care provider,
 - (2) Continues over an extended period, and
 - (3) May cause episodic rather than continuing periods of incapacity.
 - (d) A period of incapacity that is permanent or long term due to a condition for which treatment may not be effective. Examples include Alzheimer's, a severe stroke, or terminal stages of a disease.
 - (e) A period of absence to receive multiple treatments by a health care provider or by the provider of health care services under orders of or on referral by a health care provider, either for restorative surgery after an accident or injury or for a condition that would likely result in a period of incapacity for more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer, severe arthritis, or kidney disease.

Note: Unless complications arise, the common cold, the flu, earaches, upset stomach, minor ulcers, headaches other than migraines, routine dental or orthodontia problems, periodontal disease, etc., are examples of conditions that do not meet the definition of a serious health condition and do not qualify for FMLA leave. Mental illness or allergies may be serious health conditions, but only if all the conditions of this section are met.

L) Health Care Provider: A health care provider is defined as:

- i. Doctor of Medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices,
- ii. Podiatrists,
- iii. Dentists,
- iv. Clinical psychologists,
- v. Optometrists,
- vi. Chiropractors,
- vii. Nurse practitioners,
- viii. Nurse - midwives,
- ix. Physician assistants,
- x. Christian Scientist practitioners,
- xi. Clinical social workers, or
- xii. Other persons determined by the United States Secretary of Labor to be capable of providing health care services. Note: The federal law places restrictions on specific purposes under which chiropractors and Christian Science practitioners may be health care providers; an employee shall check with the Executive Director for an interpretation before relying upon these persons being health care providers.

3. Intermittent Leave: Leave taken for childbirth or placement (adoption, foster care, or legal guardianships) may be taken intermittently or on a reduced schedule, with the approval of the Executive Director as follows:

A) This leave may only be taken within 12 months of the date of birth or placement of the child.

B) A pregnant employee may take leave intermittently for prenatal examinations or her own condition, such as for periods of severe morning sickness.

C) Leave taken to care for a spouse, child, or parent or for the serious health condition of the employee may be taken intermittently or on a reduced schedule when medically necessary.

4. Leave Entitlement: For employees who hold a full-time equivalent (FTE) of 0.5 or greater but less than 1.0, leave entitlement under this policy is calculated on a pro rata basis. If an employee's work schedule varies from week to week, the average weekly hours worked during the 12 weeks prior to the start of the leave under this policy will be used to calculate the employee's normal work schedule.

Note: Granting an exempt employee Family and Medical Leave by the hour is not a violation of the employee's exempt status under the Fair Labor Standards Act.

5. Leave Accruals and Use:

- A) An employee's leave accruals shall be used concurrently with FMLA. The leave accruals shall be used as applicable under the Vacation Leave and Sick Leave policies of ADDS.
- B) Accrued balances of sick leave and vacation leave, as applicable, shall be used prior to the employee being placed on FMLA without pay.

Note: Worker's Compensation shall be designated as FMLA, as applicable, and run concurrently with FMLA.

Note: Light duty work is not available for non-work-related illnesses or injuries.

- C) An employee member's leave balances shall be used concurrently with FMLA. The leave balances shall be used as applicable Sick Leave and Vacation Leave Policy.
- D) Balances of sick leave and vacation leave, as applicable, shall be used prior to the employee being placed on FMLA without pay. Note: Workers' Compensation shall be designated as FMLA, as applicable, and shall run concurrently with FMLA.

Note: There is a 30-day annual limit for the amount of sick leave and vacation leave an employee may take for qualified family members.

- 6. 30 days' notice: In the case of childbirth or placement, the employee shall, when foreseeable, give the supervisor 30 days' notice before the leave is to begin. If the birth or placement requires leave to begin in less than 30 days, the employee shall provide the supervisor with as much notice as possible.

Note: In cases where a husband and wife are employees and employed in the same department, they may have to share, at the discretion of the Executive Director, the 12-week FMLA entitlement for purposes of childbirth and/or adoption/foster care/legal guardianships.

- 7. Planned Treatment: When leave is taken for planned medical treatment, the employee shall:

- A) Make a reasonable effort to schedule the treatment so as not to disrupt the operations of ADDS;
- B) Provide the Human Resource Manager with no less than 30 days' notice before the date the leave is to begin and/or provide as much notice as possible if the date of the treatment requires leave to begin in less than 30 days.
- C) If an employee requests intermittent leave or leave on a reduced work schedule that is foreseeable based on planned medical treatment for the employee or family member, the Executive Director may require the employee to transfer temporarily to an available alternative position for which the employee is qualified and which better accommodates recurring periods of leave than does the employee's regular position.

8. Approval Process: The responsibility for approving FMLA is delegated to the Executive Director.

- A) The Executive Director, Human Resource Manager or designee shall be responsible for maintaining accurate records of FMLA leave in the ADDS employee resource information system.

Note: All conversations or discussions with the employee about FMLA eligibility must be documented.

- B) An employee shall follow standard departmental policies or practices for notification of absence(s).

Note: Calling in "sick" without providing more information will not be considered sufficient notice for FMLA.

- C) An employee requesting leave shall submit a completed FMLA application to the Executive Director, Supervisor, or their designee in a timely manner (15 calendar days).

- D) It is the responsibility of the Executive Director or supervisor, or their designee, to designate leave as FMLA and to notify the employee that the leave will count towards the employee's 12-week entitlement. This notification shall be made within five (5) working days of the employee's request. The notification may be oral or written. If the notice is oral, it shall be confirmed in writing no later than the following payday, unless the payday is in less than one (1) week, in which case the notice must be no later than the following payday.

- E) If the Human Resource Manager does not initially have enough information to decide as to whether the request qualifies as FMLA, the notice of this must be given to the employee within five (5) working days of the time the Executive Director determines the request qualifies or does not qualify as FMLA. The employee then has seven (7) working days to turn in additional information.

9. If the Human Resource Manager learns that a leave is for FMLA purposes after the leave has begun, the leave may be retroactively counted as FMLA as follows:

- A) If the Human Resource Manager did not learn a leave was an FMLA qualifying event until the employee returned to work, the Executive Director may retroactively, within two (2) working days of the employee's return to work, designate the leave as FMLA.

- B) If the leave taken for an FMLA qualifying event has not been designated as such and the employee wishes to designate the leave as FMLA, the employee shall notify the Human Resource Manager within two (2) working days of the employee's return to work, that leave was FMLA qualifying.

- C) A preliminary designation of FMLA may be made if the Human Resource Manager knows the reason for the leave, but the information has not been confirmed or the Human Resource Manager has requested additional clarification, and the clarification has not been received. Upon receiving confirmation or clarification, the preliminary designation becomes final. If the additional information

fails to confirm an FMLA qualifying event, the Human Resource Manager shall withdraw the designation and provide written notice to the employee.

D) The Human Resource Manager shall send the employee a written notice detailing specific expectations and obligations of the employee and explaining the consequences of failure to meet these obligations. The written notice shall include the following as appropriate:

- i. The leave will be counted against the employee's 12-week FMLA entitlement.
- ii. At least one (1) reason the employee is not eligible (if the employee is not eligible for FMLA).
- iii. The requirement that the employee provide medical certification of a serious health condition.
- iv. The requirement that the employee's accrued leaves will be applied as appropriate.
- v. The requirement that the employee make any premium payments to ADDS to maintain benefits, and consequences of failure to make payments.
- vi. Any requirement for the employee to provide a fitness for duty certification to return to work.
- vii. Potential consequences that restoration to an equivalent position may be denied (if the employee is a "key" employee) and notice if the employee is so designated.
- viii. The employee's right to restoration to the same or equivalent position.
- ix. The employee's potential liability to pay health insurance premiums which were paid by ADDS during the employee's unpaid FMLA, if the employee fails to return to work after taking FMLA.

E) If the Human Resource Manager or supervisor has reason to doubt the validity of the certification provided, they may require, at the expense of ADDS, that the employee obtain the opinion of a second health care provider, designated, or approved by the Executive Director or supervisor.

- i. The second health care provider may not be an employee of ADDS.
- ii. If the second opinion differs from the first, the Executive Director or supervisor may require, at ADDS's expense, a third medical opinion, jointly designated and approved by the employee and the Executive Director or supervisor.
- iii. In a case where a third opinion is sought, that opinion shall be considered final and binding for both the employee and Company.

F) An employee taking FMLA shall be entitled, upon return from FMLA, to:

- i. Be restored by the Executive Director to the position they held when the leave commenced, or
 - ii. Be restored to an equivalent position with equivalent benefits and pay. Note: An equivalent position is one that is identical to the employee's former position in terms of pay, benefits, and working conditions, including privileges, perquisites, and status. It must involve the same or similar duties and responsibilities which must entail substantially equivalent skill, effort, responsibility, and authority.
- G) The Executive Director shall determine Family and Medical Leave status for all employees to ensure reinstatement to an equivalent position.
- H) If an employee is unable to perform the essential functions of their position because of a physical or mental condition, the employee has no right to restoration to another position; however, ADDS' obligation to the employee shall then be determined by the ADA. Note: The Executive Director or supervisor may require an employee on FMLA leave to report periodically on the employee's status and intent to return to work. The position of an employee taking leave under this policy may be filled by a temporary employee only until the regular employee returns to work. However, the position of an employee taking leave under this policy may be filled by a regular employee only with the approval of the Executive Director.
- I) Upon recommendation of the Executive Director a decision may be made to deny restoration of employment to any employee who is in the highest paid 10% of all salaried employees and is a key employee, if the following circumstances exist:
- i. The action is necessary to prevent substantial economic injury to ADDS;
 - ii. The Executive Director notifies the employee of ADDS' intent to deny restoration to an equivalent position, and the reasons supporting this decision; and
 - iii. The key employee refuses to accept a non-equivalent position at ADDS after receiving such notice.
- J) Employee Benefits: During FMLA, the status of an employee's benefits are as follows:
- i. ADDS shall continue the employee's health plan at the same level and conditions of coverage as if the employee had been in employment continuously for the duration of the leave.
 - ii. ADDS shall continue to cover the cost of the employer's credit portion toward the employee's health insurance plan.
 - iii. The employee shall plan with the Financial Manager to pay the cost of other benefits for which the employee would ordinarily be responsible during any period of paid or unpaid leave.

- (a) At the time an employee gives notice of intent not to return to work, ADDS's obligation to provide any benefits stops.

K) Failure to Return: If an employee fails to return to work after FMLA:

L) The employee shall be obligated to repay ADDS any health insurance premium which ADDS paid for the employee.

- i. The employee is not obligated to repay ADDS any health insurance premium if the employee fails to return to work for the following reasons:

- (a) The continuation, recurrence, or onset of a serious health condition;
- (b) Other circumstances beyond the control of the employee.

- ii. If an employee fails to return to work after an approved FMLA due to the continuation, recurrence or onset of a serious health condition, a manager may require supporting evidence as follows:

- (a) A certification issued by the health care provider indicates the employee needs to care for another qualifying individual and is therefore unable to return to work.
- (b) A certification issued by the employee's health care provider indicates the employee is unable to return to work.
- (c) To leave ADDS in good standing, an employee who is due to return to work from FMLA shall give the required notice.

M) Return to Work: When an employee is to return to work from FMLA, the Human Resource Manager or supervisor may require presentation of a certificate that the employee is able to resume his/her regular job duties.

Timesheet Use

1. Timesheets serve as the legal authority to pay an employee. They also serve as a verification of time off and provide the legal basis to grant an employee benefit, including workers' compensation as appropriate.
2. Hourly, nonexempt employees are to provide an accurate accounting of hours worked and leave used during a pay period on their timesheet by logging in and using the web-based payroll system to clock in and out, request all time off, and to report a missed punch. Exempt employees shall log in and use the web-based payroll system to request all time off. Supervisors shall be responsible for electronically approving their employees' timesheets in the web-based payroll system. If electronic login or internet is unavailable for

non-exempt employees, they may use the payroll system mobile phone app upon approval of the Financial Manager or Executive Director; the signatures of the employee and supervisor may be required on their manual timesheet. These signatures certify that, to the best of their knowledge, the information provided in the document is true and correct.

3. An intentional misrepresentation of hours worked constitutes fraud and will usually result in disciplinary action or termination.
4. Employee and supervisor responsibilities for timesheets: All employees shall adhere to the following timesheet procedures:
 - A) All time worked must be entered on the manual timesheet or accounted for by properly clocking in and out with the web-based payroll system.
 - B) Falsifying a timesheet by failing to add time worked, adding time worked when such work was never performed or by failing to subtract time from the timesheet when the employee was not present to work is a violation of this policy. It is also a violation of policy to use the web-based payroll system to clock in when no work is being performed or attempting to clock in or out from a different location.
 - C) Manual timesheets must be fully completed, including a signature, by each employee and verified/signed by supervisors. When using the web-based payroll system, employees must notify their supervisor as soon as possible if they were not able to log in to clock in or out. As soon as the employee can log in, he/she must use the web-based payroll system to notify the supervisor of a missed punch. Employees using the web-based payroll system must log in to request all time off.
 - D) Supervisors shall be responsible for entering hours from manual timesheets in the payroll system.
 - E) If an employee is on sick leave, the supervisor shall complete the manual timesheet in the employee's absence. Employees using the web-based payroll system shall log in upon their return to request the sick leave used.
 - F) If the employee calls in prior to the beginning of the shift requesting and receiving time off, the supervisor shall place the time on the employee's manual timesheet. Employees using the web-based payroll system shall log in upon their return to request time off.
 - G) Ensure that all proper pay codes are entered in time sheets.
 - H) All time sheet corrections made after timesheets are turned into payroll need to be corrected with approval of the employee's immediate supervisor and the Executive Director.

Employment At Will

1. Employment with Audrain Developmental Disability Services (ADDS) is “At Will.” This means that an employee may terminate their employment at any time. It also means the Agency may terminate employment at any time, with or without notice or cause. (While the Agency adheres to progressive discipline, it is not bound or obligated to do so.) Again, in the Agency’s sole discretion, an employee may be terminated at any time, with or without notice or cause.
2. “At-Will” employees are not guaranteed, in any manner, that they will be employed for any set period of time. No one in the Agency, except the Executive Director (as the designated representative of the Board in a written, signed contract), may make representation or promise to anyone that they are other than an “At-Will” employee. Any employee, manager, or supervisor who makes such a representation or promise is not authorized to do so.

Grievance Procedure for Employees

The procedures set forth in this section shall be available to permanent employees aggrieved by some administrative action, or some refusal to grant a requested action. All employees (except the Executive Director) must exhaust these grievance procedures prior to communication concerning any employee grievance with any Board Member, unless there is a clear threat of irreparable harm to the program or to an individual served, in the absence of immediate action which the Executive Director has refused to take. In the latter case, the matter should be communicated directly to the Chairperson of the Board, if available, and if not, to any other Board member at the earliest reasonable time.

1. **Informal Efforts Required:** After a grievance arises, the aggrieved employee shall first communicate with the employee whose conduct is the subject of complaint, and there should be a demonstrated effort to resolve the matter informally and individually at the onset.
2. **Request for Grievance Meeting:** If, after the expiration of a reasonable time and opportunity for informal resolution of the matter, it remains unsettled, the employee may request a grievance meeting with the Human Resource Manager. The request shall be in writing and signed by the aggrieved employee. It shall be delivered to the Human Resource Manager personally, and a copy thereof retained by the employee. In order for the request to be valid and acceptable, it must contain: a plain, concise and complete statement of the facts and circumstances of the grievance; substantially all information, pro and con, known to the employee related to the grievance; and a specific statement of what administrative action the employee requests the Agency to take, or to refrain from taking, as a means of alleviating the problem.
3. **Scheduling of Grievance Meeting:** Upon receipt of a proper request for a grievance meeting, the Human Resource Manager shall schedule the requested meeting at a reasonable place and time to be selected by the Executive Director, but not to occur later than fifteen (15) days after the Executive Director’s receipt of the

request. Time periods of Board-approved absences of the Executive Director shall not be included in the computation of any time prescribed under this rule.

4. **Grievance Meeting Procedure:** At the grievance meeting, the Executive Director shall preside and consider such evidence, information and arguments as may be deemed by the Executive Director to be appropriate to a proper understanding of the grievance, and to a proper evaluation of the relief sought. At the conclusion of the meeting, the Executive Director may announce a decision or may opt to take the matter under advisement.
5. **Formal Decision of the Executive Director:** Within seven (7) days following the conclusion of the grievance meeting, the Executive Director shall determine whether the requested relief is in the best interest of the program and shall communicate to the employee in writing the decision, either to grant or deny the requested relief, accordingly. He shall send a duplicate copy to the employee's immediate supervisor. The Executive Director may use the "Complaint Resolution Plan" form to clarify employee concerns/complaints as well action plans and parties responsible for action plans to be taken. (A copy of this form is in the appendix section of this manual.)
6. **Appeals (when permitted):** The procedure of appealing a decision of the Executive Director is not available as a means of causing the Board of Directors to substitute its administrative judgment for that of the Executive Director. However, an appeal is available if the Executive Director's actions are illegal, contrary to policy promulgated by the Board of Directors, or constitutes an abuse of the Executive Director's discretion in the administration of the program. Such cause for appeal must be clearly documented and specified prior to taking a matter before the Board of Directors.
7. **Request for Board Review:** An employee desiring to appeal a decision of the Executive Director on one or more of the aforesaid grounds, shall deliver a request for Board review to the Chairperson of the Board of Directors, if available, or to some other member of the Board of Directors if the Chairperson is unavailable, within seven (7) days following receipt of the decision of the Executive Director. The request shall be in writing and signed by the employee, and it shall have appended to it a copy of the request for a grievance meeting, and the written decision of the Executive Director, if one has been provided. Additionally, it shall contain a brief and concise statement stating wherein and why the conduct of the Executive Director is claimed to be illegal, contrary to policy promulgated by the Board, or an abuse of discretion, and finally what specific relief the employee requests the Board to grant as a means of alleviating the problem. This procedure shall constitute the only means of challenging the Executive Director's authority and responsibility for ultimate supervision of all employees.
8. **Board Consideration of the Appeal:** Thereafter, the Board shall consider the request and conduct such investigations, hearings, and other actions as the Board shall deem appropriate, and shall grant or deny the requested relief within a time that is reasonable under all the circumstances surrounding the problems and the appeal. The Executive Director shall attend all Board meetings where grievance appeals are heard.

Disciplinary Action

An employee may be reprimanded, suspended, or dismissed by the Executive Director when such disciplinary action becomes necessary in the interests of the program. Disciplinary action will be documented on all Employee Counseling forms and explained to the employee. All discharges and suspensions will be reported to the Board of Directors if deemed appropriate. The Executive Director does not need a reason to terminate any employee as all employees are “employees at will.” However, the following are some of the reasons for disciplinary action:

1. Incompetence
2. Person served abuse
3. Person served neglect
4. A criminal offense
5. Loss of credentials or failure to continue to meet qualifications for the job
6. Misappropriation and destruction or loss of property
7. Failure to inform the Executive Director of information necessary for effective administration
8. Insubordination
9. Misconduct (such as a moral or criminal offense)
10. Failure to return from leave or to report regularly for work
11. Excessive tardiness or absenteeism
12. Using sick and medical leave benefits excessively or unnecessarily
13. Repeated suspensions
14. Unsatisfactory performance of assigned duties
15. Violation of the drug and alcohol/controlled substance policies
16. Failure to report a work-related injury in a timely fashion
17. Failure to report any incident or complaint through the appropriate channels
18. Failing to clearly communicate any incident or complaint
19. Any act of lying, cheating, or stealing
20. Callous or harsh behavior toward any person served or any family member of any person served
21. Other such causes requiring disciplinary action in the interest of the program
22. For any other reason at the discretion of the Executive Director

Whistleblower Policy

1. All staff and employees have the right to complain about anything they perceive to be improper, unethical, or illegal. All complaints, of any nature, will be taken seriously and investigated.
2. Audrain Developmental Disability Services (ADDS) shall not take any retaliatory action or tolerate any reprisal against any staff or employee for any of the following:

3. Disclosing or threatening to disclose to the Executive Director, Human Resource Manager or any Supervisor or Department Head or other official or to a public body, agency, or department an activity, policy or practice that the employee reasonably believes is in violation of a law, a rule or regulation promulgated pursuant to a law of the City of Mexico, Missouri, Audrain County, Missouri, the State of Missouri or the United States of America; or
4. Providing information to, or testifying before, any public body conducting an investigation, hearing, or inquiry into any violation of law, or a rule or regulation promulgated pursuant to a law of the City of Mexico, Missouri, Audrain County, Missouri, the State of Missouri, or the United States of America; or
 - A) Objecting to or refusing to participate in any activity, policy, or practice that the employee reasonably believes is:
 - i. A violation of a law, rule or regulation promulgated pursuant to a law of the City of Mexico, Audrain County, the State of Missouri, or the United States of America;
 - (a) Fraudulent or criminal; or
 - (b) Incompatible with a clear public policy mandate concerning public health, safety, or welfare.
5. The employee must first bring the violation to the attention of the Executive Director, Human Resource Manager or any Supervisor or Department Head.
 - i. Disclosure to ADDS is not required where:
 - (a) The situation is an emergency;
 - (b) The staff or employee reasonably fears physical harm; or
 - (c) The employee is certain, with a reasonable basis for that certainty, that the Executive Director, Human Resource Manager, a supervisor, or Department Head know of the violation and ADDS has had a reasonable opportunity to correct the activity, policy, or practice.
6. Compliance, investigation, and reporting to any appropriate agency shall be performed by the “Compliance Committee” consisting of the Executive Director, Human Resource Manager and a Supervisor or Department Head who is in direct contact with the complainant and a Supervisor or Department Head from an area that is not in regular contact with the complainant. Appropriate procedures shall be determined on a case-by-case basis by the Compliance Committee.
7. A file shall be created by the Executive Director and maintained by the Executive Director on behalf of the Compliance Committee, for each complaint filed with ADDS. Each file shall include a copy of the

complaint, a record of the investigation including a timeline of all efforts taken and the name of the individual performing the investigation, and a final determination with a record of any action taken.

8. Confidentiality regarding complaints shall be maintained only in those circumstances where reporting is not required by any law, rule, or regulation promulgated pursuant to a law of the City of Mexico, Audrain County, the State of Missouri or the United States of America and it is specifically requested by the complainant.
9. All complaints must be made in writing, dated, and signed by the complainant before they are investigated. Complaints may be prepared by the Executive Director, Human Resource Manager, any Supervisor, Program Coordinator or Department Head on behalf of the complainant when a complaint is made orally. Refusal to sign a written complaint shall be noted on the written complaint.

Termination or Resignation of Employment

1. Termination of an employee: Termination of an employee by the Human Resource Manager usually will include at least two (2) weeks' notice if the probation period has been satisfactorily completed. In lieu of notice, two (2) weeks' pay plus accrued vacation pay may be granted. The Board of Directors reserves the right to discharge any employee without notice, without severance pay, and without accrued vacation pay. The Board of Directors reserves its rights under "Employment at Will" as per Missouri statutes. Written notice will be given to an employee prior to or upon termination.
2. Resignation of Employees: Any employee who wishes to terminate their employment in good standing shall present a written resignation to the Human Resource Manager at least two (2) weeks in advance of the anticipated termination date. Failure to give proper termination notice will be recorded in the employee's personnel file and may be cause for denying the person future employment. In addition, leave balances may not be paid if two (2) weeks' notice is not provided. Employee resignations will be promptly reported to the Board by the Executive Director as appropriate.

Cobra (Continuation of Health Insurance Coverage)

1. The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan.
2. COBRA requires that group health plans sponsored by employers with 20 or more employees in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end.

3. Employees of ADDS covered by a health, dental and/or vision plan have the right to choose this continuation coverage if group coverage is lost because of a reduction in hours of employment or the termination of employment (for reasons other than gross misconduct).
4. The spouse/dependent of an employee covered by the health, dental and/or vision plans have the right to choose continuation coverage if group coverage is lost for any of the following reasons:
 - A) The death of the spouse,
 - B) A termination of the spouse's employment (for reasons other than gross misconduct) or reduction in a spouse's hours of employment with ADDS,
 - C) Divorce or legal separation from the spouse, or
 - D) The spouse becomes entitled to Medicare.
5. In the case of a dependent child of an employee covered by the health, dental and/or vision plans, he/she has the right to continuation coverage if group coverage under the health, dental and/or vision plans is lost for any of the following reasons:
 - A) The death of a parent,
 - B) A termination of a parent's employment (for reasons other than gross misconduct) or reduction in a parent's hours of employment with ADDS.
 - C) Parent's divorce or legal separation,
 - D) A parent becomes entitled to Medicare, or
 - E) The dependent ceases to be a "dependent child" under the health, dental and/or vision plan (age 26, unless permanently disabled and unable to be self-supporting.)
6. Under the law, the employee or family member has the responsibility to inform ADDS Financial Manager of a divorce, legal separation, a child losing dependent status, or Social Security Disability determination within sixty (60) days of the event or the date on which coverage would be lost under the health, dental and/or vision plans, whichever is later.

GENERAL EMPLOYMENT

POLICIES, RULES, AND PROCEDURES

Violations of Personnel Policies

Any employee who fails to comply with Audrain Developmental Disability Services (ADDS) policies may be subject to disciplinary action or termination.

Code of Ethics

1. Purpose: The purpose of this policy is to provide guidelines regarding ethical matters that may arise while working for Audrain Developmental Disability Services (ADDS). Some of the policies listed below are more detailed than others and are listed separately throughout this Policy Manual.
2. Policy: It is the policy of ADDS that all employees and volunteers act in an ethical manner when working with other employees, volunteers, persons served, and their families. This policy provides standards that ADDS expects its employees and volunteers to follow. All employees and volunteers are expected to recognize, value, and exemplify ethical conduct when working for ADDS. Any unethical behavior will not be tolerated and will be subject to discipline, up to and including termination. While specific examples are offered to illustrate various situations, these examples are not all-inclusive.
3. Ethical Standards and Expectations:
 - A) Staff will be cognizant that they are in positions of influence. Employees will avoid dual relationships (personal and professional) that could impair their judgment or lead to the potential for exploitation or special treatment.
 - B) Employees or their immediate family members who apply for services will not be served by the team on which they work.
 - C) Employees will be courteous and respectful when working with individuals served, family members or other representatives of persons served, advocacy and other professional organizations, and service providers. Employees will not show favoritism to any person or group.
 - D) Employees will take reasonable personal action, or inform responsible authorities, or inform those persons at risk, when the conditions or actions of persons served indicate that there is clear and imminent danger to persons served or others. When possible, the person served will be advised that this action will be taken.
 - E) Employees will also ensure that persons served and, as appropriate, their family and representatives, participate fully in the development of their Person-Centered Support Plans (PCSP's); that the choice of the person served is provided when selecting vendors; and that a full range of employment options are considered. ADDS should offer a reasonable opportunity for success.

- F) Employees will not accept additional compensation for their work from individuals served, service providers or anyone else. This includes but is not limited to the acceptance of gratuities, rewards, gifts, or other items of worth. Plaques and similar items for service recognition may be accepted. The appearance of, or perception of, preferential treatment or loss of impartiality should always be avoided. If you receive such compensation and it cannot be returned, turn it over to your supervisor.
- G) ADDS employees will refer any/all requests to witness documents (i.e., power of attorney, guardianship, advance documents, etc.) for the person served or by the guardian or other family members to their Program Coordinator. The Program Coordinator will consult with the person served and/or guardian/family member regarding the request and make a decision regarding the request based on the needs and well-being of the person served.
- H) Honorariums, payments for expert witness testimony or responding to a subpoena, and other similar forms of compensation should usually be paid to ADDS. Compensation can be accepted for actual costs incurred such as mileage, lodging and meals, if the state is not also charged for the expenses.
- I) Harassment and Discrimination: ADDS will not tolerate any form of sexual harassment. All violators of this policy should be immediately reported to the Program Coordinator or Executive Director.
- J) Discrimination: It is the official policy of ADDS to provide equal employment opportunities for all qualified and qualify-able persons, without regard to race, color, religion, creed, sex, sexual orientation, gender identity or expression, national origin, ethnicity, ancestry, age, veteran status, disabled and Vietnam-era veteran status, disability unrelated to job requirements, genetic information, military service, or other protected status. Furthermore, it is the policy of ADDS to provide equal employment opportunities and benefits without regard to marital status, political affiliation, economic status, past arrest or conviction record, use or nonuse of lawful products while off the employer's premises during nonworking hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification or substantially relate to the circumstances of a particular job or licensed activity, and with proper regard for privacy and constitutional rights of citizens.
- K) This equal employment opportunity is applicable to all phases of employment, including job restructuring, reasonable accommodations for individuals with disabilities, recruitment, selection, promotion transfer, compensation, lay-off, re-call, training and development, corrective action, demotion, termination, and all other components of ADDS.
- L) Employees need to be aware that personal biases can affect and influence the performance of job duties. Employees must ensure that their personal biases will not result in discriminatory behaviors toward co-workers or persons served. Employees must not impose their personal beliefs on individuals served or co-workers.

- M) Employees will strive to eliminate attitudinal barriers, including stereotyping and discrimination, toward people with disabilities and will enhance their own sensitivity and awareness toward people with disabilities. Diversity training is offered once a year to help employees better understand people with disabilities and their backgrounds.
4. Drug and Alcohol Use: The manufacturing of, possession, distribution, dispensation, sale, or use of alcohol, drugs and/or other controlled substances by employees or volunteers on ADDS premises is prohibited.
- A) No employee may show up for work while under the influence of alcohol, illegal drugs, or other controlled substances. ADDS recognizes the problems arising from drug and alcohol use. To address these issues, support through an Agency insurance plan as well as local resources, if desired by the employee, can be offered.
- B) The formal policies of ADDS regarding substance abuse and alcohol and drug testing shall be the primary directive in the areas of controlled substances, drugs (both controlled and uncontrolled), alcohol, tobacco, and other substances.
5. Use of Agency Materials or Property: ADDS expects that employees and volunteers will not:
- A) Materially alter or destroy ADDS property or records without proper authorization.
- B) Borrow or use ADDS property, unless for the use of ADDS.
- C) Any removal of ADDS property for personal, non-work-related use is not permissible, with or without prior supervisory approval.
6. Workplace Safety: All employees and volunteers are expected to follow and adhere to safety policies to ensure a safe work environment for all employees.
7. Firearms and Weapons: Weapons of every kind, including firearms, will not be permitted on ADDS premises unless sanctioned for use (for example: Police).
- A) A permit is not a sanction to carry a weapon.
- B) This may include vehicles parked on ADDS property.
- C) Concealed firearms are never appropriate on the property of ADDS.
- D) In the same light, no weapon is appropriate on the premises or in vehicles parked on ADDS property.

8. Workplace Violence: Workplace violence can be any act of physical violence, threats of physical violence, harassment, intimidation or other threatening, disruptive behavior that occurs at a worksite.
- A) Workplace violence can affect anyone, at any time, in any job position. There is no way to predict human behavior, the best prevention is trying to identify any problems early and dealing with those problems. It is up to each employee to help make ADDS a safe place for all of us.
 - B) All employees will treat others with respect, as well as the persons receiving services, parents, guardians, and families. Staff can and should expect ADDS management to care about staff safety and provide the safest working environment possible by dealing with any threatening or violent situations as they may occur.
 - C) If a possible threatening or violent situation is occurring or is about to occur DIAL 911 immediately! Try to remove the persons receiving services and yourself from the threatening or violent situation. IF possible, follow the Evacuation Plan and notify the Program Coordinator/Manager immediately.
9. Accurate Books and Records: All ADDS employees and volunteers must:
- A) Not intentionally include false or misleading entries in books or records.
 - B) Not intentionally destroy ADDS records or information without prior consent from their supervisor.
 - C) Not create or participate in the creation of any records which are intended to conceal anything improper.
 - D) Volunteer knowledge of any untruthful or inaccurate statements or records, whether intentionally or unintentionally made.
 - E) Immediately correct and record all errors and adjustments when discovered.
 - F) Honestly and fairly record information about job responsibilities, including attendance, time records, and expense reports.
 - G) Not make financial arrangements for themselves or other ADDS' clients, family members, customers, or individuals receiving services.
10. Personal Business: Conducting personal business for profit (for example, selling Mary Kay) is not permissible. Any solicitation for non-ADDS business (for example, selling candy bars for your son's school class, or fund-raising) must have prior approval from the employee's supervisor.
11. Gambling: Gambling for personal or monetary gain is not permitted on ADDS premises.

12. Fund-Raising: Fund-raising defined: the selling or promoting of products, goods or services, or requesting and/or collecting money or items, such as non-perishable food or clothing for a non-profit or charitable organization such as a school club or a voluntary health organization.

- A) This includes the selling of raffle tickets or tickets to events such as dinners or dances to benefit individuals, groups of people, or organizations and includes the persons served of ADDS.
- B) Fund-raising activities may only be conducted on ADDS property with prior approval from the employee's supervisor.
- C) Use of raffles, lotteries, football pools, and other forms of gambling are prohibited.

13. Examples of Improper Acts of Conduct:

- A) Any act that is subject to prosecution under criminal or civil codes of law is prohibited.
- B) Any act that is either morally or ethically contrary to the Mission Statement of ADDS.
- C) Any act that would intimidate, harass, bully, abuse or violate any right of any individual served or family of an individual served.

14. Program Coordinator's/Managers' Responsibilities: Supervisors shall be responsible for preventing unethical behavior in the workplace. This responsibility includes the following:

- A) Monitoring the work environment for signs of unethical behavior.
- B) Informing employees of the types of behaviors prohibited and informing employees about ADDS' expectations and procedures for reporting unethical behavior.
- C) Stopping any observed behavior that may be considered unethical and taking appropriate steps to intervene and report unethical behavior to the Program Coordinator, whether the involved employees are within his or her line of supervision.
- D) Taking immediate action to prevent retaliation, toward the complaining party and eliminating any similar conduct where there has been a complaint of unethical behavior pending investigation. If a situation requires separation of the parties, care shall be taken to avoid actions that negatively impact the complainant. The transfer or reassignment of any of the parties involved shall be voluntary, if possible, and if non-voluntary, shall be temporary pending the outcome of the investigation.
- E) Failure to fulfill these responsibilities will be considered in any performance evaluation or promotional decisions and may be grounds for discipline, up to and including discharge.

15. Employee Responsibilities: Each employee including the Program Coordinator/Manager of ADDS is responsible for assisting in the prevention of unethical behavior by taking the following steps:
- A) Refraining from participation in or encouragement of actions that could be perceived as unethical.
 - B) Reporting to a supervisor any unethical behavior.
 - C) Employees are expected to cooperate fully in any investigation, whether they are directly involved in the alleged unethical behavior.
 - D) Any employee or volunteer who fails to comply with this policy or who withholds information during an investigation regarding potential violations of this policy, is subject to discipline up to and including discharge. Depending on the nature of the non-compliance, ADDS may have the legal obligation to report the non-compliance to the appropriate authorities.
16. Violations of Code of Ethics: Violations of Code of Ethics by ADDS staff members or volunteers can result in discipline up to and including discharge. Any report of a violation of Code of Ethics is first reviewed by the employee or volunteer's Program Coordinator/ Manager and then referred to and investigated by the Human Resource Manager, Executive Director and all Program Coordinators/Managers involved with that employee or volunteer. If the person in question of violations is the Program Coordinator/Manager, it is immediately referred to the Human Resource Manager and to the Executive Director. If the Executive Director is the individual with the reported violation, the ADDS Board of Director's president should be contacted. Any violation of the ADDS Code of Ethics that is reported will be reviewed and a decision made regarding discipline or discharge within 14 days and immediately if the well-being of a person served is at risk. The Department of Mental Health will be contacted regarding the violation as appropriate

Employee Responsibilities

Employees of Audrain Developmental Disability Services (ADDS) provide our clients and the public with services. As such, we are Public Service employees. Public service employees must provide service to every individual, families and the public in a manner that is courteous, professional, equitable, efficient, and effective. Employees must be sensitive and responsive to the changing needs, expectations and rights of a diverse clientele while respecting the framework within which service is provided.

1. Courteous Behavior: Every Employee is expected to be courteous. Courtesy must be practiced by everyone throughout ADDS, and courteous behavior is viewed as underpinning every interaction. Courtesy among employees is as important as courtesy to clients and customers. We want to extend the concept of courtesy not only to customers and employees, but to everyone who has contact with this organization, including the community at large. Courtesy among employees at all levels in the organization is as important as the provision of courtesy to the customers. Moreover, this courtesy is the very basis of customer courtesy. Employees treated internally with respect and honor will most often give that same

treatment to customers.

2. Employees are to treat each other in the workplace with respect and dignity and must not engage in discrimination or harassment.
3. Employees will be courteous and respectful when providing services and support for individuals, family members or other representatives of persons served. Employees will not show favoritism to any person or group.
4. All employees play a critical role in providing an interface between clients, clients' families and customers and many aspects of their lives, and for this reason ADDS seeks out people who present themselves in a friendly and professional manner. The ability to deal patiently with problems, crises, and complaints and to remain courteous when faced with difficult or angry people is particularly important.
5. All employees need to be flexible and patient.
6. All employees are representatives of ADDS. Every word spoken; every action taken reflects upon ADDS. The conduct and language of all employees in the workplace must meet acceptable social standards and must contribute to a positive work environment. An employee's conduct must not compromise the integrity of ADDS.
7. Communication: The Executive Director is responsible to the collective Board of Directors and bears the burden of communicating all information necessary for the Board's effective functioning. The Staff bears the burden of communicating to the Executive Director all information required for effective administration of the program.
8. Hours and Duties: All employees are compensated for the actual responsibilities and duties of their position.
9. From time to time, work demands may require additional or extra time. However, sustained periods of overtime are neither expected nor considered desirable.
10. Employees are required to attend staff meetings as part of their responsibilities.
11. Job Descriptions: Job descriptions are established and shall be maintained up to date for each position. The descriptions will be reviewed and updated at least annually by the Executive Director and the Human Resource Manager. Individual employees will be expected to assist in maintaining up-to-date relevant job descriptions by recommending changes as needed.

People First Language

1. People First Language describes what disability a person HAS, not what the person IS.
2. People First Language puts the person BEFORE the disability.
3. People First Language means avoiding the use of words or phrases that evoke pity or fear, or that have a negative connotation. Employees, for example, should avoid words such as abnormal, birth defect, burden, deformed, disfigured, invalid, imbecile, idiot, moron, cripple, palsied, spastic, tragic, victim, suffers from, or stricken with.
4. People First Language demonstrates good manners and respect as well as the Golden Rule.
5. People First Language can change the way we see a person, as well as the way the person sees his/herself.

Respect Toward Persons Receiving Services

1. Very often abuse is the result of disrespect. Employees shall not refer to a person served in demeaning or uncomplimentary terms. An employee who is verbally abusive is a prime candidate to do worse, and this behavior will not be tolerated by Audrain Developmental Disability Services (ADDs).
2. When it is necessary to discuss an individual the agency serves, staff shall take care that the conversation is not overheard by that individual or others.
3. Adults should be treated like adults, spoken to as adults, and talked about as adults.

General Policies and Procedures

1. Telephonic and Electronic Communication: Telephonic and electronic communication systems and all information transmitted by, received from, or stored in these systems is the property of Audrain Developmental Disability Services (ADDs). The Agency premises and any work area provided by the Agency, including desk, computers, files, or lockers, are Agency property and may be accessed or inspected at any time without prior notice by authority of supervisory personnel. Any personal belongings or confidential information should not be brought to or kept on Agency property.
2. Waste: Any use of ADDs resources in a wasteful way can be grounds for termination. Employees are expected to take care of all ADDs property. If noted that an employee is using ADDs property in a wasteful way, an employee can face suspension or termination.
3. Electronic Communication:

- i. E-Mail and Voice Mail shall not be used to transmit vulgar, profane, insulting, or offensive messages, such as racial or sexual slurs.
 - ii. This policy does not prohibit personal messages of a social nature which do not contain otherwise prohibited content.
 - iii. Prohibited uses of E-Mail and Voice Mail include, but are not limited to, soliciting outside business ventures, advertising for personal enterprises, or soliciting for non-Agency related purposes.
 - iv. Employees are not permitted to use ADDS passwords, access ADDS files or retrieve any stored ADDS communication unless authorized to do so, or unless they have received prior clearance from an authorized ADDS representative. All passwords are the property of ADDS.
 - v. Representatives authorized by ADDS, from time to time, may monitor the use of ADDS communication equipment. Such monitoring may include accessing recorded messages, printing, or reading data files.
 - vi. Employees are asked to review the Technology Plan located in the Appendix Section at the back of this Policy and Procedure Manual for any additional guidelines.
4. Paychecks and the Receipt of the Same: Paycheck stubs may be picked up at the option of each employee. No employee may have another employee pick up a paycheck stub for them if they are in attendance at work. In the event of absence or final paycheck, an employee may assign the right to receive a paycheck stub to another person so long as the employee executes an authorization in writing for another person to pick up the paycheck stub for them. ADDS shall not be liable for delivering a paycheck to the individual named in the authorization.
5. Use of Copy Machines:
- A) Employees shall not use ADDS copy machines for personal use.
 - B) Use of copy machines by an employee for an employee's benefit shall result in the employee paying for all copies made at the current rate for copies or may be considered theft.
 - C) Employees may make a request to their manager to make copies and, at the manager's discretion, copies may be made at a cost up to \$.15 per copy.
 - D) Current Fee for Copying Records for outside Agency (Business related with ADDS) use:
 - i. Copying, in an amount not more than seventeen dollars and five cents (\$17.05) plus forty (\$0.40) cents per page for the cost of supplies and labor;
 - ii. Postage, to include packaging and delivery cost; and

iii. Notary fee, not to exceed two dollars, if requested.

E) Employees who violate this policy are subject to disciplinary action, up to, and including termination.

6. Gossip and Rumors: Gossip and rumors can hurt employees and interfere with the proper working environment of the Agency. The purpose of this policy is to identify and eliminate gossip and rumors.

A) Gossip hurts the people who tell it and listen to it. Gossip significantly interferes with employee productivity. Gossip often hurts people who are the subject of gossip. Certain gossip may violate the Agency's policy against sexual harassment; examples of such gossip are:

sexual epithets, jokes, references to sexual conduct, discussion of one's own sex life, comment on an individual's body, and inquiries or comments about an individual's sexual activity.

B) These comments are unwelcome and have the effect of creating a workplace environment that is hostile, offensive, intimidating, or humiliating to male or female employees. Reports of this type of gossip will be investigated for possible sexual harassment.

C) Rumors about the Agency are also discouraged. To prevent Agency rumors from originating, employees need to obtain the correct facts from their supervisors instead of from speculation. Gossip and rumors are told to be repeated. The audience is selected for a reason. Consequently, employees that typically listen to and propagate gossip and rumors violate this policy just as those who originate or spread it.

7. Office Relationships: The Agency strongly discourages consensual romantic or sexual relationships between a supervisor/manager/program coordinator and an employee and any conduct (such as dating) that is designed to or may be expected to lead to the formation of a romantic or sexual relationship. Such relationships may disrupt the workplace and affect employee productivity and morale.

A) It shall be the responsibility and mandatory obligation of the supervisor/manager/program coordinator promptly to disclose the existence of such a relationship with the Executive Director. The Agency may take all steps that it, in its discretion, deems appropriate with respect to the relationship. At a minimum, the supervisor/manager/program coordinator must withdraw from participation in activities or decisions (including, but not limited to, hiring, evaluations, promotions, compensation, work assignments and discipline) that may reward or chastise an employee with whom the supervisor/manager/program coordinator has or has had such a relationship.

B) In addition (and for the Agency to deal effectively with any potentially adverse consequences such relationships may have on the working environment), any employee who believes that he or she has been adversely affected by such relationships is encouraged to make his or her views about the matter known to the Financial Manager or Executive Director. This policy shall be applied without regard to gender, gender orientation or sexual orientation of the participants.

- C) This policy is not intended to inhibit social interaction between supervisor/managers/program coordinators and employees, which may be an important part or extension of the working environment.

8. ADDS Facilities and Property:

- A) All employees who are issued keys to the office or to any of the facilities are responsible for their safekeeping. These employees may be asked to sign a Building Key Disbursement form upon receiving the key.
- B) The last employee, or a designated employee, who leaves the office at the end of the business day assumes the responsibility to ensure that all doors are securely locked, the alarm system is armed, thermostats are set on appropriate evening and/or weekend settings, and all appliances and lights are turned off except for lights normally left on for security purposes.
- C) Employees are not allowed to use or be on Agency property after hours without prior authorization from the Executive Director.
- D) All employees should be sure that their own personal insurance policies cover the loss of anything occasionally left at the office or in any of the facilities. ADDS assumes no risk for any loss or damage to personal property.
- E) Employees must park their cars in areas provided and designated by the Agency.

- 9. Visitors: To provide for the safety and security of employees, visitors, and the facilities at ADDS, only authorized visitors are allowed in the workplace. Restricting unauthorized visitors helps ensure security, decreases insurance liability, protects individuals receiving services and confidential information, safeguards employee welfare, and avoids potential distractions and disturbances. Some ADDS Program Coordinators/managers (such as the TCM location) may request visitors to sign-in upon arrival and when exiting the facility.

- 10. Agency Rules and Standards of Conduct: The work rules and standards of conduct for ADDS are important, and the Agency regards them seriously. All employees are urged to become familiar with these rules and standards. In addition, employees are expected to follow the rules and standards faithfully in doing their own jobs and conducting the Agency's business. Please note that any employee who deviates from these rules and standards will be subject to corrective action, up to and including termination of employment. While not intended to list all the forms of behavior that are considered unacceptable in the workplace, the following are examples of rule infractions or misconduct that may result in disciplinary action, including termination of employment:

- A) Theft or inappropriate removal or possession of property;
- B) Falsification of timekeeping records;

- C) Working under the influence of alcohol or illegal drugs;
- D) Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace;
- E) Fighting or threatening violence in the workplace;
- F) Boisterous or disruptive activity in the workplace;
- G) Negligence or improper conduct that could damage Agency-owned property or property of individuals served;
- H) Insubordination or other disrespectful conduct;
- I) Violation of health or safety rules;
- J) Smoking in the workplace;
- K) Sexual or other unlawful or unwelcome harassment;
- L) Excessive absenteeism or any absence without notice;
- M) Unauthorized use of telephones or other Agency-owned equipment;
- N) Use of Agency equipment for purposes other than business (i.e., playing games on computers);
- O) Unauthorized disclosure of business secrets or other confidential information;
- P) Violation of personnel policies;
- Q) Unsatisfactory performance or conduct;
- R) Any reason determined appropriate by the Executive Director.

11. Attendance and Punctuality: The Agency expects that every employee will be regular and punctual in attendance. This means being in the assigned workplace and ready to work at the correct starting time each day. Absenteeism and tardiness place a burden on other employees and on the Agency.

- A) If unable to report for work for any reason, employees must:
- B) Notify their supervisor before regular starting time.
- C) Speak directly with their supervisor about their absence.
- D) Except in real emergencies, it is not acceptable to simply send a text or leave a voice message unless the supervisor has specifically approved that form of communication.
- E) In the case of leaving a voice message or text, a follow-up call must be made.

12. Should undue tardiness become apparent, disciplinary action may be required.

13. Unauthorized leave or unwarranted absenteeism for scheduled days of work may result in termination.

14. Schedule Changes: If there comes a time when an employee sees that they will need to work some hours other than those that make up their usual work week, they must notify their supervisor at least seven (7) working days in advance. Each request for special work hours will be considered separately, in light of the employee's needs and the needs of the Agency. Such requests may or may not be granted.

15. Absence without Notice: When unable to work due to illness or an accident, employees should notify their supervisor. This will allow the Agency to arrange for temporary coverage of duties.
16. If an employee fails to report to work, and the Agency is not notified of their status, it will be assumed that after two (2) consecutive days of absence that the employee has resigned. Consequently, the employee will be removed from the payroll.
17. If an employee becomes ill while at work or must leave for some other reason before the end of the workday, the employee should inform their supervisor of the situation and check out with their supervisor or the receptionist.
 - A) If an employee misses more than two (2) days or 16 hours of work due to illness, they must have a doctor's excuse. If the employee does not have a doctor's excuse, vacation or comp time will be used.
18. Falsified Time Records: Any employee who is caught stamping a timecard or logging in electronically for another employee, or falsifying any timecard or report, shall be subject to immediate disciplinary action, including suspension without pay or termination. See Time Sheet policy for further information.
19. Telephone Usage: ADDS telephones are intended for the use of serving our individuals served and in conducting the Agency's business. Personal usage during business hours is discouraged except for emergencies. Use of personal cell phones shall be a minimal number of times during the day. To respect the rights of all employees and avoid miscommunication, employees must inform family members and friends to limit personal telephone calls during working hours.
20. Tobacco Use and Use of Vapor Devices: The use of tobacco and vapor devices is permitted 25 feet away from any Agency building or service premises, in assigned areas, at times assigned and approved by the supervisor. The use of tobacco and vapor devices is not permitted inside any Agency building or in any Agency vehicle. Signage will designate smoking areas. Employees who use the smoking area are responsible for the cleanliness and upkeep of these areas. The use, possession or sharing of any tobacco or vapor device, without the prior written consent of a person receiving services' guardian or parent, is prohibited by the Agency. Failing to adhere to this policy may result in disciplinary action, including termination.
 - A) Designated Smoking and Use of Vapor Device Areas:
 - i. ADDS Administrative Office Designated area 25 feet from the building in the rear.
 - ii. TCM Office Designated area 25 feet from the building in the rear.
 - iii. Breckenridge Heights Designated area 25 feet from the building in the rear.
 - iv. C.T. Loyd Designated area 25 feet from the building on the West side.
 - v. Developmental Training Center Designated area 25 feet from the building in the rear.
 - vi. Fieldcrest Designated area 25 feet from the building behind the office apartment.

- vii. Harvey House Designated area 25 feet from the building in the rear.
- viii. ISLs Designated area 25 feet from the building behind the homes.

21. Internet/E-Mail Usage:

- A) ADDS employees are allowed to use the Internet and e-mail when necessary to serve clients and conduct Agency business – encrypted email usage is available and should be used.
- B) Use of the Internet must not disrupt operation of the Agency computer network.
- C) Use of the Internet must not interfere with an employee's productivity.

Dress Code Policy

Objective: To promote safety and provide good role models for the individuals we serve and positive representation of ADDS.

1. ADDS will ensure that all employees dress appropriately to interact with the public and to serve as role models for the individuals we serve.
2. Staff will dress in a clean and neat manner and will be dressed appropriately to the scheduled activities of the day.
3. Articles that are worn (clothing, jewelry, etc.) should serve as an appropriate example for all individuals served.
4. Employees will not wear items that may cause injury to other individuals.
5. Clothing, jewelry, and other adornments that have language that is offensive or hostile to others will not be worn.
6. Clothing should appropriately cover the body. Shorts, skirts, or dresses must not be shorter than mid-length to the knee. Shirts must cover the entire midriff and lower back areas and must appropriately cover the employee's body when bending, reaching, or stretching.
7. Shirts without sleeves are not allowed unless worn under another sleeved shirt, jacket, sweater, or shrug so the strap and undergarment are not exposed.

8. Employees responsible for direct care will not wear items that may cause injury if pulled or torn from the body, for example long necklaces, dangling earrings, large hoop earrings, etc. This includes non-jewelry items, such as, but not limited to, non-tear-away key/ identification lanyards.
9. Employees will not wear flip-flops, “Y”-shaped strap shoes, open-toed shoes, or open-heeled shoes, except during appropriate activities and planned outings, such as swimming, water play activities, etc. Staff not providing direct care (e.g., administrative staff) may wear dress versions of these shoes depending on the activity in which they are involved.
10. Employees’ fingernails (real or otherwise) are to be kept clean and cannot exceed 1/4” from the tip of the finger.
11. Tattoos that have language that is offensive or hostile to others must be covered.
12. The term “direct care staff” is defined as any employee that has or may have the responsibility for the oversight or care of an individual ADDS supports either while alone or with a group.
13. Enforcement: If an obvious policy violation occurs, the supervisor or anyone in a supervising role will hold a private discussion with the employee and ask the employee to go home and make the needed changes in appearance immediately. ADDS reserves the right to withhold pay during the time the employee is off correcting the issue.
14. Employees who violate the policy may be subject to disciplinary action up to and including termination.

Search Warrants and Other Legal Action

1. Purpose: This policy exists to ensure that ADDS personnel have guidance in responding to search warrants, investigations, and other legal action that may present in the work setting. This policy applies to all staff members, board members and volunteers of Audrain Developmental Disability Services (ADDS).
2. If a search warrant/order is served by law enforcement officials to an ADDDS office, residential facility or day program, staff should cooperate with the search. Contact should immediately be made by the staff member to the Program Coordinator/ Manager and Executive Director to provide information about the action.
3. It should be noted that a subpoena does not require an immediate response from ADDS staff and this information should again be given to the Program Coordinator/ Manager and then the Executive Director for follow-up. If a situation arises that includes an investigation or other legal action related to ADDS or ADDS staff members, the Program Coordinator/ Manager and the Executive Director should be notified immediately.

4. If ADDS employees are asked for information without a court order by a law enforcement official, ADDS employees should inform the law enforcement official that ADDS has strict policies regarding privacy and handling of confidential information and the employee should then refer them to their Program Coordinator/Manager or to the ADDS Executive Director.
5. The Executive Director shall report any of the above actions to the members of ADDS Board of Directors by the following meeting of the Board.

Social Media

1. Purpose: This policy exists to ensure that information provided on the Agency website and Facebook page is timely, accurate and relevant, and adheres to all HIPAA guidelines. This policy applies to all social media that is currently used by the Agency or may be used in the future, including website, Facebook, Twitter, message boards, etc. This policy applies to all staff members, board members and volunteers of Audrain Developmental Disability Services (ADDS).
2. Designation of Agency Personnel with Access Privileges: The Executive Director of ADDS or his designee is responsible for accessing and providing all information made available through the Agency website and Facebook page and any other future social media outlet.
3. Violations of Policy: Any violations of this policy should be referred to the Executive Director. The violation will be reviewed by the Executive Director and discipline up to and including dismissal may occur. In all situations, the privacy of the persons served by ADDS must be maintained and HIPAA guidelines followed. The appropriate Releases of Information must be obtained for news information and photographs of Persons Served as well as employees when appropriate.

Agency-Owned Technology Resource Acceptable Use

1. Purpose: This policy defines the appropriate use of technology resources (digital equipment, Internet access, e-mail, and other applications) that are owned by Audrain Developmental Disability Services (ADDS) and provided for employee use.
2. Applicability: This policy applies to anyone who uses Agency Technology Resources, including employees, temporary employees, contractors, vendors, and all others.
3. Definitions:
 - A) Internet: The Internet is a worldwide “network of networks,” including bulletin boards, World Wide Web (www), data servers, applications, messaging services, and other functions and features, which accessed via a computer, a cellular phone, or other devices.

- B) Digital Equipment: Includes but is not limited to computers, laptops, telephones, cellular telephones, tablets, copiers, and printers. Any technology provided by ADDS for communications, computing, printing, etc. is covered by this definition.
- C) Data Files: Information contained in files such as e-mail messages, database tables, telephone records, extracts from databases or output from applications.
- D) Messaging: Any technology used to facilitate digital communication, including but not limited to Instant Messaging (IM), electronic mail (e-mail, both ADDS-provided and through external services for personal use), peer-to-peer networking (P2P), mobile, fixed, and software-based voice over Internet protocol (VoIP) telephones.
- E) Agency-owned Technology Resources: Technology resources paid for by ADDS, including, but not limited to: Internet/Intranet/Extranet-related systems, computer equipment, software, operating systems, storage media, network accounts providing electronic mail, and systems that enable web-browsing, and file transfer.
- F) Social Networking: Any current or future Internet site that is focused on creating “networks” of individuals such as Facebook, LinkedIn, Twitter, WordPress, YouTube, etc.
- G) Hacking/Hacking Tools: Behavior and tools designed to circumvent security measures, or to otherwise effect unauthorized changes to computer hardware or software.
- H) Peer-To-Peer Networking: Protocol or service for networking devices without a centrally managed server.
- I) Communication protocol: An agreed-upon method of communication used within networks.
- J) Malware: A general term for potentially hostile software, such as viruses, Trojans, spyware, etc.

4. Policy:

- A) Agency technical resources are for Agency business: Agency-owned technology resources shall serve the business needs of Audrain Developmental Disability Services.
- B) Confidentiality: Agency-held information on employees and individuals served may not be disclosed without a clear business need, or public disclosure request. Please refer to ADDS Policy on Confidentiality, Confidential Information and HIPAA for specifics regarding appropriate disclosure and nondisclosure.

5. Limited Personal Use:

- A) Agency owned technology resources may be used for personal purposes on a limited basis, providing the following requirements are met:
- i. No marginal cost to the Agency.
 - ii. No interference with work responsibilities.
 - iii. No disruption to the workplace.
 - iv. If it is determined by a Program Coordinator/Manager and/or the Executive Director that agency technology resource usage has been disruptive or interferes with an employee's work responsibilities, then that employee shall be notified in writing and any personal use of agency technology resources shall be prohibited.
- B) Limited use of external e-mail services: The limited use of an external e-mail service is allowed, providing that the service applies anti-malware controls in a manner equivalent to that provided by ADDS.
- C) Music: Agency technology resources must not be used to store music/audio files for personal use.
- D) Specific Prohibitions and Limitations: Agency policies regarding acceptable behavior and communication will apply to use of the Internet and messaging. Specifically, prohibited use includes but is not limited to:
- i. Conducting a private business;
 - ii. Political campaigning;
 - iii. Accessing sites which promote exclusivity, hatred, or positions which are contrary to the Agency's policy of embracing cultural diversity;
 - iv. Accessing inappropriate sites including adult content, online gambling, and dating services;
 - v. Accessing sites that promote illegal activity, copyright violation, or activity that violates the Agency's ethical standards.
 - vi. Obtaining or disseminating language or material which would normally be prohibited in the workplace;
 - vii. Using encryption technology that has not been approved for use by the Agency;
 - viii. Using personally owned technology for conducting Agency business, where official Agency records are created but not maintained by the Agency;
 - ix. Making unauthorized general message distributions to all users (everyone);
 - x. Installing any software that has not been approved by the Agency;
 - xi. Sharing or storing unlicensed software or audio/video files;
 - xii. Using security exploit tools (hacking tools) to attempt to elevate user privileges or obtain unauthorized resources;

- xiii. Broadcasting e-mail to large numbers of constituents unless the list members are hidden through the use of the BCC field.
- xiv. Using an Agency e-mail address when posting to public forums e.g., blogs, social media sites, wikis, and discussion lists for personal use;
- xv. Accessing sites that distribute computer security exploits (“hacking” sites);
- xvi. Excessive use of online shopping, personal social networking, or streaming media for entertainment during work hours;
- xvii. Using or installing unauthorized Instant Messaging, e.g., Facebook Messenger, Kik, Hi, Just Chat, Loop, WhatsApp, Voxel, GroupMe, etc.;
- xviii. Using links and attachments using the authorized IM client (this is prohibited);
- xix. Using unauthorized Peer to Peer Networking, e.g., Facebook, Instagram, TikTok, YouTube, Snapchat, Twitter (X), etc.
- xx. Using “Soft” VOIP phones, e.g., Skype, Vonage, etc.

NOTE: If any of the above prohibited uses are required for a legitimate business reason, it is the employee’s responsibility to obtain prior permission for such use from their supervisor and/or the Executive Director.

E) Use Standard Resources Only: Digital equipment and all applications must be authorized and installed by appropriate personnel. Only software, hardware, and communication protocols that meet the Agency’s standards will be installed unless an exception has been documented in writing.

- 6. Additional Cost to the Agency: Resources that incur a cost to the Agency, whether accessed via the Internet, mobile phone, tablet, email, or other applications, must not be accessed, or downloaded without prior approval. It is the supervisor’s responsibility to ensure the business need, applicability, and safety of any new resource.
- 7. No Expectation of Privacy: Nothing in this policy confers an individual right or should be construed to provide an expectation of privacy. Employees must not expect privacy in the use of Agency communications and digital equipment.
- 8. Responsibilities:

A) Employee Responsibilities:

- i. Monitor personal use of the internet, messaging, and other applications, to ensure that the Agency is being appropriately served.
- ii. Adhere to Agency standards as discussed in the policy language above.
- iii. Read and adhere to relevant policies.
- iv. Be aware of the public nature of the Web and do your best to represent ADDS with dignity, respect for others and professionalism.

- v. Obtain authorization from their supervisor before incurring charges; for example, downloading data or accessing a paid service.
- vi. Request Supervisor or Executive Director to either authorize or download and install software unless express consent has been granted for employees to download and install software.
- vii. Review the Technology Plan attached to the end of this Policy and Procedure Manual.

B) Management Responsibilities:

- i. Enforce this policy to ensure that the primary purpose of technology use is to meet Agency business needs, and that relevant Agency standards are met.
 - ii. Review and make decisions regarding the approval of all non-work-related broadcast announcements. Acceptable uses for non-work-related broadcast announcements would include arrival or departure of an Agency employee or a charitable campaign event.
9. Policy Enforcement: To safeguard Agency resources, violators of this policy may be denied access to Agency computing and network resources and may be subject to other disciplinary action within and outside the Agency. Violations of this policy will be managed in accordance with the Agency's established disciplinary procedures. The Agency may temporarily suspend, block, or restrict access to computing resources and accounts, independent of such procedures, when it reasonably appears necessary to do so to protect the integrity, confidentiality, or availability of Agency computing and network resources, or to protect the Agency from liability.
- A) If violations of this policy are discovered, the Agency will take appropriate actions to resolve the issue, and violators may be subject to disciplinary measures.
 - B) If violations of this policy are discovered that are illegal activities, the Agency may notify appropriate authorities.
 - C) The Agency reserves the right to pursue appropriate legal actions to recover any financial losses suffered as a result of violations of this policy.
10. Exception Process: Exceptions to this policy will be requested in writing to management, and the request will be reviewed by the Executive Director. Exceptions will be documented in writing and retained according to existing retention schedules. Exceptions may be granted on a limited-time basis.

Executive Director Car Allowance Policy

The Executive Director of ADDS may receive an automobile allowance of \$200 monthly, which is intended to cover a portion of the cost of an automobile, including financing, insurance, maintenance and repairs, fuel, etc. Automobiles operated under such an allowance should be appropriate for business use. As representatives of

ADDS, those receiving an automobile allowance are expected to maintain their vehicles and keep them in a safe and clean condition.

When operating their vehicles, the Executive Director shall observe applicable rules of the road. Automobile allowance payments will be included in the employee's taxable income and shall be payable through the first payroll of each month. No mileage reimbursement shall be paid to the Executive Director receiving a car allowance for travel within Audrain County. Travel outside the County shall be reimbursed at the rate of 10 cents less than the Federal Mileage Reimbursement rate, as described in ADDS' mileage reimbursement policy.

Employment Conflicts

1. **Business Arrangements with Relatives of Persons Served:** Employees of Audrain Developmental Disability Services (ADDS) shall not enter any form of business with persons served or relatives of persons served. Employees are prohibited to co-sign notes for credit, installment loans, purchase contracts, etc., involving any persons served or his/her relatives. An employee cannot personally accept or hold any money or property of any kind or description, either directly or indirectly, for or on behalf of a person served or his/her relatives, except that such property or money may be accepted at the work-site by an employee and held at the work site until the next earliest opportunity to turn such money or property over to the Program Coordinator for proper and documented deposit into the account of the person served.
2. **Outside Employment/Activities:** Employees shall not engage in outside employment or other activities which may conflict with employment responsibilities or interfere with the job performance of other employees. It is also unacceptable for employees to loiter at an Agency worksite while not on duty.
3. **Personal Conduct:** Employees' personal conduct should be a positive model to individuals served and reflect positively upon the ADDS program. While on the job, employees are expected to conduct themselves in a business-like manner.
4. **Examples of Unacceptable Conduct by Staff:**
 - A) Allowing personal friends, relatives, or other non-employees to "visit" on Agency premises for extended periods of time.
 - B) Bringing children to work when unable to find a babysitter.
 - C) Doing personal laundry in Agency washers and dryers at any time.
 - D) Using Agency vehicles for personal use.
 - E) Eating Agency food when you are not on the job.
 - F) Using or being under the influence of alcohol or non-prescription controlled drugs on the job is prohibited. Employees found to be under the influence are subject to immediate disciplinary action, including discharge.

5. Educational Enrollment: Full-time employees wishing to enroll in school or outside training programs should plan in advance with their immediate supervisor to eliminate any conflicts with their job responsibilities. ADDS encourages continuing education, and a sincere effort will be made to assist employees.
6. Failure to follow these guidelines will lead to poor performance evaluation and possible termination.
7. *See Conflict of Interest Disclosure Form.*

No Solicitation/ No Distribution Policy

1. Non-Employees: Solicitation of or distribution to employees or others by any person who is not employed by Audrain Developmental Disability Services (ADDS) is prohibited at all times on Agency property and throughout all Agency-operated facilities including all group homes, day programs and ISLs.
2. Employees: Solicitation of or distribution to employees by other employees is permitted on Agency property when:
 - A) The employee is not doing the solicitation/distribution on working time, and
 - B) Employees are not receiving the solicitation/distribution on working time, and
 - C) The solicitation/distribution is not attempted in areas open to the public or in a manner disruptive to the individuals receiving services.
3. This policy applies to all ADDS locations and to solicitations/distributions for all purposes, including but not limited to lotteries and raffles, political, religious, labor, or fraternal organizations, and the like.
4. The only exception to this policy is the annual United Way Campaign.
5. Violation of these rules could lead to disciplinary action, up to and including termination.

Policy On Volunteers

1. The benefits of volunteers as a source of help during structured activities and events for persons served by Audrain Developmental Disability Services (ADDS) is recognized and appreciated. Volunteers must be approved in advance by the Program Coordinator/Manager and the Executive Director.

2. Volunteers must be able to help during structured activities or events. If volunteers are family members of employees, they must be supporting staff in the care of the individuals receiving services, not attending simply for personal recreation.
3. Volunteers will not be paid. They may be provided gate admission, meals, etc., in exchange for their efforts in helping serve the individuals receiving services.
4. Volunteers will be listed by name and address on the community contact reports.
5. Volunteers will need to be approved through all ADDS screening requirements required for ADDS' employment prior to initiating volunteer activity.

Former Employee - Persons Served Relationships

1. Policy: It shall be the duty of the supervisors to ensure that the following Audrain Developmental Disability Services (ADDS) policies are implemented. Former employees shall not encourage friendships between themselves, and persons served, but may be permitted to maintain contact with the person served as part of a group setting, as long as visits are consistent with the following guidelines:
 - A) The former employee shall discuss plans for a visit with the Program Coordinator/Manager prior to informing the persons served of his/her plan.
 - B) Upon approval of the plans by the Program Coordinator, the visit shall be scheduled so as not to interfere with the ongoing programs of the facility.
 - C) The plans shall include all persons served at the facility, and current employees who are responsible for the persons served.
 - D) The former staff member should avoid biases toward a single person served or small group of individuals, since such biases may cause jealousy, competition, and animosity, which would be detrimental to the nature of the program.
 - E) The Program Coordinator/Manager shall inform the Executive Director of planned activities scheduled to include former staff members.
2. Best Interests of Person Served: The former employee is urged to recognize that by virtue of the fact that he/she is no longer an employee, his/her relationships are no longer based on professional bonds, but rather bonds of personal friendships. Therefore, discussions of a counseling nature should be avoided, and the persons served should be encouraged to share those questions or thoughts with current staff so as not to detract from ongoing teaching or counseling relationships.

- A) Termination of employment may have caused individuals served to feel some loss, but the person served might attempt to view that loss objectively, as caused by a normal life event such as a “change in job,” etc.
- B) However, if a former staff member continues to build personal friendships with the person served, it may inevitably become necessary to again end that friendship due to another move, busy schedule, loss of interest, etc. A second such termination of the relationship could cause greater feelings of rejection than the original termination of employment. Such rejection should be avoided.

Substance Abuse Policy (Alcohol and Drug)

Using or being under the influence of alcohol or non-prescription controlled drugs on the job is prohibited. Employees of Audrain Developmental Disability Services (ADDS) found to be under the influence of alcohol or nonprescription controlled drugs are subject to immediate disciplinary action, including discharge. It is the purpose of ADDS to help provide a safe and drug-free work environment for our clients and our employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of ADDS.

1. Purpose: The purpose of this policy is to set consistent and clear-cut guidelines for the handling of substance abuse cases involving agency employees. In appropriate cases, disciplinary action will be taken in accordance with the provisions of the policy.
 - A) It is the individual responsibility of each employee and applicant for employment to read, understand, and abide by the provisions of this policy. Any questions about the application of this policy may be directed to supervisory personnel or to the Executive Director.
 - B) Employees with substance abuse problems must understand that they are personally responsible for seeking evaluation and undertaking rehabilitation. Any employee who is aware that he/she is dependent upon alcohol or drugs and who either voluntarily admits his/her dependency to his/her departmental supervisor or voluntarily seeks treatment for his/her problem shall not be subject to discipline for having admitted that he/she has such a problem, nor for seeking treatment for such a problem.
 - C) Those employees who conceal substance abuse problems from their supervisor and do not voluntarily seek help place their employment in jeopardy. In the event a concealed substance abuse problem adversely affects job performance, causes, or contributes to misconduct, either on or off duty, or causes the employee to become involved in criminal activity or proceedings, the employee will be subject to formal discipline as prescribed in this policy.
 - D) The provisions of this policy shall apply to all employees of the ADDS and to all applicants for positions with the ADDS. ADDS shall apply this policy in a manner consistent with its obligations under state and federal law.

2. ADDS Explicitly Prohibits:

- A) The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on Agency or customer premises or while performing an assignment.
- B) Being impaired or under the influence of legal or illegal drugs or alcohol away from ADDS or customer premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk ADDS's reputation.
- C) Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from ADDS or customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk ADDS's reputation.
- D) The presence of any amount detectable at Audrain Community Hospital, or those laboratories used by Audrain Community Hospital, above those amounts naturally occurring in any employee's system, or prohibited substances in the employee's system while at work, while on the premises of ADDS or its customers, or while on ADDS business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

3. Drug Testing: ADDS will conduct drug testing under any of the following circumstances:

- A) Pre-Employment Testing: ADDS preserves the right to request a drug screening for all prospective employees. Failure to pass this drug test or refusal to take a drug test at the request of ADDS will disqualify the applicant for any jobs within ADDS.
- B) Random Testing: Employees may be selected at random for drug testing at any interval determined by ADDS.
- C) For-Cause Testing: ADDS may ask an employee to submit to a drug test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- D) Post-Accident Testing: Any employee involved in an on-the-job accident or injury will be asked to submit to a drug and/or alcohol test if a 24-hour testing location is available. "Involved in an on-the-job accident or injury" means not only the one who was injured, but also any employee who potentially contributed to the accident or injury event in any way. It is the intention of ADDS to have a drug and alcohol-free environment for its clients and employees. As a result, ADDS adopts the provisions of Section 287.120 RSMo, as part of this policy where it states:

- i. Where the employee fails to obey any rule or policy adopted by the employer relating to a drugfree workplace or the use of alcohol or non-prescribed controlled drugs in the workplace, the compensation and death benefit provided for herein shall be reduced fifty percent if the injury was sustained in conjunction with the use of alcohol or non-prescribed controlled drugs.
- ii. If, however, the use of alcohol or non-prescribed controlled drugs in violation of the employee's rule or policy is the proximate cause of the injury, then the benefits or compensation otherwise payable under this chapter for death or disability shall be forfeited.
- iii. The voluntary use of alcohol to the percentage of blood alcohol sufficient under Missouri law to constitute legal intoxication shall give rise to a rebuttable presumption that the voluntary use of alcohol under such circumstances was the proximate cause of the injury. A preponderance of the evidence standard shall apply to rebut such presumption. An employee's refusal to take a test for alcohol or a non-prescribed controlled substance, as defined by section 195.010, RSMo, at the request of the employer shall result in the forfeiture of benefits under this chapter if the employer had sufficient cause to suspect use of alcohol or a non-prescribed controlled substance by the claimant or if the employer's policy clearly authorizes post-injury testing.
- iv. All specimen collection and testing for drugs and alcohol under this Policy shall be performed in accordance with the procedures provided for by the United States Department of Transportation rules for workplace drug and alcohol testing compiled at 49 C.F.R., Part 40.
- v. If an employee test for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including discharge from employment. In such a case, the employee will be given an opportunity to explain the circumstances prior to any final employment action becoming effective.

4. Prohibited Acts and Disciplinary Actions:

- A) Grounds for Disciplinary Action or Denial of Employment: Applicants for employment may be denied employment, and employees may be subject to disciplinary action, up to and including dismissal from employment, for commission of any of the following acts:
 - i. Reporting for work, performing work, or applying for work while under the influence of illegal drugs or intoxicants, and causing or creating an unreasonable risk of damage to property or injury to any person.
 - ii. Using, selling, possessing, manufacturing, or delivering controlled substances or drug paraphernalia at any time or place, except as authorized by law, whether on or off duty.

- iii. Consuming intoxicants while on duty, or possessing intoxicants on agency property, with the intent to consume them while on duty.
- iv. Providing or selling intoxicants to any other person while on duty.
- v. Testing positive for the presence of drugs or alcohol following completion of testing procedures authorized by this policy.
- vi. Failing or refusing to submit a test sample within two hours after the time a request for a test sample was made, causing, or attempting to cause the alteration of a test sample, submitting, or attempting to submit a false test sample, or otherwise obstructing the process of testing for the presence of drugs or alcohol.

5. Termination Specifically Authorized When:

- A) The employee has sold or attempted to sell controlled substances, whether on or off duty;
- B) The employee has possessed or has manufactured a controlled substance that creates a reasonable inference that the employee intended to sell the controlled substance, whether on or off duty;
- C) The employee has used, or has been found to be in unauthorized possession of illegal drugs while on duty; or the employee has been found to be on duty while under the influence of illegal drugs, prescription drugs, or intoxicants and has caused or created an unreasonable risk of damage to property or injury to any person;
- D) The employee has failed or refused to submit a test sample within two hours after the time a request for a test sample was made, has caused or attempted to cause the alteration of a test sample, or has submitted or attempted to submit a false test sample, following the request for submission of a test sample;
- E) The employee has previously been disciplined for substance abuse infraction and has subsequently committed a new offense involving substance abuse.

6. Confidentiality of Testing Information: All information regarding the testing of applicants and employees shall be confidential.

- A) Testing results will not be placed in the general personnel file, but rather kept in a separate confidential medical folder, which is kept under the control of the Executive Director. The Executive Director will only release the contents of the confidential medical folder on a strict need to know basis to management level members of the agency, to the Board of Directors upon request of the Board, and to the tested employee upon request.

B) Disclosure without employee consent is also authorized if:

- i. Production of the information is compelled by law, or by judicial or administrative process;
- ii. The information has been placed at issue in a formal dispute between the agency and the employee;
- iii. The information is to be used in administering the employee benefit plan;
- iv. The information is needed by medical personnel for the diagnosis of the employee, and he/she is unable to authorize disclosure.

7. Appeal Rights:

- A) An employee who receives a positive result on a drug or alcohol screen shall have the right to have an additional test performed on the same date as the original test was performed. Failure to request a re-test within that period of time shall result in a forfeiture of the right to a re-test.
- B) An employee who receives formal discipline for violation of the provisions of this policy is entitled to the grievance/appeal rights in the Personnel Policy.

Corporate Compliance Policy

Introduction

1. In support of Audrain Developmental Disability Service's (ADDS) mission, vision, and core values, and to comply with all Federal, State and Local regulations and mandates, ADDS has adopted this Corporate Compliance Program to ensure our organization provides its services to Audrain County and its residents with integrity and without waste or fraud.
2. The law requires all providers to comply with standards and regulations and set organization wide standards to define, communicate and monitor compliance with these standards.
3. Our Plan documents the systems which are in place to insure efficient, legal and ethical standards. Several key components of the Plan are set forth below and are noted to ensure that we have programs in place to exercise due diligence to prevent, detect, correct and eliminate nonadherence to Standards, Policies and Procedures by our employees or our agents.
4. Key components of the Plan include the following company-wide standards:
 - A) Compliance with all Policies and Procedures
 - B) Appropriate authority and oversight
 - C) Communication of the Corporate Compliance Plan; expected code of conduct, education, training, and communication of updates

- D) A system for both confidential reporting and investigation of Compliance Concerns
 - E) Enforcement and Discipline
 - F) Internal controls including methods for audits, ongoing monitoring of practices, identifying concerns, correction and measuring results for verification in a timely and effective manner
 - G) Documentation and Reporting
 - H) Whistleblower Protections
 - I) Adhering to and Safeguarding the Plan
5. This plan has been prepared with the assistance of the executive team, directors, and staff of ADDS (and is adopted by the Board of Directors). ADDS shall make every effort to assure compliance with the law given limitations imposed by practical and commercial realities.

Authority and Oversight

1. Ultimate accountability and oversight for Corporate Compliance lies with the Board of Directors and the Executive Director. The Corporate Compliance Plan shall be shared with all staff. The Board of Directors is committed to providing both the human and financial resources necessary to develop, implement, support, maintain, and monitor an ethical environment, which complies with all Federal, State, and Local Law.
2. The Compliance Officer is responsible for operational oversight and implementation of ADDS's compliance activities and reports directly to the Executive Director, as well as the Board of Directors.
3. The Compliance Officer is free to meet directly with the Board of Directors.
4. The Compliance Officer communicates compliance activities to the Executive Director and Board of Directors.
5. The Compliance Officer shall have access and authority to review all documentation relevant to compliance activities as well as seek the advice of outside legal counsel when appropriate. This documentation includes but is not limited to:
 - A) Policies and Procedures
 - B) Case Records
 - C) Billing Records
 - D) Contracts, Service Agreements, Joint Ventures, Leases
 - E) Any related documentation

Communication, Training, and Education

1. ADDS shares expected codes of conduct and this Corporate Compliance Plan to all employees and Board members through its policy and procedure manual, training and periodic updates. Every new employee and

board member will be instructed to review the Corporate Compliance Plan. In addition, existing staff and board members are instructed to review the Plan annually.

2. A signed acknowledgement and acceptance of our Policy and Procedures not only validates receipt of information, but also binds the individual to follow the Plan and that they are required to bring any violations or perceived violations to the attention of the Executive Director and Compliance Officer.
3. Communication updates and enhancements to the Corporate Compliance Plan will be continuously communicated to the staff through established channels of communication. (i.e., Bulletin Boards, Staff Meetings, Memos, etc.)

Investigation of Compliance Concerns

1. The Compliance Plan provides employees and board members a means to convey concerns regarding corporate integrity in confidence and without fear of retaliation or intimidation. Every concern can be conveyed to the Compliance Officer and will be investigated by him/her.
2. The Compliance Officer for Audrain Developmental Disability Services is Kara Clovis. If anyone has an issue regarding Corporate Compliance, Kara Clovis can be reached at (573) 5818210 ext. 12. Written correspondence may be directed to Kara Clovis either by e-mail at kclovis@audraindds.com or by mail at Audrain Developmental Disability Services, 308 East Jackson St., Mexico MO 65265
3. The Compliance Officer is responsible for documenting all concerns brought to his/her attention, initiating a confidential investigation, and reporting findings to the Executive Director and Board of Directors in a confidential manner.

Enforcement and Discipline

1. All ADDS employees and board members are required under this Compliance Plan to report any suspected compliance concerns to the Compliance Officer, whether done anonymously or otherwise. It is the expectation that all employees and board members of ADDS will assist in the resolution of compliance issues where applicable. Employees and board members are expected to assist in appropriate disciplinary measures and Corrective Action Plans as part of the resolution process.
2. Standards will be consistently enforced through appropriate channels for disciplinary action. Individuals who participate in non-compliant behavior, encourage, direct, or permit non-compliant behavior, or who fail to report suspected problems is in direct violation of this Compliance Plan. Disciplinary actions are applicable to all employees and board members and will be enforced and determined on a case-specific basis up to and including termination of employment, or termination of affiliation with ADDS as applicable.

Audits and On-Going Monitoring of Practices

ADDS takes reasonable and prudent steps to achieve compliance with its standards, policies and procedures by utilizing both internal and external auditing systems. Utilizing safeguards to maintain the efficacy of our Corporate Compliance Program and internal auditing systems can reasonably be expected to detect violations in a timely fashion. In addition, on-going monitoring systems and internal auditing systems can reasonably be expected to detect violations in a timely fashion. In addition to ongoing monitoring systems, the Compliance Officer shall provide a secure medium for employees to report suspected violations without fear of retribution.

Documentation and Reporting

1. ADDS has a system in place for identifying and correcting compliance problems promptly and thoroughly. Policies and procedures are in place to provide guidance on how potential compliance problems are investigated and resolved. This system regularly conducts internal risk assessments, identifies and prioritizes potential risks, implements corrective action plans to mitigate risk and monitors the effectiveness of the compliance system.
2. All concerns brought to the attention of the Compliance Officer will be appropriately documented, including investigation and corrective steps to insure future prevention. At a minimum, the Board of Directors will be updated on all Corporate Compliance activities by the Compliance Officer directly or the Executive Director.
3. When necessary, ADDS will report to the appropriate regulatory body the identified compliance issue in the form/format and time frame prescribed by the regulatory body.

Whistleblower Protections

1. ADDS requires its employees and board members to observe high standards of business and personal ethics in the conduct of their duties and responsibilities and to comply with all applicable laws and regulations. It is the responsibility of all employees and board members to report violations or suspected violations of business and personal ethical standards and/or violations of applicable laws and regulations.
2. No employee or board member who, in good faith, reports a violation shall suffer harassment, retaliation, intimidation or adverse employment consequences. This includes but is not limited to individuals who report potential issues, have an investigatory role, perform self-evaluations and audits, and institute remedial actions including reporting to appropriate officials. Adverse actions in retaliation against someone who has reported a violation in good faith will be subject to disciplinary action up to and including termination of employment or relationship with the Agency.

Standards of Conduct

1. The following statement of organizational policy constitutes ADDS's Standards of Conduct. It affirms our policy of conducting business and delivering services in accordance with both the law and the highest clinical and professional standards. It is our intent to provide clear direction to our employees and board members with respect to behavior within the scope of their practice.
2. It is the policy of ADDS to conduct all activities in a responsible and ethical manner. Employees and Board members must comply with Federal, State, and Local Laws and Regulations and must report any actual or perceived violation of the Corporate Compliance Program or ADDS policy.
3. The standards of conduct cannot cover every situation that our employees and board members may face. If you are unsure of what a proper course of conduct might be in a specific situation or believe that the standards of conduct set forth in the Code may have been violated, contact your supervisor and the Compliance Officer immediately.
4. ADDS will not tolerate any form of unlawful or unethical behavior by anyone associated with this organization. We expect and require all employees and board members to be law-abiding, honest, trustworthy, and fair in all of their business dealings maintaining the highest standards of ethics.

General Standards

1. ADDS requires compliance by all employees and board members with laws to which it is subject. When the application of law, regulation, or other policy is uncertain, the employee and any consultants must seek the guidance and advice in accordance with the Corporate Compliance Plan.
2. When either directly providing or managing the provision of services, ADDS takes all reasonable efforts to ensure that the services are appropriately prescribed, necessary, and performed in accordance with standards of care.
3. ADDS will treat all individuals with dignity, respect, and courtesy. The individuals we serve, and their families will be involved in decisions regarding the treatment delivered to the extent practical and possible. In all circumstances we will attempt to treat individuals in a manner appropriate to their background, culture, religion and heritage, and respect their objectives for care.
4. Employees and board members shall not engage in any activity that constitutes abuse, neglect, or any kind of unauthorized physical restraints of any kind toward any individual.
5. There shall be no discrimination toward any individual for any reason, including race, color, religion, creed, sex, sexual orientation, national origin, ancestry, ethnicity, age, disability, citizenship, marital status, military or veteran status, predisposing violence victim status, domestic violence victim status, HIV status or any other characteristic protected by law.

6. ADDS will not refuse, transfer, or discharge individuals who are in need of our services based upon any factor that is unrelated to individual care needs.
7. ADDS recognizes that from time to time, conflicts will arise among those who participate in agency and service recipient care decisions. Whether this conflict is between employees and board members or between individual caregivers and the service recipients, ADDS will seek to resolve all conflicts fairly, objectively, and in a timely manner. In cases where mutual satisfaction cannot be achieved, the service recipient, their representative, the administration or appropriate group can engage in the conflict resolution process. Other staff, or if needed, outside experts will be involved and their opinions sought as needed to pursue a mutually satisfactory resolution.
8. All service recipient information is private and confidential and as such, staff is charged to protect the privacy and confidentiality of the individuals we serve and to communicate in a professional manner in accordance with all applicable Missouri and Federal regulations.

Service Recipient-Staff Relations

1. Staff shall keep relations on a professional level that is above question of any kind. The guidelines are as follows:
 - A) There shall be no personal financial transactions between staff and service recipients. This includes accepting gifts of obvious significant value and lending or borrowing money under most normal circumstances.
 - B) Staff will not include service recipients as guests in their home or take them on personal outings unless approved by the Coordinator of that Program.
 - C) There is to be no fraternization with service recipients via any form of electronic communication.
 - D) During conversations and treatment, discretion should be exercised in sharing the details of staff private life.
 - E) Sexual contact with a service recipient by staff is prohibited. Contact for hygiene, weather, or medical incidents are permitted based on care needs. (*See Sexual Harassment Policy*).
 - F) Dating service recipients or similar romantic involvement is not appropriate at any time or under any circumstances.
 - G) Staff who are assigned, through their job description, the duties and responsibilities of counseling are the only authorized persons to carry out this function.
 - H) Sexual Harassment or the creation of a hostile work or living environment is unacceptable.

- I) Staff are obligated to report any of the following to a supervisor and any other appropriate agency: suspected abuse and/or neglect of service recipients, situations which may jeopardize quality service delivery, misuse of agency resources, and/or violate agency policy or procedures, and any perceived Corporate Compliance violations.
 - J) Service recipients shall not carry out the duties of staff unless such tasks are described in the participant's plan of services for the purpose of increasing skills.
 - K) No firearms or other weapons may be stored or brought to any facility or grounds of this agency.
 - L) The unlawful manufacture, distribution, dispensing, possession or use of alcohol, illegal drugs or controlled substances on Agency property, in an Agency vehicle or while engaged in Agency Activities are strictly prohibited.
 - M) Staff shall be models of appropriate and acceptable behavior.
 - N) All staff, when acting as a representative of ADDS must always uphold the integrity of the agency through their words and actions, no matter the format in which it is communicated.
3. All ADDS financial transactions must be properly authorized by management and be accurately and completely recorded on ADDS's books and records in accordance with generally accepted accounting principles and established corporate accounting policies.
 4. ADDS requires the undivided diligence of its employees and consultants while exercising their responsibilities. Except where otherwise approved, personal investments or activities that may create a conflict of interest are prohibited, and situations that may give the appearance of conflict are to be avoided. Outside employment that raises any question in this regard must be disclosed to ADDS and approved in advance by their Supervisor and/or Executive Director. In the event the Executive Director needs to make disclosure, or needs permission as set forth above, he/she shall address him/herself to the Board of Directors of ADDS.
 5. If any circumstance presents itself which casts any doubt on the integrity of services delivered by ADDS, the employee or interested party is directed to contact the Compliance Officer immediately so that timely investigation and necessary correction may be enacted.
 6. As Corporate Compliance is a highly complex area, and this document cannot address all situations in which breach or concern may apply, employees, board members and other interested parties must contact their supervisor as appropriate, or the Compliance Officer, who will make necessary determinations. The best policy is "if in doubt, ask".
 7. In addition, to the information listed above, other rules of staff conduct must be maintained in order for employees to work efficiently and effectively together in an organization such as ADDS. Lack of adherence

to the rules will result in disciplinary action, up to and including termination. Infringements are summarized below:

- A) Habitual absenteeism or lateness
- B) Failure to properly notify your supervisor when late or absent
- C) Failure to perform assigned duties as directed
- D) Insubordinate, unlawful or disorderly conduct
- E) Verbal or physical altercations with other individuals
- F) Theft or misappropriation of ADDS property

8. These guidelines are not meant to restrict day-to-day relationships. They are general guidelines of behavior in the course of job performance. If any questions should arise, please discuss the situation with your program director.

General Compliance Standards and Applications to Prevent Criminal Conduct

All personnel associated with ADDS, including all consultants who are contracted by ADDS to deliver services to ADDS service recipients, must avoid all illegal or unethical conduct. No personnel will take any action that he or she believes is in violation of any statute, rule or regulation. In addition, all personnel must strive to avoid even the appearance of impropriety and must never act in a dishonest or misleading manner when dealing with others, both within and outside ADDS.

Accounting and Financial Reporting

All ADDS's payments and other transactions must be properly authorized by management and be accurately and completely recorded on ADDS's books and records in accordance with generally accepted accounting principles and established corporate accounting policies and procedures. No false, incomplete or unrecorded corporate entries shall be made. No undisclosed or unrecorded funds shall be established for any purpose, nor shall ADDS's funds be placed in any personal or nonagency account. All agency assets must be properly protected, and asset records must be regularly compared with actual assets with proper action taken to reconcile any variances. All internal controls must be followed. The Board of Directors will review the expenditures by the Executive Director.

Anti-kickback And False Claims Issues

1. Both federal and state laws specifically prohibit any form of kickback, bribe or rebate made directly or indirectly, overtly or covertly, in cash or in kind to induce purchase, recommendation to purchase or referral of any kind or goods or services paid for by Federal, State, or Local Programs. The term "kickback" as defined in these statutes means the giving of remuneration, which is interpreted under the law as anything of value. Under the federal law, the offense is classified as a felony and is punishable by fines and imprisonment. Federal and State "anti-referral" laws impose substantial penalties relative to billing for services referred by anyone who has a contractual or business relationship with ADDS. It is an individual's

responsibility to be familiar with these statutes and assure that all activities are conducted in such a manner that no question may arise as to whether any of these laws have been violated. Any questions concerning these statutes or any business arrangement subject to anti-kickback or anti-referral laws must be directed to the Compliance Officer. No employee or board member who in good faith reports a suspected violation shall suffer harassment, retaliation, intimidation or adverse employment consequences as per the False Claims Act qui tam provisions.

2. The laws prohibit accepting a kickback. In addition, there are laws that prohibit the filing of false claims. As this is a highly complex area of the law, this policy cannot list all situations in which the anti-kickback or false claims laws may apply. Therefore, employees must take special care in this area and promptly refer the question to their supervisor, or the Compliance Officer if appropriate.
3. Examples of the types of actions that could violate the Federal Medicare/Medicaid anti-kickback statute and similar State laws include the following:
 - A) Offering or paying anything of value to induce someone to refer an individual to ADDS.
 - B) Offering or paying anything of value to anyone (consumer or referral sources) in marketing ADDS.
 - C) Soliciting or receiving anything of value for the referral of ADDS consumers to others.

Making Political Contributions

Employees may not contribute or donate ADDS funds, products, services or other resources to any political cause, party or candidate. However, employees may make voluntary personal contributions to any lawful political causes, parties or candidates, as long as the individual does not represent that such contributions come from ADDS, and as long as the individual does not obtain the money for these contributions from ADDS for the purpose of making such a contribution.

Providing Business Courtesies to Customer or Sources of Customers

1. ADDS does not seek to gain an improper advantage by offering business courtesies such as entertainment, meals, transportation or lodging to customers, referral sources or purchasers of ADDS services. Employees should never offer any type of business courtesy to a referral source or a purchaser for the purpose of obtaining favorable treatment or advantage. To avoid even the appearance of impropriety, employees must not provide any referral source or purchaser with gifts or promotional items of more than nominal value (e.g. pens, calendars, and the like).
2. Employees are discouraged from paying for any business courtesies, including reasonable meals, refreshment and entertainment expenses for referral sources and purchasers of ADDS services which are incurred occasionally, and are not requested or solicited by the recipient, and are not intended or likely to affect the recipient's business decisions with respect to ADDS. However, reasonable meals and

refreshments can be provided under the above conditions for such events as training and coordination of services with prior approval from the Executive Director.

Fair Billing Practices

1. ADDS will bill individuals or third parties only for services actually provided and will give assistance to individuals seeking to understand the costs relative to their care. ADDS will attempt to resolve questions and objections to the satisfaction of the individual while also considering the institution's best interest.
2. Examples of the types of action that could violate the federal false billing laws include but are not limited to:
 - A) Filing a claim for services that were not rendered or were not rendered as described on the claim form;
 - B) Filing a claim for services that were rendered, but were medically unnecessary;
 - C) Submitting a claim containing information you know to be false; and
 - D) Misusing Social Security or Medicare symbols, emblems or names in marketing.
3. In addition, billing personnel should refer to specific departmental policies and procedures for guidance regarding reimbursement and billing practices.

Coding

It is the policy of ADDS that coding changes on bills or accounts can and will only be made if the records documentation supports making the changes.

Conflict of Interest

No employee of ADDS may have employment, consulting or other business relationship with a competitor, customer or supplier, or invest in any competitor, customer or supplier (except for moderate holdings of publicly traded securities) unless disclosure is made to the Executive Director and the Compliance Officer. The Executive Director and the Compliance Officer makes these disclosures to the Board of Directors and the Ethics Commission for the State of Missouri.

Acceptance of Business Courtesies

1. ADDS employees should never accept anything of value from someone doing business with the Agency or someone whose services are subject to the Agency's review. To avoid even the appearance of impropriety, the acceptance of gifts or gratuities is not permitted.
2. An employee may accept meals, drinks or entertainment only if such courtesies are unsolicited, infrequently provided and reasonable in amount. Such courtesies must also be directly connected with business discussions. ADDS employees are not permitted to accept reimbursement for lodging or travel expenses or free lodging or travel without the express written approval of the Executive Director unless such lodging

and travel reimbursement is required by contract (e.g. training for computer systems, technological equipment, etc.).

Charitable Contributions

All charitable contributions received from individuals and organizations must directly benefit ADDS. Under no circumstances may a check be made payable to an individual ADDS staff person. Under no circumstances shall donations be accepted that require ADDS to use the donation to purchase supplies or other goods and services from the vendor or persons making the contributions.

Use of Cannabis (Marijuana/THC/CBD) on all ADDS Premises and During Work Hours:

ADDS prohibits the following actions for all employees. This includes employees who hold an active Medical Cannabis Card:

1. ADDS prohibits employees from being ***under the influence*** of cannabis, marijuana, THC, CBD and any other cannabis derivative while employees are on the clock.
2. ADDS prohibits ***the use*** of cannabis, marijuana, THC, CBD and any other cannabis derivative while employees are on the clock.
3. ADDS prohibits employees from ***possessing or purchasing*** cannabis, marijuana, THC, CBD and any other cannabis derivative while on the clock for the duration of the scheduled shift.
4. ADDS prohibits employees from ***possessing or purchasing*** cannabis, marijuana, THC, CBD and any other cannabis derivative on ADDS premises or ADDS owned vehicles.
5. ADDS prohibits employees from ***selling or distributing*** cannabis, marijuana, THC, CBD and any other cannabis derivative on ADDS premises.

Amendment 3 allows employers to discipline, discharge, refuse to hire or otherwise take adverse employment action against a person who works while under the influence of marijuana.

ADDS maintains the right to enforce a zero-tolerance policy for employees and prospective employees who test positive for recreational marijuana use.

Marijuana, THC, CBD and any other cannabis derivative products include but are not limited to:

1. Edibles
2. Tinctures

3. Vape Pens
4. Vaporizers
5. Dabbing
6. Blunts
7. Joints
8. Pipes

Sexual Harassment

To provide a productive and pleasant working environment, it is important that we, Audrain Developmental Disability Services (ADDS), strive to maintain a workplace characterized by mutual respect. Accordingly, sexual harassment in our workplace will not be tolerated.

1. Sexual Harassment

A) Sexual harassment consists of interaction between individuals of the same or opposite sex that is characterized by unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- i. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, living conditions and/or educational evaluation;
- ii. Submission to or rejection of such conduct by an individual is used as the basis for tangible employment or educational decisions affecting such individual; or
- iii. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or educational environment.

2. Unwelcome sexual conduct is conduct that is sufficiently severe or pervasive as to alter the conditions of education or employment and create an environment that a reasonable person would find intimidating, hostile or offensive. The determination of whether an environment is "hostile" must be based on all of the circumstances. These circumstances could include the frequency of the conduct, its severity, and whether it is threatening or humiliating.
3. It is a violation of this policy to engage in retaliatory acts against any employee or client who reports an incident of alleged sexual harassment, or any employee or client who testifies, assists or participates in a proceeding, investigation, or hearing, relating to such allegations of sexual harassment.
4. Prohibited Activities: Sexual harassment has been defined as a form of sex discrimination, consisting of unwanted sexual advances that would create a hostile work environment. Examples of prohibited sexual harassment include:

- A) Supervisors or managers explicitly or implicitly suggesting sex in return for hiring, compensation, promotion, or retention decisions.
- B) Verbal or written sexually suggestive or obscene comments, jokes, or propositions.
- C) Unwanted physical contact, such as touching, grabbing, or pinching.
- D) Displaying sexually suggestive objects, pictures or magazines.
- E) Continual expression of sexual or social interest after an indication that such interest is not desired.
- F) Conduct with sexual implications when such conduct interferes with the employee's work performance or creates an intimidating work environment.
- G) Suggesting or implying that failure to accept a request for a date or sex would adversely affect the employee, with respect to a performance evaluation or promotion.

5. How to Manage a Complaint:

- A) To take appropriate corrective action, ADDS must be aware of sexual harassment or related retaliation. Therefore, anyone who believes that he or she has experienced, witnessed sexual harassment, or related retaliation, should promptly report such behavior to their Program Coordinator/Manager or the Human Resource Manager.
- B) All reports or complaints shall be made as promptly as feasible after the occurrence. (A delay in reporting may be reasonable under some circumstances, as determined on a case-by-case basis. An unreasonable delay in reporting, however, is an appropriate consideration in evaluating the merits of a complaint or report.).
- C) Any Program Coordinator/Manager who experiences, witnesses, or receives a written or oral report or complaint of sexual harassment or related retaliation shall promptly report it to their supervisor or the Human Resource Manager. This section of the Policy does not obligate a supervisor who is required by the supervisor's professional responsibilities to keep certain communications confidential (e.g., a professional counselor) to report confidential communications received while performing those professional responsibilities.
- D) An employee who feels that he or she has been harassed is strongly urged to immediately bring the subject to the attention of his/her supervisor or to the Human Resource Manager. Inquiries and/or complaints will be investigated as quickly as possible. Any investigation will be conducted in a confidential manner as is compatible with a thorough investigation of the complaint.
- E) ADDS will do everything consistent with enforcement of this policy and with the law to protect the privacy of the individuals involved and to ensure that the complainant and the accused are treated fairly. Information about individual complaints and their disposition is considered confidential and will be shared only on a "need to know" basis.

6. **Retaliation Prohibited:** This policy seeks to encourage persons served, supervisors, and all employees to express freely, responsibly, and in an orderly way opinions and feelings about any problem or complaint of sexual harassment. Retaliation against persons who report or provide information about sexual harassment or behavior that might constitute sexual harassment is also strictly prohibited. Any act of reprisal, including internal interference, coercion, and restraint, by an employee of ADDS or by anyone acting on behalf of ADDS, violates this policy, and will result in appropriate disciplinary action.
7. **Investigation:** Reports or complaints under this policy shall be addressed and resolved as promptly as practicable after the complaint or report is made. Ordinarily, investigations and reports should be completed no later than 90 days following the receipt of a complaint.
8. **Discipline:** Any employee found to have harassed another employee or applicant for employment will be subject to appropriate disciplinary action, including reprimands, suspension, or termination of employment.
9. A person committing sexual harassment may also be held legally liable for his or her actions under applicable law.
10. This sexual harassment policy shall not, however, be used to bring frivolous or malicious complaints against a person receiving services, co-workers, and other employees. If a complaint has been made in bad faith, as demonstrated by clear and convincing evidence, disciplinary action may be taken against the person bringing the complaint.

TRANSPORTATION & VEHICLE SAFETY

Driving Policy

1. Purpose: To increase employee safety and eliminate unnecessary risks associated with driving, Audrain Developmental Disability Services (ADDS) has enacted this Driving Policy for all employees operating a personal or company vehicle for company business or company-related travel.
2. Background: Numerous studies have demonstrated how the use of cell phones, Global Positioning Systems (GPS), smart phones, and other electronic devices while driving pose a significant safety risk. Some studies have shown that use of these devices while driving can increase the risk of being involved in a motor vehicle accident by 4 to 5 times.
3. Policy: When driving on company business in a personal or company provided vehicle, employees may not use cell phones, GPS, smart phones, or any other mobile electronic devices while operating a motor vehicle.
 - A) This includes but is not limited to answering phone calls, text messages, instant messages, making phone calls, reading or typing emails, or programming a GPS device.
 - B) These restrictions do not apply to calls made to report an emergency. In all such cases, all cautionary measures should be practiced.
 - C) It is mandatory for all employees and passengers to wear seat belts when operating a personal or company vehicle on company business. All employees will sign the Seatbelt Policy annually.
4. Procedure:
 - A) Drivers should consider turning off, or putting on vibrate/silent, their wireless phones before starting the car and while driving.
 - B) Drivers should pull over to a safe place and put vehicle in “park” if a call must be made or received.
 - C) Drivers should pull over to a safe place and put vehicle in “park” if emails need to be checked, if an onboard GPS system needs to be adjusted, or if using any mobile electronic device.
 - D) When possible, pull off a busy road to a parking lot or off ramp, especially if on a narrow shoulder.
 - E) When pulling to a safe place, the use of hazard lights may be warranted.

5. Violations: ADDS is concerned about the well-being and safety of employees while operating a motor vehicle. This is important and violations of this policy will be considered serious and may result in disciplinary action up to termination.

Seat Belt Usage Policy

1. Audrain Developmental Disability Services recognizes that seat belts are extremely effective in preventing injuries and loss of life when operating or occupying a motor vehicle.
2. It is the policy of Audrain Developmental Disability Services, and a condition of employment, that all employees who operate or ride in company vehicles; or operate or ride in personal vehicles on company business or Agency premises, wear properly fastened and adjusted seat belts, shoulder harnesses, and other such similar equipment when provided in the vehicle or equipment they are operating or riding in.
3. “Operating” and “riding in” are to be defined as occupying a moving vehicle or moving equipment.
4. Employees are required to report any malfunction of seat/shoulder belts, and to have this equipment repaired or replaced as soon as possible after its discovery. If a safety device is deemed non-functional, it must be replaced before operation if that safety device is required for transportation, or it must be marked to identify that seating will not be utilized until the repair is made.
5. Failure to abide by this policy could result in disciplinary action or, in the event of an injury, a reduction in workers’ compensation benefits.

Use of Protective Devices on Agency Property and During Agency Time

1. Devices covered: Bicycles, ATVs (All-Terrain Vehicles), Mopeds, Electric Scooters, Manual Scooters, Skateboards, Hoverboards or similar personal mobility devices, and any other wheeled or motorized personal transportation device.
2. Protective Equipment Requirements
 - A) Helmets
 - i. A properly fitted, safety-approved helmet **must be worn at all times** when operating or riding any covered device.
 - ii. Helmets must meet recognized safety standards (e.g., CPSC-approved or equivalent).
 - B) Additional Protective Gear (Strongly Encouraged / Required When Applicable)
 - i. Depending on the device and activity, the following may be required or strongly recommended: Knee pads, elbow pads, wrist guards, closed-toe shoes

C) ATVs and Mopeds

- i. Helmet use is mandatory
- ii. Additional protective gear may be required based on manufacturer guidelines, terrain, or activity risk.
- iii. Use must be approved by agency leadership prior to operation during agency time.

3. Use During Agency Time

A) Covered devices may only be used during agency time if:

- i. The use is approved by agency leadership or part of a planned activity.
- ii. Required protective equipment is worn.
- iii. The individual demonstrates appropriate safety awareness and ability.

B) Recreational use during agency time may be restricted or prohibited based on safety concerns.

4. Use on Agency Property

A) All individuals operating covered devices on agency property must comply with this policy, regardless of whether the activity occurs during agency time.

B) Devices must be operated safely, at reasonable speeds, and in designated or appropriate areas only.

5. Non-Compliance

A) Failure to comply may result in:

- i. Immediate removal from the activity
- ii. Loss of privileges related to device use
- iii. Corrective action for staff, consistent with agency policy

B) Repeated or serious violations may require further review.

Vehicle Usage Policy

1. All agency vehicles will be fueled each weekend so that they are full on Monday morning.
2. Under no conditions will agency vehicles be used for the personal business of anyone. Agency vehicles are to be used only for carrying out the business of Audrain Developmental Disability Services (ADDS).
3. The Program Coordinator/Manager will establish a system for the convenient availability of keys. All staff will rigorously follow the system.

4. Staff will continue to document all trips and mileage for all agency vehicles under the present system for doing so.
5. Before returning the agency vehicles after usage, refuel if below half tank, and remove all trash, paper, cups, food wrappers, clean up spills, etc.
6. Only ADDS employees who possess a proper chauffeur's license, Class E, will drive vans. Employees' family members and/or friends may neither drive nor ride in agency vehicles without prior approval from the Executive Director.

Vehicle Maintenance Plan

1. The goals of the vehicle maintenance program of Audrain Developmental Disability Services are to provide safe, reliable, and high-quality transit service while making maximum use of financial resources. The purpose of the maintenance plan is to provide consistent, systematic and integrated program guidance that will enable Audrain Developmental Disability Services to properly maintain and service its vehicles in support of revenue operations. An effective maintenance plan ensures safe, clean and comfortable transit vehicles on the road and maximizes transit vehicle life.
2. Agency Policies and Procedures
 - A) Audrain Developmental Disability Services operates under the guidance of Policies and Procedures which have been reviewed and passed by its governing Board of Directors. All agency employees have copies of the agency policies and procedures and are aware of their rights and responsibilities as represented in this document.
 - B) Audrain Developmental Disability Services policies and procedures reflect compliance with all applicable regulatory requirements as provided by the Federal Transit Administration and the Missouri Department of Transportation.
3. Inventory of Assets
 - A) Audrain Developmental Disability Services maintains an accurate, current inventory of all transit assets. Audrain Developmental Disability Services sets its own replacement schedule; however, the State DOT establishes the minimum useful life for vehicles.
 - B) Occasionally, vehicles remain on the asset list and are used as back-up vehicles or in transit operations (if mechanically sound and presentable) even though they may have past the required useful life.
4. Preventive Maintenance (PM)

- A) Regular maintenance is performed at pre-scheduled cycles to ensure optimal performance, efficiency, safety, and reliability of assigned equipment by a qualified staff person in each of our Audrain Developmental Disability Services locations. Preventive maintenance is based on the manufacturer's suggested recommendations.
- B) Preventive Maintenance Check Sheets are completed by an authorized mechanic at the time of PM service. This information is recorded on the Vehicle Maintenance Scheduling Worksheet. The Vehicle Maintenance Scheduling Worksheet will alert when the next PM schedule is to be performed. This information will be given to all qualified staff members responsible for PM service in each of our Audrain Developmental Disability Services locations.

5. Individual Maintenance Records

- A) Individual maintenance records will be kept for each vehicle. All maintenance performed on the vehicle will be recorded and maintained for as long as Audrain Developmental Disability Services owns the vehicle.

6. Monthly Inspections

- A) Specific procedures are outlined and monitored to ensure that all vehicles are inspected prior to the transit vehicle being put into service. A qualified staff member in each of our Audrain Developmental Disability Services offices perform a comprehensive checklist of essential maintenance elements and record the results on the designated monthly inspection form.
- B) Monthly inspection sheets are turned into the Transportation Coordinator and monitored for completion and any noted defects.

7. Wheelchair Lift Inspection and Maintenance

- A) The monthly inspection form includes inspection of wheelchair lifts. In compliance with the requirements of the Americans with Disabilities Act (ADA), monitoring of all wheelchair lifts is included as part of the monthly inspection and maintenance will include replacement of worn components and all adjustments as necessary for peak performance.
- B) Every three years the MODOT Vehicles with lifts will be taken to an outside company, who specializes in lift repair, to be inspected.

8. Vehicle Breakdown

A) In the event of a transit vehicle breakdown, a spare unit will be provided to replace the disabled vehicle as soon as possible. Backup vehicles are not immediately available in all locations. However, efforts will be made to have a replacement vehicle in place as soon as it is reasonably possible to do so. Having a vehicle available for each scheduled route is a priority for Audrain Developmental Disability Services. *See Vehicle Breakdown Policy in Health and Safety.*

9. Warranty Recovery

A) Vehicle and parts warranties will be monitored to ensure that vehicle equipment and parts are repaired and maintained under the manufacturer's warranty. Warranties are monitored for expiration and where the item should be serviced, so that problem can be addressed by the appropriate source and any concerns can be taken care of before the warranties expire.

10. Vehicle Servicing

A) Vehicles will be monitored for interior and exterior cleanliness. This will include periodic cleaning as well as more thorough cleaning as needed. Exterior washing will be done as weather conditions allow.

11. Vehicle Storage

A) Efforts are made to ensure that vehicles are stored in as safe and secure an area as possible.

12. Operator Training

A) Audrain Developmental Disability Services makes every effort to have reliable, responsible, safe, courteous, and well-trained drivers. Audrain Developmental Disability Services conducts background checks on all employees prior to a final hiring decision. Audrain Developmental Disability Services provides training and conducts a driver's orientation upon hiring. Audrain Developmental Disability Services requires drivers to maintain a Class E driver's license.

13. Emergency Equipment on Vehicles

A) Emergency equipment is located on all agency vehicles and is inspected as part of the monthly inspection. Fire extinguishers with an ABC rating are located within each vehicle and are tested yearly. Additional emergency equipment on board each vehicle includes: a first-aid kit; seatbelts and a seat belt cutter; jumper cables; blanket; a spare tire, jack, and lug wrench.

14. Accident/Incident Reporting

A) Audrain Developmental Disability Services employees are required to report all accidents and incidents. Report forms are available for this purpose (Attachment D). Notification procedures have been established so that drivers are aware of whom to contact in case of an accident or emergency. Audrain Developmental Disability Services employees are also aware of the drug testing requirements in certain accident situations.

15. Responsibility for Vehicle Maintenance Program

A) The Transportation Coordinator of Audrain Developmental Disability Services is responsible for the administration of the Vehicle Maintenance Program.

Vehicle Maintenance Schedule

1. Check oil each time vehicle is refueled and seek assistance from Supervisor if more than one quart low.
2. Always check gauges and dash indicator lights for problems. If a problem is indicated or suspected, report the problem to the Program Coordinator/Manager, who will then contact the Maintenance Department.
3. By June 1st each year, have air conditioning and cooling system checked for summer readiness.
4. By October 15th of each year, take vehicle in to have antifreeze, battery, fan belts, and tires checked for winter readiness.
5. Every three (3) months or 3,000 miles, whichever comes first, each van will need a lubrication job, and the oil and filter changed or as determined by the Director of Maintenance in accordance with factory recommendations.
6. The Director of Maintenance shall be responsible for ensuring that warranty repairs are made at no cost to ADDS. All recall issues shall be directed to the Director of Maintenance and scheduled for service as directed by guidelines or as needed.
7. Vans should be washed and waxed in a drive-through car wash at least once per month as needed; more often if needed at the Supervisor's discretion. COVID-19 procedures for cleaning surfaces should be followed as needed.
8. If a van is hard to start, dies after starting, or runs rough, it probably needs a tune-up. Program Coordinator/Manager should have it checked.
9. Any strange noises or vehicle reactions should be reported promptly to the Program Coordinator/Manager.

10. Please drive carefully, obey all traffic laws, and keep our vans clean, safe, and in good working order.

Daily Operation Performance Sheet/ Vehicle Maintenance Form

1. Daily Operation Performance Sheet:

- A) The daily operation performance sheet is to be used on a daily basis for any employees who are using that vehicle.
- B) Any problems need to be reported to the supervisor immediately, as any troubleshooting should be addressed immediately.

2. Vehicle Maintenance Form:

- A) As needed, the Vehicle Maintenance Form is to be filled out when there is a maintenance problem with one of the vehicles.
- B) This form is to be given to the supervisor for this issue to be addressed.
- C) Types of issues that could be addressed with this form are:
 - i. Preventive maintenance;
 - ii. Regular inspections; or
 - iii. Any repairs that need to be performed.

Transportation Policy for Work/School

1. Audrain Developmental Disability Services (ADDS) can provide transportation for some individuals to and from school and work as authorized by the Executive Director or his designee. Currently transportation is being provided to and from the Handi-Shop for some adults on a regular basis and has been provided to and from the Children's Therapy and Early Education School, in the past, for some preschool children.
2. Any individual receiving transportation services from ADDS to the Handi-Shop is required to complete a "Transportation Sheet" providing details regarding emergency contacts as well as details regarding work schedule.
3. Children receiving transportation services through ADDS are required to complete a separate "Transportation Sheet" providing permission for transportation as well as emergency contact information and scheduling needs.

4. Both of these forms are maintained in notebooks in the transporting vehicle for easy accessibility for the driver.
5. ADDS has the authority to discontinue provision of transportation for any individual if conditions warrant and the decision is made by the Executive Director.

Transporting Persons Receiving Services

1. Class E Chauffeur's License: All employees of Audrain Developmental Disability Services (ADDS) are required to have a State of Missouri Class E Chauffeur's License.
2. Training: Employees are required to attend the Defensive Driving Course and Wheelchair Securement training offered by ADDS and sponsored by Missouri Employers Mutual (ADDS' workers' compensation company).
3. Age Restrictions for Drivers Per Insurance Carrier:
 - A) No driver under the age of 21 (this applies to all agency vehicles).
 - B) No driver under 25 or over 74 is eligible to drive the 15 passenger large shuttles.
 - C) No driver over the age of 79 unless special exceptions are met.
4. Safe Driving Record: Employees must have a safe driving record. An initial background check will be acquired before your hire date, then twice a year background/driving record check will be performed on each ADDS employee.
5. Liability Insurance:
 - A) All employees must obtain coverage on their personal vehicle for the amounts of liability at \$100,000 / \$300,000 / \$100,000.
 - B) All ADDS employees are required to provide proof of insurance to the ADDS Administrative Office unless other arrangements are made with ADDS administration.
 - C) A copy of proof of valid and current insurance is placed in each employee's file.
6. Violations: It is the employee's obligation to report any driving violations and/or restrictions immediately to the supervisor. Failure to provide this information can result in termination.

7. Safety First: ADDS employees are required to follow all laws when transporting persons served, assure that the vehicle they are driving is safe, and make sure all passengers in the vehicle are properly using their seatbelts.
8. Accessibility: Reasonable accommodations shall be made for those riding in ADDS vehicles with disabilities in accordance with the Americans with Disabilities Act of 1990 and ADDS Title VI Plan.

Transportation Zone: Non-Emergency Transportation

1. ADDS utilizes either Google Maps or MapQuest to determine the accurate calculation of trip miles.
2. ADDS provides services under Zone 1 for A0110 for non-emergency transportation. Zone 1 includes round trips of 10 miles from starting to end point. Anything over 10 miles (i.e. 10.01 miles) will be considered Zone 2.
3. Service Unit: Per trip; Maximum Units of Service: 2 units per day.
4. Documentation Requirements: Transportation providers must maintain service documentation as described in Section 3 of this manual, as well as individual trip records for each individual transported, mileage or zone records of miles or zones provided and accurate records of transportation costs.

Automobile Accidents/ Emergency Procedures

1. Policy: If a staff member of Audrain Developmental Disability Services (ADDS) becomes involved in an automobile accident during the conduct of their duties, they shall summon the police or sheriff to the site immediately.
 - A) They shall contact the Mexico Public Safety Department for accidents which occur within the city limits, or the Audrain County Sheriff's office or the State Police, for accidents which occur outside the city limits.
 - B) The ADDS staff member shall follow this procedure whether the accident involves a vehicle owned by ADDS or a vehicle which the employee owns and uses for ADDS activities.
 - C) ADDS provides liability insurance which covers all staff when they drive the ADDS vehicles or their own vehicles on behalf of the ADDS program, but all employees must have their own insurance, as per Missouri Law, on their own vehicles.
2. Procedure:

- A) Obtain medical aid for anyone injured. If necessary, summon an ambulance to transport the injured to the nearest hospital.
 - B) Summon an appropriate law enforcement offer.
 - C) Obtain the names, addresses, telephone numbers, and insurance companies of any drivers or other persons involved.
 - D) Report the accident and relevant information to the administrative staff and the appropriate Program Coordinator.
3. Emergency Bags: All ADDS vehicles are equipped with an Emergency Bag that should be used in the event of an Emergency. The ADDS transportation office is responsible for ascertaining the presence of the Emergency Bag in each ADDS vehicle. Within that kit is a flashlight, extra batteries, first aid kit, booster jumper cables, bottled water, snack, gloves, and blanket.
4. “To Go” Bags: Each facility is also equipped with a “To Go” emergency bag. Each Program Coordinator/Manager is responsible for ascertaining the availability of “To Go” bags for ADDS staff members in their program/facility. This kit is to be taken on all trips when employees use their personal vehicles. The bag includes flashlights, first aid kit, hand wipes, water, snack and a blanket. (See To Go Bag Policy).

Emergency “To Go” Bags

1. Policy: Each Program Coordinator/Manager is responsible for creating and maintaining a “To Go” bag for the use of staff members.
 - A) This bag will be made available to any ADDS staff member who is transporting a person served in their own vehicle.
 - B) Agency vehicles should already be equipped with an emergency bag.
2. Contents: The “To Go” bag should include the following at a minimum:
 - A) Blanket (small, lightweight emergency blanket)
 - B) Flashlight with extra batteries
 - C) Hand wipes
 - D) Latex Gloves
 - E) First Aid Kit (Make sure this is always up to date with supplies.)
 - F) Water

G) Nonperishable snack food, such as crackers (Make sure this is always up to date and securely sealed.)

3. Updates:

A) A form should be included in the “To-Go” bag that is personalized to the person served for each trip as needed. This form should indicate the emergency information of the person served being transported.

B) The supplies in this “To-Go” bag must be updated as needed and the water and non-perishable snacks changed as needed.

CASE RECORDS MANAGEMENT

Program Coordinator and Master Record Policy

1. Residential Program:

- A) When a person served is a resident of a residential program of Audrain Developmental Disability Services (ADDS), the director of that facility is designated as the Program Coordinator/Manager and maintains the Master File in that facility or the individuals profile in Therap.
- B) If and when other departments in the Agency provide services to that person, then working records and electronic records are maintained for the person at that location.
 - i. These records will be placed in the Master File or scanned into the individuals profile in Therap. All records in the Master File, Therap, and working files will be maintained in a secure manner. (See Security in Handling of Files and Filing.)

2. Developmental Training Center: When a person served is enrolled in the Developmental Training Center (DTC) and is not a resident of one of the residential programs, the DTC Program Director is designated as the Program Coordinator/Manager and maintains the Master File or individual Therap profile.

3. Targeted Case Management: The Targeted Case Management office is responsible for maintaining appropriate working records and electronic records for persons served on their caseload. The Support Coordinator assigned to each person served is responsible for maintaining a Master File in that office.

4. Transferred Placement:

- A) When a person served has transferred placement from one residential facility to another, the Master Record and all outdated records will follow the person receiving services.
- B) The Program Coordinator/Manager of the residential facility that the person transfers will become the new Program Coordinator/Manager and will be responsible for the Master Record.
- C) The Program Coordinator/Manager from the previous ADDS residential facility will be responsible for completing the Transition/Discharge Summary and Follow-Up Reports as required and transfer reports to the new Program Coordinator/Manager to place in the Master Record.

Information Release

1. Policy: Audrain Developmental Disability Services (ADDS) will not release information about persons served except with approval of the program coordinator/manager and specific authorized release to the person served or legal guardian upon the following:
 - A) When authorized by person served/guardian signing release of information;
 - B) To agencies responsible for providing services to persons served;
 - C) For studies or research project (no information that would personally identify the person served may be released);
 - D) To the courts under Chapters 211, 475, 552, or 632 (Juvenile Guardianships, Criminal Insanity,
 - E) Involuntary Commitment;
 - F) To public safety or medical services (may be released only once);
 - G) By court order;
 - H) To an attorney under Chapter 632 (Involuntary Commitment);
 - I) To Missouri Department of Social Services Family Support Division regarding client abuse, neglect, or rights violation.
2. Documentation: When information is released, documentation must include date information was released; Nature of release (verbal, documents, etc.); Purpose of release; Name of person/agency information/agency that information was released to.
 - A) When authorized by the person served/guardian, the signed release forms will specify the information released, with a time limitation.
 - B) Any release of confidential information is authorized by the person served and/or guardian. This information may be stated on a signed Release of Information Form or stated in the individual's file somewhere.

Person Receiving Services Record Access

1. Persons Served / Guardians: Persons served by Audrain Developmental Disability Services (ADDs), or their legal guardians may have access to any of their records, files, or reports upon their own request.
2. Gained Access Form: When a person served has used the organization's procedure to gain access to his/her own record, a Gained Access form will be completed and placed in the file of the person served.
3. Family: Unless legal guardianship has been obtained, parents and family members do not have access to any records, unless a written authorization release form has been signed by the person served or his/her legal guardian.
4. Copying: Records may not be taken from the office or facility. Any part of the records may be copied for the person served or their legal guardian. In the event of an excessive number of pages requested, a charge of ten cents (or reasonable amount) per page will be imposed to cover the cost of reproduction. This policy is strictly limited to the person served or their legal guardian.

Access To Information Without Release

1. Audrain Developmental Disability Services (ADDs) shall disclose information and records to the following, upon their request, without signed release, only after authorization by the appropriate Program Coordinator/ Manager:
 - A) Person receiving services;
 - B) The legal guardian of the person receiving services;
 - C) An attorney appointed to a case regarding the person receiving services;
 - D) Any ADDs staff or Board Member working directly with the person receiving services, on a "need to know" basis;
 - E) Missouri Protection and Advocacy when a complaint has been received regarding a person receiving services by the agency. They may only see records pertaining to the incident being investigated and may not have repeated access to the file.
2. Access to records for a person receiving services in multiple programs must be cleared by the Program Coordinator of the specific program, even though the person requesting access works directly with the person receiving services.

Handling Of Filed and Filing

1. Access:

- A) The Program Coordinator/Manager for each service unit of Audrain Developmental Disability Services (ADDS) shall be responsible for the control of case records, for information contained therein, for keeping records current, and for implementing and maintaining case records policies and procedures.
- B) All case records should be requested from and returned to the Program Coordinator/Manager.

2. Removal:

- A) Under no circumstances should a case record be removed from the program facility premises without the approval from the appropriate Program Coordinator/Manager.
- B) Upon approval, the Program Coordinator/Manager will keep a written record of:
 - i. Name of the person checking out case records,
 - ii. Check out time and date,
 - iii. Purpose for removing the case record,
 - iv. Name or number of case record, and
 - v. Check in time of case record.
- C) In general, removal of a case record from the facility and/or from the direct oversight of the Program Coordinator is strongly discouraged.
- D) Security: All case records and working files are maintained under double locks. Electronic Files are backed up and kept separate from the originals. All electronic records are password protected.

Subpoena Policy

- 1. Audrain Developmental Disability Services (ADDS) does not release personally identifying information about our staff or persons served except in limited instances related to law, security, safety, or the express permission of a person served.
- 2. To request staff or person receiving services information from ADDS in a civil case, a copy of a valid subpoena, or court order, should be addressed to ADDS.
- 3. ADDS reserves the right to object to the subpoena on any applicable grounds.

Record Retention

1. Seven (7) Years:
 - A) Generally, most records require retention of seven years.
 - B) However, retention rules vary for some types of records.
 - C) Some records are required to be retained permanently.
 - D) If in doubt regarding rules for specific program areas, please check with the Executive Director before disposing of any records.
2. Discharged records:
 - A) Discharged records will be filed in the designated area at the appropriate program facility and will be retained at that facility for three (3) years until being transferred to the administrative office until the retention period (seven years) expires.
 - B) Each Program Coordinator/Manger will be responsible for seeing that these records are pulled regularly and assured they are filed in the proper area.
 - C) Discharged records will still be subject to regulations concerning confidentiality and will not be released without written permission.

Working Records Procedure

1. The following records will be required for Therap for persons served by the Developmental Training Center (DTC) monthly:
 - A) Monthly Medication Records
 - B) Monthly Seizure Records
 - C) Monthly Progress Reviews for Non-Waiver Individuals
 - D) Semi-Annual Reviews
 - E) Behavior Management Plan Data Sheets
 - F) Incident Reports—Injury/Behavioral
 - G) Exit/Discharge Reports as Appropriate
 - H) Referral Forms
 - I) Miscellaneous Records of Importance

2. The following records will be provided to the designated holder of the Master File for persons served by ADDS Targeted Case Management Services on a monthly/ quarterly/ yearly basis:
 - A) Quarterly reviews
 - B) Person-Centered Support Plan (PCSP)
3. The following records will be available on Therap for the persons served by ADDS DPM (Degreed Professional Manager) monthly:
 - A) Monthly summaries
 - B) Some records may still be placed in the Master File under a working records section if applicable

Policy On Entries into Case Records

1. The following is a list of time frames for placing information in the case record of each person served by Audrain Developmental Disability Services (ADDS). Each item listed may not necessarily be included in all case records, as some entries pertain only to certain programs. Entries not listed will be made within 30 days of the event or completion of the form.

Form Time of Entry in Record

- A) Initial Contact Form Within 30 days of placement
- B) Intake Form Required before admission into program
- C) Consent for Placement Within 30 days of placement
- D) Introductory Information Within 30 days of placement
- E) Case Identification Sheet Within 30 days of placement
- F) Person-Centered Support Plan 45 days from PCSP date
- G) Progress on PCSP Objectives As stated in objectives
- H) Monthly/Quarterly Reviews Within 15 days of review
- I) Semi-Annual Reviews Within six (6) months of PCSP start date
- J) Behavior Management Plans Documented as outlined in each plan
- K) Inventory of Possessions Within 30 days of placement; additional items as acquired
- L) Photograph of Person served Within seven (7) days of admittance as needed thereafter
- M) Progress Notes Recorded by each staff
- N) Counseling Statements Within 48 hours of completion of forms
- O) Release of Information Forms Within 24 hours of release of information
- P) Referral Forms Within 30 days of referral
- Q) Assessment Tools Within 30 days of placement; annually thereafter
- R) Doctor's Orders At least every 90 days
- S) Physician/Medical Consultation Appt. Within 48 hours
- T) Medical Reports (lab results, etc.) Within two (2) weeks of appointment

- U) Medical Information/Nurse Notes No less than monthly
- V) Medication Administration Charting Immediately following admin. or distribution
- W) Incident/Injury Reports Within 24 hours of incident
- X) Exit/Discharge Summaries Within seven (7) days following discharge
- Y) Follow-Up Summaries Annually for two (2) years
- Z) Authorization for Assessment Prior to placement

Case Records Review/Safety Committee and Review Plan

1. Policy: To assure that individual case files in each service unit of Audrain Developmental Disability Services (ADDs) are clear, concise, complete, and current, a Case Records Review/Safety Committee will be established.
 - A) This committee will consist of Program Coordinators/Managers from each service unit (Day Program Services, Residential Services, Director of Health Services (If available) and Community Living Programs) with one (1) appointed as chair.
 - B) The Committee shall be responsible to the Executive Director.
2. Quarterly Review: To assure the accomplishment of its goals, the following steps will be taken:
 - A) The Case Records Review/Safety Committee will meet quarterly and review at least one (1) or two (2) active files from each program.
 - B) The Committee will review at least one or two active and current master files and/or Therap documents and one (1) suspended/discharged case file, when applicable, from each program: Harvey House, Breckenridge Heights, C.T. Loyd Apartments, ISL's (at least one active file), Community Living Programs (at least one active file), and Developmental Training Center.
 - C) Program Coordinators/Managers will not participate in reviewing case files within their own program.
 - D) A case records checklist will be completed for each file reviewed and given to the Case Records Review Safety Committee Chairperson after each meeting.
3. Corrections:
 - A) The Chairperson or designated committee member of the Case Records Review/ Safety Committee will provide a written report noting corrections to be made and submit to each Program Coordinator/Manager.

- B) The Chairperson or designated committee member will track the number of files reviewed and needing action each quarter and will ensure that all corrections are reviewed and made.
- C) Discussion of the corrections needed will be held at the upcoming quarterly meeting unless it needs to be held sooner.

4. Quarterly Report:

- A) The Chairperson or designated committee member will provide written details of each quarterly review to the Executive Director.
- B) The committee will review annually the results of follow-ups and share their results and recommendations with the Executive Director.

5. Annual Reviews:

- A) At least annually, the Committee will set aside time to review policies and procedures concerning case records and discuss general concerns in this area.
- B) Any suggested changes or recommendations should be brought to the Executive Director's attention.
- C) At least annually, the policies/procedures and follow-up data concerning case records will be reviewed by the Committee.

FINANCE AND BUDGET POLICY AND PROCEDURES

Budget Policy

1. Input will be obtained from each Program Coordinator/Manager of Audrain Developmental Disability Services (ADDS) for anticipated expenditures for that year's operations. The Executive Director will compile the expenditure and income information to develop the year's budget and present it to the Board, who must formally adopt the budget for it to become the official budget.
2. If the budget for the upcoming year is not completed prior to the end of the present year, the existing annual budget will be readopted at the December Board meeting and will serve as a temporary budget until the approved budget can be adopted.
3. It is a legal given in Missouri that until a public body's new budget is approved, the previous budget is the legal budget for public entities. This provision of law is so that no agency is ever without a budget.

Donations and Contributions Policy

1. Donations and contributions will be acknowledged by a letter from the Executive Director.
2. It will be noted that Audrain Developmental Disability Services (ADDS) is a government entity, therefore, any donations or contributions will be tax deductible.

Management Information System

1. Operating reports, in a variety of areas, have been and will be generated and presented to the Board by the Executive Director to provide the Board with the consistent and accurate information on the overall status of Audrain Developmental Disability Services (ADDS).
2. Operating Report: The program Outcome Report originated in 1992. The first phase of the system included the three residential homes. The Developmental Training Center and the Independent Living Program produced reports during the second phase of implementation. The reports will be used and integrated into Agency planning.
3. Financial Statements: At each Board meeting (generally the third Thursday of each month) copies of computer-generated reports are presented to the Board as a part of the Treasurer's Report. These reports are then given to administrative staff at the administrative staff meeting, which takes place one (1) or two (2) days after each Board Meeting. The reports are:
 - A) Income and Expense Statement with Budget Comparison: Monthly breakdown of earnings and spending per month and year to date and budget comparison. on a quarterly basis a comparison of program income and expenses over time is shared with the Board and Management Staff.

- B) Treasurer's Report: Listing of cash assets on hand at the end of the previous month and a breakdown of earnings collected during that month, by source.
 - C) Annual Audits: Are compiled and presented to the Board upon completion by representatives of the C.P.A. firm which performs the audit. These audits are based on the January 1 to December 31 fiscal year and are constructed under the guidelines of the Single Audit Act.
 - D) Short- and Long-Term Plans: The Market Based plan has established short- and long-term plans for the agency. Documentation on progress being made on the objectives as set forth in the plan is an ongoing process. Reports on this progress are made to the Board of Directors on a regular basis. It is the intention of ADDS for the Market Based plan to be an ever-changing endeavor that will be modified and revised as new ideas are proposed and old objectives are obtained and/or determined to be obsolete.
 - E) Personnel Reports: Employee evaluations are completed annually on every employee of ADDS. Goals are developed for each employee to achieve during the next year. All evaluations are reviewed by the Executive Director. When job performance is substandard, employees are counseled by their supervisor. An Employee Counseling form, which reflects the contents and outcomes of the session, is completed by the supervisor. The Executive Director reviews all counseling forms. Any changes in personnel are discussed by the appropriate supervisor and the Executive Director and are announced to the Board of Directors at the next regularly scheduled board meeting as appropriate and necessary.
 - F) Annual Review of Employee Insurance Plans: ADDS will review employee health insurance plans annually and request a bid at least every two (2) years or more often if necessary.
4. Results of Program Quality Assessment: Quality assessments of all program areas of ADDS are performed on a quarterly basis as per the Quality Assessment Plan. A report of the outcome of each assessment and the corrections made is given to the Executive Director.

Note: Although this policy was written in December of 1991, the distribution of these reports at Board Meetings, in their present form, goes back to 1988 when the agency acquired a computer with Lotus Software.

5. Prior to the computer, "Income and Expense with Budget Comparison" was prepared by hand and distributed quarterly, going back to 1981. This written policy, therefore, merely reinforces Standard Operating Procedure.

Administration of Funds

1. Cash Control: Cash control is of the utmost importance because of its immediate availability. It is the asset most subject to following and controls misappropriation. To safeguard this important asset, the following controls are used by Audrain Developmental Disability Services (ADDS):

- A) Separation of the handling and recording of cash receipts to the extent practical in a small organization.
 - B) Daily deposit of all cash received.
 - C) All payments are made by check or authorized electronic payment.
 - D) Internal audit at regular intervals.
2. Insurance: All employees who handle cash or securities will be bonded and covered by adequate insurance to protect against losses.
 3. Daily Deposit: A daily deposit of cash prevents cash from lying around the office and being used for other than business purposes. Officers and employees are prohibited from borrowing from I.O.U.'s. This eliminates both the temptation of misappropriation of funds, and the risk of theft. The cash is also not sitting idle when the receipts are deposited daily. The bank's record of deposits is reconciled with the total deposits recorded in the agency's books. This provides an automatic check over the cash receipts by an outside agency.
 4. Payments: All payments are made by check or authorized electronic payment. Before payment of purchases and expenses, all statements are matched up with signed invoices and are properly approved by the Executive Director. All invoices being paid are made out to the company name. All checks must be signed by two of the following: Board Vice-Chairman, Board Treasurer, or Executive Director. All checks are prenumbered and all unused checks are kept in a safe place. The spoiled checks are voided to prevent them being used and kept on file for subsequent inspection. Checks will not be signed in advance of their use or before being fully made out.
 5. Electronic payments pre-approved by the Board shall be monitored via Commerce Bank's ACH Risk Manager Electronic Authorization tool by the Executive Director and one designated Board Member. Board approved online payments shall be generated by the Financial Manager and shall be limited by dollar amount and frequency. Any increases in maximum online payments must be authorized by the Board. Any unauthorized electronic payments shall be rejected by the Executive Director or designated Board Member.
 6. Reconciliation: monthly, a bank reconciliation is prepared for each checking account. The reconciliation reconciles the balance shown on the monthly bank statement with the balance shown on the agency books. Any discrepancies are brought to the attention of the Executive Director as soon as possible. Unresolved discrepancies will be reported at the next Board meeting.
 7. Working Capital: Working capital needs are forecast at the beginning of each year through the budget process. Anticipated cash needs are also forecast at this time. Any excess working capital available on a temporary basis is deposited into an interest-bearing money market checking account. Any funds available

on a longer term should be invested in Certificates of Deposit or other appropriate investments at an FDIC insured depository, determined by the Executive Director and Treasurer of the Board of Directors.

Security Pledge Policy

1. Audrain Developmental Disability Services (ADDS) will, as far as practical, deposit cash assets among financial institutions within the county.
2. For all deposits that would exceed the FDIC Insurance coverage limit (\$250,000) with any single financial institution, a security pledge sufficient to cover the amount in excess will be in place. Prior to making such deposits, the actual securities pledged will be personally verified by either the Treasurer, the Executive Director, or the Financial Manager, and a receipt for the pledged securities will be obtained and kept in the agency's financial files.

Procedures For Accounting/ Business Department

1. Bill Payments: All monthly statements of Audrain Developmental Disability Services (ADDS) will be paid by the 15th of the month. All statements will be matched up to signed invoices or receipts before a payment is made. All utility and telephone bills will be paid by the due date.
2. Payroll: Payroll for hourly and salaried employees will be paid every other week. Pay will be calculated from electronic timesheets or manual timecards if the employee works at a location without internet. Timesheets and timecards will be approved by the Coordinator/Program Director or supervisor.
3. Expense Payments: Expense bills should not be paid without evidence of the expenditure and Program Coordinator approval.
4. Delayed Payments: The Financial Manager is to clear up all questions about delayed payment or other unusual circumstances with the Executive Director.
5. Bookkeeping: Books will be closed monthly, and information delivered to the Board at its regular monthly meeting.

Wire Transfer Use

1. To provide clear policies and procedures, and prevent fraud, the auditors for Audrain Developmental Disability Services (ADDS) have requested that a wire transfer policy be authorized.
2. Only the Executive Director and the Financial Manager may make wire transfers and no wire transfer shall be authorized until both the Executive Director and the Financial Manager approve the same.

Accounting For Items Purchased or Ordered

1. When charging items at authorized businesses, employees of Audrain Developmental Disability Services (ADDS) will sign the tickets and state the program for which the items were purchased.
2. Tickets for personal spending monies will be signed by the employees and have the name of the person for whom the item was purchased written on the ticket.
3. All charge tickets, packing slips, etc. will be turned into the business office in a timely manner.

Employee Expense Reimbursements

1. Travel, lodging, and meal expenses will be reimbursed biweekly via the payroll system after presentation of an Employee Expense Account form with receipts attached.
2. All anticipated expenses will be authorized by the Program Coordinator/Manger or Executive Director of Audrain Developmental Disability Services (ADDS) before they are incurred.
3. Reimbursement claims should be submitted by the end of the month following the month in which the expense accrued. If not submitted by this date, the claim shall not be paid.

Credit and Debit Card Use

The Missouri Revised Statutes do not prohibit the use of credit cards and credit devices issued to a public entity such as Audrain Developmental Disability Services (ADDS). The use of the agency credit and debit cards and credit devices are intended for purchases for ADDS only. No personal use of an agency credit or debit card issued to ADDS is permitted. The intention is to streamline the processing of small dollar orders and payments, enable employees to be more efficient in handling money and reduce paperwork and processing time for reimbursement to employees of ADDS.

1. Who may use a Credit or Debit Card issued to ADDS:
 - A) Only employees previously nominated by the Executive Director and approved by the Board of Trustees of ADDS are permitted to possess or use any credit or debit card or other credit device issued to ADDS.
 - B) Cards shall be issued with the name of an employee. The only person authorized to use the purchasing card is the cardholder whose name appears on the face of the card. Under no circumstances may a cardholder allow another individual to use his or her credit or debit card.
 - C) Cards shall be terminated within 24 hours of the termination of employment of any employee who is issued an ADDS credit card.

2. Compliance: Purchases may be made with credit or debit cards and other credit devices that are in compliance with ADDS policies in place at the time of usage.
 - A) ADDS credit and debit cards and other credit devices shall be used only for items that would be reimbursable to the employees approved to use the cards prior to their having received a credit card or approved after its issuance by Board of Trustee Action and which are appropriate for their use.
 - B) The maximum card limit shall not exceed \$16,000.00 as a maximum limit.
 - C) Cards will not be used to purchase any item that is for the personal benefit of the employee, an unauthorized purchase, or that does not benefit ADDS.
 - D) All credit and debit card receipts shall be filed with the Executive Director or his designee on a weekly basis. Along with the credit and debit card receipts shall be accompanied by all documentation required to prove preapproval of the purchase. These shall include:
 - i. An original receipt from the vendor including:
 - (a) Supplier Name
 - (b) Transaction Amount
 - (c) Date
 - (d) Itemized description of item(s) purchased
 - ii. Copies or facsimiles of the original receipt.
 - iii. A packing slip or other documentation received from the supplier.
 - iv. A screen-print or order confirmation e-mail, when making Internet purchases, or a copy of an order-form that was mailed to a supplier to request an item.
3. The process of approving expenditures shall be made by the Approving Officials as follows:
 - A) The Executive Director or his designee shall review all purchases to assure compliance and shall be marked for payment.
 - B) The Financial Manager shall review the documentation provided to the Executive Director prior to payment and ensure compliance with ADDS Policy.
 - C) Special purchases: When an appropriate business purpose exists, exceptions to the regular purchasing policy may be made on a case-by-case basis at the discretion of the Executive Director.

4. Lost, Stolen, Misplaced or Fraudulent Charges

- A) To protect the interests of ADDS, cards that are lost or stolen must be reported immediately upon discovery to the Executive Director or the Financial Manager.
- B) Failure to report a lost or stolen card will make the named employee responsible for all charges incurred until the card is reported lost or stolen.
- C) If more than ten (10) days pass after a card is lost or stolen, all charges shall be the responsibility of the employee.
- D) Any fraudulent charges made to a card must be reported to the Executive Director.
- E) Cards with fraudulent charges shall be suspended until the charges can be reconciled.

Any employee who is issued a credit card shall cooperate fully in the investigation of all charges, fraudulent or not.

5. Examples:

A) Examples of appropriate expenditures using ADDS credit cards:

- i. Office Supplies
- ii. Food for use in agency facilities
- iii. Pre-Approved Purchase

6. Examples of inappropriate expenditures using ADDS credit cards without prior written approval from the Executive Director:

- A) Items purchased without the tax-exempt letter.
- B) Computer Hardware and Software.
- C) Personal items.
- D) Cash advances.
- E) Building repairs.
- F) Telephones, mobile phones and telephone calls.
- G) Alcoholic beverages.
- H) Tobacco products.
- I) Gasoline for a privately owned vehicle.
- J) Rental cars.
- K) Leaving a gratuity that exceeds 20 percent.

- L) Medical services.
- M) Sales tax.
- N) Professional and consulting services.

7. Penalties

- A) Responsibility: Cardholders are responsible for and accountable to ADDS for all purchases made with the credit card and they must adhere to all ADDS and department policies regarding its use. All credit card purchases should be for official ADDS business only. Cardholders may not make non-ADDS travel arrangements with credit or debit card. Any employee who fails to use the credit or debit card properly or abuses the use of the credit or debit card shall be subject to cardholder penalties listed below and may be subject to personnel disciplinary action, up to and including dismissal. ADDS will seek restitution for any inappropriate purchases made with the card. All cases of misuse or abuse of the credit or debit card must be documented by the employee and the Executive Director shall inform the Board of Directors in writing.
- B) When policy violations by a particular cardholder are identified during the Financial Manager's review of the monthly transactions, the following process shall be followed:
 - i. If a single abuse occurs by a particular Cardholder, issue a warning, and inform Executive Director in writing.
 - ii. In the second instance of abuse, notify Executive Director and suspend the card for at least one (1) billing cycle.
 - iii. If problems continue after the card is reinstated, the card shall be canceled or suspended for up to one (1) year.
 - iv. The Financial Manager can skip all the steps if the incident is severe enough and suspend the card permanently.
 - v. The Financial Manager can impose the same penalties stated above if problems are found during department reviews. If warnings are issued by the Financial Manager, the Cardholder and Executive Director will be notified.
 - vi. If the Financial Manager is not the Cardholder's supervisor, he/she has a responsibility to notify the Cardholder's supervisor of any policy violations.

Policy Regarding Services to Persons Who Do Not Have Fee Sponsorship

1. Every effort will be made to establish full funding from appropriate sources for all persons served by Audrain Developmental Disability Services (ADDS). From time to time, it may be necessary to start services before full funding can be established due to the length of the process involved or funding shortfalls from other government entities. In these cases, the Executive Director may authorize a program to begin providing services before funding is established. Every effort will be utilized to:
 - A) Get the service funded as soon as possible;
 - B) Collect retroactive funding when and if the sponsoring agency's funding picture improves.
2. For Audrain County residents only, services may occasionally be provided to persons who have been denied fee sponsorships from other government units. These instances will be reported to the Board at its next regular meeting. Such placements will be limited in light of agency fiscal constraints. Appeals to denying funding sources will be pursued and new sources will be sought. Out-of-county individuals will not be accepted under this clause. In all cases, the person's unearned income and a designated amount of earned income (the same scale as it applies to everyone else) will be payable to ADDS as partial compensation for the services provided.

Person Served Personal Spending

1. Each month, spending monies shall be provided to each person served by way of the individual's SSA or SSI funds. Funds shall be deposited to the consumer collective checking account at Bank of Missouri (formerly Martinsburg Bank) and disbursements shall be made by cash monthly. Cash will then be withdrawn from the consumer collective checking account via a check signed by at least two (2) of the following: Executive Director, Financial Manager, or authorized Board Member signer. Program Coordinators/ Managers shall be responsible for holding the funds on behalf of the person receiving services to spend when needed. A detailed ledger of each expenditure shall be recorded by Program Coordinators/ Managers. Funds for each individual shall be counted monthly by support coordinators. Ledgers and receipts shall be reconciled monthly by administrative staff.
2. Person served accounts shall not exceed \$200.
3. Individual ledgers shall be maintained on a current basis with receipts to document purchases and a signature of the individual served to document receipt of money. Consumer funds shall not be co-mingled with ADDS funds.
4. The Request for Expenditures Over \$100 form must be completed and approved prior to any expenditure of \$100 or more.
5. Individual accounts shall not be allowed to have negative balances (deficit spending).

6. In case of an individual's move or upon death of a person served, monies will be transferred to consumer collective account as soon as possible within 30 days.

Funding Sources

1. Audrain Developmental Disability Services (ADDS) receives funds per year in county tax collections. This is based on the current rate per tax of \$100.00 assessed valuation. State law states that a "SB 40" agency may request as high as \$0.40 per \$100.00 assessed valuation.
2. Before the tax may be increased, it must be passed by the voters of the county. In August of 1992, a successful campaign resulted in an increase of the tax levy from \$0.15 to \$0.21 per \$100.00 assessed valuation.
3. Each of the residential facilities within ADDS has a base rate of pay for community placement. A statement of actual costs for operating the facility has been submitted to the Department of Mental Health requesting the rates for each facility. Rates change at the discretion of the Department of Mental Health.
4. Harvey House/Breckenridge Heights can offer respite care services. Disabled persons living in natural homes utilize this service for short periods of time when the primary caregiver is unable to care for the person.
 - A) The rate of reimbursement for this service has a special rate for Audrain County residents of \$2.00 per hour up to \$10.00 per day. This rate is subject to change.
5. The Developmental Training Center is funded by the Department of Mental Health Medicaid Waiver on some persons receiving services.
6. The Fieldcrest Apartment Community Services Program/Independent Supported Living Program also receives funding through the Medicaid Waiver.
7. Waivered transportation services are billed per trip but can vary depending on state regulations.
8. Information regarding funding and billing for other ADDS programs can be obtained by contacting the ADDS administrative office at 222 E. Jackson Street, Mexico, MO.

Capital Assets

1. Purpose:
 - A) Define the accounting practices and procedures that will ensure effective and accurate control of the capital assets of Audrain Developmental Disability Services (ADDS).

- B) Assure that ADDS complies with the requirements of the Governmental Accounting Standards Board and Generally Accepted Accounting Principles and OMB Circular A-133 as they relate to capital assets.
- C) Communicate to Department Heads, Employees, and the Public the formal Capital Asset policy of the Board of Directors.
- D) Assure that an accurate record-keeping system is in place to protect and properly insure assets in the event of loss.

2. Definitions:

- A) Capital Assets are major assets that are used in operations and have initial useful lives extending beyond a single reporting period. Capital assets with an original unit cost of greater than or equal to ADDS's capitalization threshold of \$5,000, including ancillary costs, and with a useful life of two years or more will be capitalized for financial accounting purposes. Examples include, among other things, land, land improvements, buildings, building improvements, furniture and fixtures, vehicles, machinery, equipment, infrastructure, and all other tangible or intangible assets.
- B) Infrastructure assets are defined as long-lived capital assets that normally are stationary in nature and normally can be preserved to a significantly greater number of years than most capital assets. They include, among other things, roads, bridges, water and sewer systems, drainage systems, and dams.
- C) Non-capital Expensed Assets are assets with an original unit cost of \$0.00 to \$4,999.99 (including ancillary cost) and a useful life of two years or more. Non-capital expensed assets will not be contained or monitored in ADDS' asset records but may be at the Department level at the discretion of the Department Head. (Any item purchased for less than \$250.00 shall be considered a supply line item.)
- D) Depreciation is a methodology that amortizes the cost of the asset over its useful life using an acceptable basis.
- E) Useful Life is the period of time the asset will be of service to ADDS.
- F) Salvage Value is the subsequent value of the asset at the end of its useful life.
- G) Historical Cost is the value placed on the asset at the time of acquisition, including ancillary costs (value of trade-ins, shipping costs, installation costs, etc.).
- H) Acquisition Date is the date ADDS took ownership of the asset.

- I) Capitalization Threshold is the measure of value placed on an individual asset to determine its qualification for capitalization or expense in the financial records and includes all costs to put the assets in service (shipping, installation costs, etc.,).
 - J) Fair Market Value is the estimated value of the asset for which it would be exchanged between a willing buyer and seller when neither is forced into the exchange. In addition, both parties should have knowledge of all facts and consider it an equitable exchange. This is generally used in place of historical cost in a donated asset situation.
 - K) Insurable Value is the value placed on the asset that would best represent the replacement cost of the asset as determined by a qualified appraisal firm. If monetary value cannot be placed on items, such as irreplaceable documents, there is no insurable value. Insurable values do not include the value of land, building foundations and most infrastructures.
3. General: The primary purpose of a Capital Asset accounting system is to maintain physical accountability over the assets owned by ADDS. The accounting system should provide a record of the capital assets obtained over the years that are still in service and identify the funding source for the purchase and/or construction of those assets. The capital assets of ADDS are those owned by ADDS that meet the above definition. ADDS has established a unit cost threshold of \$5,000 (except Land which is \$1) and a useful life of at least two years for all capital assets. Assets with a unit cost below this level will be expensed. Donated assets and Grants-in-kind will be recorded at fair market value.
4. Policy: Capital Assets are to be capitalized and depreciated only if they have an estimated useful life of at least two years following the date of acquisition, have a historical cost of at least \$5,000, including ancillary cost, (except Land which is \$1) per individual unit, are tagged (where applicable) and inventoried, and meet the above definitions and the following criteria:
- A) Historical Costs of the various categories of assets include:
 - i. Land - includes the purchase price, legal and title fees, surveying, and environmental fees, appraisal, and negotiating fees.
 - ii. Land Improvements - includes the purchase price, contract price, or job order costs, and any other expenditure necessary to put a structure or improvement into its intended state of operation. Additional expenditures may include professional fees, insurance premiums, and related costs incurred during the period of construction.
 - iii. Buildings (including building improvements, additions, or renovations) – includes the purchase price, contract price, or job order costs, and any other expenditure necessary to put a building or structure into its intended state of operation. Additional expenditures may include professional fees,

costs of fixed fixtures, insurance premiums, and related costs incurred during the period of construction.

- iv. Furniture, Fixtures, and Equipment – includes the total purchase price less any applicable discounts. It also includes any ancillary payments required to place the asset in its intended state of operation.
- v. Computer Equipment – includes the total purchase price less any applicable discounts. It also includes any ancillary payments required to place the asset in its intended state of operation. Systems (i.e., Servers) constructed that in the aggregate exceed the capitalization threshold will not be capitalized. Any piece of a system that exceeds the capitalization threshold will be individually capitalized.
- vi. Vehicles - includes the total purchase price less any applicable discounts. It also includes any ancillary payments required to place the asset in its intended state of operation.
- vii. Infrastructure – includes the purchase price, contract price, or job order costs, and any other expenditure necessary to put the asset into its intended state of operation. Additional expenditures may include professional fees, damage claims, insurance premiums, and related costs incurred during the period of construction.
- viii. Capitalization Threshold – Capital Assets are to be capitalized only if they have a value of \$5,000 or more and have an estimated useful life of at least two years following the date of acquisition.
- ix. Construction in Progress – includes the total amount expended to date on a construction project at a given time prior to ADDS accepting the project as completed.

Note: Improvements, Additions or Renovations are capitalized if the historical cost of the asset, including the improvement, addition or renovation is \$5,000 or more and extends the life of the asset. If costs are incurred to keep an asset in its normal operating condition and the life of the asset is not extended the costs are expensed (e.g. - cleaning, replacement of small parts, minor painting, lubrication).

5. Useful Life: Useful Life of the various categories of assets includes:

- A) Land N/A
- B) Land Improvements 10-20 years
- C) Buildings (Including improvements, additions, and renovations) 10-45 years
- D) Furniture, Fixtures and Equipment 5-20 years
- E) Computer Equipment and Software 3 years
- F) Vehicles 3-5 years
- G) Infrastructure 50 years

6. Depreciation Method: ADDS will utilize the straight-line method for depreciation and will take a full year depreciation in the year of acquisition.
7. Tagging of Assets: All capital assets that are purchased with Federal grant funding will be tagged and labeled with the grant used for the purchase.
8. Identification: Land, Land Improvements and Buildings will use the legal address for identification in ADDS records. Vehicles will use their VIN for identification purposes. Equipment (where applicable) will use the serial number for identification.
9. Disposition of Assets: All Capital Assets will be disposed of as follows:
 - A) Grant Funded Acquisitions shall be reviewed by the Executive Director or his designee prior to disposition.
 - B) Land and Buildings will be sold to the highest bidder in a competitive environment after the proposed sale is advertised in a newspaper of general circulation.
 - C) Furniture and Fixtures, Machinery and Equipment, and Vehicles are to be sold to the highest bidder at public auction. Trade in values will be considered, and encouraged, when in the best interest of ADDS as determined by the Executive Director or his designee.

Note: Salvage values received for assets sold will be receipted into ADDS Treasurers revenues.

Note: Any capitalized or uncapitalized asset will be returned to the Executive Director or his designee's Office for disposition, unless used as a trade-in. Assets will be evaluated by the Executive Director or his designee's for their likeliness of sale and either placed in the auction or destroyed.

- D) Computer Equipment (including copiers and fax machines) is to be sold to the highest bidder at public auction. Trade in values will be considered, and encouraged, when in the best interest of ADDS as determined by the Executive Director or his designee.
- E) All computer equipment shall be wiped of all data in a fashion compliant with HIPAA standards and if they cannot be wiped, the storage devices shall be removed and destroyed, and the remaining equipment shall be salvaged.

Legal Responsibility of Program and Staff

1. The basic purpose of Audrain Developmental Disability Services (ADDS) is to provide ordinary care and supervision to adults with developmental disabilities within a normalized living environment in the

community. The goal of developmental programming is to help individuals receiving services to become as independent as possible within the community. Allowing individuals to take normal risks in the community is inherent to the goal of fostering independence. It is, therefore, the responsibility of the Program Coordinator and staff to take all steps that are reasonable and appropriate within the context of a normalized environment to protect the safety of individuals served.

2. Initial and ongoing evaluation of individuals served' skills and abilities to determine appropriate levels of supervision, and Individual program planning and providing treatment or instruction necessary to overcome skill deficits and help individuals served assume a more normal rhythm of life.
3. Protecting persons served from all possible harm in the community is not usually possible, and such overprotection is contrary to the above-stated goals as it promotes dependence rather than independence. Yet should any harm or misfortune befall a person served, the program or individual staff member might be charged with negligence and liability imposed.
4. The Agency has purchased liability insurance for each home and program and the Agency in general. Should any accident or injury occur, liability insurance covers any resulting financial liability of program and staff, if and when program policies and procedures were not violated. If, however, it is proved that a staff member was not acting in accordance with standard program policy and procedure or that their actions were outside of the scope of their employment, then that staff member may be held personally liable for any resulting accident or injury.
5. In any case, regardless of standard policy or insurance coverage, the program and staff may be held responsible for any injuries that occur as a result of negligence. In programs that serve adult persons with developmental disabilities, there is no standard definition of negligence. Allowing a person receiving services to walk home from the movies alone might be dangerously negligent for one individual receiving services and a healthy demonstration of acquired independence for another individual receiving services.
6. The distinction between ordinary care (or ordinary risk) and negligence for each person served and situation is based upon:
 - A) Assessment of the persons' abilities and skill deficiencies;
 - B) Individual treatment programming;
 - C) Recognition of possible risks involved in the situation; and
 - D) Sound judgment and common sense.
7. Each staff member is responsible for ensuring that ordinary care and safety are evident in all program activities. The provision of ordinary care and a safe environment are documented in agency records. In addition, whereabouts of each individual served, and their expected activities are known at all times.

8. The concepts of normalized living environment, training for independence, ordinary care, and normal risk should be discussed during initial interviews with an individual served, parents, families, or guardians. It should be explained that it is not possible or desirable to protect persons served from all conceivable harm, but the program is designed to include reasonable and appropriate steps to protect the safety of persons served. For example, staff cannot guarantee that a sexually active female person will not become pregnant. However, Staff can:
 - A) Provide sexuality education;
 - B) Provide assistance in obtaining birth control from a physician or family planning clinic and instructions relative to the recommended method; and
 - C) Restrict opportunities for coed interaction to supervised recreational activities until the person served demonstrates readiness for the responsibility of less supervised activities.
9. This is a fairly standard outlook of a program for persons served in a community setting. It is presented here as a basis for discussion of our program trends. Since all of us here are caring, involved forces in the lives of the persons served by ADDS, we need to mutually understand where we are going and what we are trying to accomplish.

Insurance Coverage Policy

Audrain Developmental Disability Services (ADDS) will carry liability insurance, professional liability insurance, workers' compensation, vehicle, and property insurance. The insurance will be set by the Board of Directors and reviewed on an annual basis.

Technology/Computer Backup Procedure

1. Backup of information on computers is insurance against information loss by fire, mechanical failure, or human error. All management and supervisors of Audrain Developmental Disability Services (ADDS) are encouraged to back up their computer information regularly and with frequency.
2. Payroll information for all employees is located on a server through Inova Payroll System (IPS) and is backed up by them. It is accessible through a web portal. At year end a complete backup of all the year's payroll and accounting transactions is required, and this shall be stored in the Agency's Cloud Backup
3. If the Financial Manager's computer should crash, payroll information is able to be retrieved off of the IPS server.
4. Targeted Case Management (Support Coordinator's) PCSP's and information is saved via a server located in Springfield, Missouri. The information is not stored on a Support Coordinator's computer; it is encrypted and stored on the server. This information can be accessed through a web portal.

5. Review the Technology Plan located in the Appendix section of this Policy and Procedure Manual for additional information.

BOARD GOVERNANCE POLICY AND BYLAWS

Policy On Legal Requirements

1. Audrain Developmental Disability Services (ADDS) is an entity of the County of Audrain as provided in the Revised Statutes of the State of Missouri. The body of law establishing this entity, being duly voted into being by the people of Audrain County, provides certain special requirements with which the Board must and does comply.
2. ADDS is a contract agent of the Missouri Department of Mental Health, Division of Intellectual disabilities, and Developmental Disabilities, and must comply with the legal requirements and licensure standards of that agency (CARF Accreditation is accepted as deeming DMH, ID/DD licensure.)
3. ADDS is a contract agent of the Department of Elementary and Secondary Education, Division of Vocational Rehabilitation, and must comply with the legal requirements and licensure standards of that agency (CARF Accreditation fulfills the licensure requirements of the DESE and DVR.).
4. ADDS must comply with all applicable state and federal regulations, and it is our stated policy to do so. The Board retains an attorney and a Certified Public Accounting firm to advise them in order to ensure compliance with all applicable rules and regulations.

Policy On Leadership

1. The leadership of Audrain Developmental Disability Services (ADDS) is governed by the Board of Directors. The Board abides by the bylaws of Audrain County Sheltered Workshop and/or Residence Facility. Article I, Section 1 and Section 5, Number 2 and Article V, Section 1 establish the guidelines for the leadership of ADDS.
2. The Executive Director's Job Description establishes the Executive Director's leadership role in the daily operation of the agency.

Flow Of Information

1. The Board of Directors of Audrain Developmental Disability Services (ADDS) will generally meet once each month. Matters of concern will be discussed from all levels, i.e., State and County Information, community input and activities, family/person receiving services activities, and management and staff information.
2. Shortly after that meeting the Program Coordinators/Managers will meet with the Executive Director to discuss decisions of the Board and the everyday operations of the Agency. Input from each Program Coordinator will be solicited to improve, modify, and/or change policies and procedures.

3. Each Program Coordinator will then disseminate relevant information to their staff via staff meetings. Input from employees during staff meetings is requested and appropriate matters are brought to the attention of the Executive Director.
4. In addition, each Program Coordinator/Manager and the Executive Director emphasize that their door is always open for any kind of interaction.
5. Information flow is to be seen as a two-way process, from the Board to Director to staff to persons served and their families and back up through all levels. It is imperative, however, that all communication from whatever source to the Board of Directors goes through the Executive Director. Staff will be expressly directed to communicate with the Board and its individual members on all matters relevant to ADDS only via the Executive Director. This is an essential element of orderly administration.

Media Relations Policy

1. Purpose: This policy exists to ensure that information provided by Audrain Developmental Disability Services (ADDS) to the news media is timely, accurate, and relevant and adheres to all HIPAA guidelines. This policy applies to all external news media. This policy applies to all ADDS staff members, board members and volunteers of this Agency.
2. Designation of Agency Spokesperson: The Executive Director of ADDS or his designee is responsible for all communication to and with the media. If any employee or Program receives a request for an interview or for information that request should be immediately forwarded to the Executive Director's office.
3. Guidelines for Media Contacts: In the event that a reporter or member of the news media contacts an employee or board member please refer all calls to the Executive Director's office. Do not report to the news media contact that you are not allowed to speak with a reporter but tell them that "The policy of ADDS is to refer all media questions to the Executive Director and give them the phone number of the office 573-581-8210. In the event that an employee or board member feels that they have a positive news story to share with the public, please contact the Executive Director and provide the information to them.
4. Privacy: In all situations, the privacy of the persons served by ADDS must be maintained and HIPAA guidelines followed.

Article I: Board Of Directors

1. **Section 1.** The governing body of any county shall establish a board of directors. The board of directors shall be a legal entity empowered to establish and/or operate a sheltered workshop as defined in section

178.900, RSMo, residence facilities, or related services, for the care or employment, or both of persons with disabilities.

A) The facility may operate at one or more locations in the county. Once established, the board may, in its own name, engage in and contract for any and all types of services, actions, or endeavors, not contrary to the law, necessary to the successful and efficient prosecution and continuation of the business and purposes for which it is created, and may purchase, receive, lease, or otherwise dispose of real and personal property, or convey, exchange, transfer, and otherwise dispose of real and personal property, or any interest therein, or other assets wherever situated and may incur liability and may borrow money at rates of interest up to the market rate published by the Missouri Division of Finance.

2. **Section 2.** Services may only be provided for those persons defined as disabled in section 178.900, RSMo, and those persons defined as disabled in this section, whether employment at the facility or in the community, and for persons who are developmentally disabled. Persons having substantial functional limitations due to a mental illness as defined in section 630.005, RSMo, shall not be eligible for services under the provisions of sections 205.968 to 205.972 except that those persons may participate in services under the provisions of sections 205.968 to 205.972. All persons otherwise eligible for facilities or services under this section shall be eligible regardless of their age; except that individuals employed in sheltered workshops must be at least sixteen years of age. The board may, in its discretion, impose limitations, with respect to individuals to be served and services to be provided. Such limitations shall be reasonable in the light of available funds, needs of the persons and community to be served as assessed by the board, and the appropriateness and efficiency of combining services to persons with various types of disabilities.
3. **Section 3.** For the purposes of sections 205.968 to 205.972, the term (1) “Developmental Disability” shall mean either or both paragraph (a) or (b) of this subsection: (a) A disability which is attributable to intellectual disabilities, cerebral palsy, autism, epilepsy, a learning disability related to a brain dysfunction or a similar condition found by comprehensive evaluation to be closely related to such conditions, or to require habilitation similar to that required for intellectually disabled persons; and:
 - A) which originated before age eighteen; and
 - B) which can be expected to continue indefinitely;
 - C) A developmental disability as defined in section 630.005, RSMo;
 - i. “Disabled person” shall mean a person who is lower range educable or upper range trainable, intellectually disabled, or a person who has a developmental disability.
4. **Section 4.** The board may provide a sheltered workshop program for the county, as a part of the program shall conduct work and development programs as provided by section 178.910, RSMo, pursuant to rules and standards developed and adopted by the department of elementary and secondary education. The board may provide places of residence and related activity or social centers for those eligible persons.

5. **Section 5.** When approved by the voters pursuant to section 205.971 the governing body to the county shall appoint a board of directors consisting of a total of nine members, two of whom shall be related by blood or marriage within the third degree to an individual with a disability, as defined in section 205.968, and four of whom shall be public members. At least seven of the board members shall be residents of the county where the facility is located. After September 28, 1979, all board members shall be appointed to serve for a term of three years, except that of the first board appointed after September 28, 1979, three members shall be appointed for one-year terms. Board members may be reappointed. The directors shall not receive compensation for their services but may be reimbursed for their actual and necessary expenses.
- A) The administrative control and management of the facility shall rest solely with the board and the board shall employ all necessary personnel, fix their compensation, and provide suitable quarters and equipment for the operation of the facility from funds made available for this purpose. (205.970.2 RSMo) To assist in the performance of their duties, the Directors may employ an Executive Director, who shall serve at the pleasure of the Board. The Executive Director shall, in general, supervise and control all the business and affairs of the facility, and he shall perform such duties as are assigned to him by the Board. The facility shall operate under the business name of Audrain Developmental Disabilities Services.
- B) Notwithstanding any provision of law to the contrary, and irrespective of whether a county sheltered workshop or residence facility has been established, the board may contract to provide services relating in whole or in part to the services which the board may provide to persons with disabilities, as defined in this law and for such purpose may expend the tax funds or other funds.
- C) The board shall elect a chairman, vice chairman, treasurer, and such other officers as it deems necessary for its memberships. Before taking office, the treasurer shall furnish a surety bond, in an amount to be determined and in a form to be approved by the board, for the faithful performance of his duties and faithful accounting of all moneys that may come into his hands. The treasurer shall enter into the surety bond with a surety company authorized to do business in Missouri, and the cost of such bond shall be paid by the board of directors.
- D) The board shall set rules for admission to the facility and shall do all other things necessary to carry out the purposes of sections 205.968 to 205.972.
- E) The board may contract with any “not for profit” corporation including any corporation which is incorporated for the purpose of implementing the provisions of sections 178.900 to 178.970 RSMo, for any common services, or for the common use of any property of either group.
- F) The board may accept any gift of property or money for the use and benefit of the facility, and the board is authorized to sell or exchange any such property which it believes would be to the benefit of the facility so long as the proceeds are used exclusively for facility purposes. The board shall have exclusive control of all gifts, property, or money it may accept; of all interest or other proceeds which may accrue

from the investment of such gifts or money or from the sale of such property; of all tax revenues collected by the county on behalf of the facilities or services; and of all other funds granted, appropriated, or loaned to it by the federal government, the state, or its political subdivisions so long as these resources are used solely to benefit the facility or related services except those paid for transportation purposes under the provisions of section 94.645, RSMo.

- G) Any board member may, following notice and an opportunity to be heard, be removed from office by a majority vote of the other members of the board for any of the following grounds:
- H) Failure to attend five consecutive meetings, without good cause; Conduct prejudicial to the good order and efficient operation of the facility or services; or Neglect of duty.
- I) The chairman of the board shall preside at such removal hearing, unless he or she is the person sought to be removed. In which case, the hearing shall be presided over by another member elected by the majority vote of the other board members. All interested parties may present testimony and arguments at such a hearing, and the witnesses shall be sworn by oath or affirmation before testifying. Any interested party may, at his or her own expense, record that proceeding.
- J) Vacancies in the board occasioned by removals, resignations, or otherwise, shall be reported by the board chairman to the mayor's office of a city not within a county or the county commission or county executive officer and shall be filled in like manner as original appointments; except that, if the vacancy occurs during an unexpired term, the appointment shall be for only the unexpired portion of that term.
- K) Individual board members shall not be eligible for employment by the board within twelve months of termination of services as a member of the board.
- L) No person shall be employed by the board who is related within the third degree by blood or by marriage to any member of the board.

ARTICLE II: MEETINGS

1. **Section 1.** Regular meetings of the Board of Directors shall be held without other notice than this bylaw, on the third Thursday of each month, commencing at noon. in the offices of the facility at 222 East Jackson, in the City of Mexico, MO, or such other place in Audrain County as may be designated by resolution of the Board of Directors.
2. **Section 2.** Special meetings of the Board of Directors may be called by or at the request of the Chairman or any two Directors, and the person or persons calling such meeting may fix any place, either within or outside of the City of Mexico, but within Audrain County, as the place for holding any special meeting.

3. **Section 3.** Notice of any special meeting shall be given at least twenty-four hours previously thereto by a notice delivered personally, or over the telephone, or sent by mail, email, or fax to each director at his address as shown by the records of the facility. If mailed, such notice shall be deemed to be delivered when deposited in the United States in a sealed envelope, so addressed, with postage thereon pre-paid. If mailed, such notice must be deposited in the mail at least 72 hours before the meeting. If notice is given by email or fax, such notice shall be deemed to be delivered when sent. Any Director may waive notice of any meeting. The attendance of a Director at any meeting shall constitute a waiver of notice of such meetings except where a Director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. Neither the business to be transacted at, nor the purpose of any regular or special meeting of the Board need be specified in the notice or waiver of notice of any such meetings unless specifically required by law or by the bylaws.
4. **Section 4.** A majority of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board, but if less than a majority of the Directors are present at such meeting, a majority of the Directors present may adjourn then meeting from time to time without further notice.
5. **Section 5.** The act of a majority of the Directors present at a meeting at which a quorum is present shall be the act of the Board of Directors, unless the act of a greater number is required by law or by these bylaws.
6. **Section 6.** Any action required by law to be taken at a meeting of Directors may be taken without a meeting, if consent in writing, setting forth the action so taken, shall be signed by a majority of the Directors.

ARTICLE III: OFFICERS

1. **Section 1.** The officers of the facility shall be the Chairman, Vice-Chairman, Secretary, and Treasurer, and such other officers as may be elected. The Board of Directors may elect or appoint such other officers, including one or more assistant secretaries and one or more assistant treasurers, as it shall deem desirable, such officers to have the authority to perform the duties prescribed from time to time by the Board of Directors.
2. **Section 2.** The officers shall be elected annually by the Board of Directors at the first meeting in January of each year. If the election of officers shall not be held at such meeting, such election shall be held as soon thereafter as conveniently may be. New offices may be created and filled at any meeting of the Board of Directors. Each officer shall hold office until his successor shall have been duly elected and shall have qualified and taken office.
3. **Section 3.** Any officer elected or appointed by the Board of Directors may be removed by the Board of Directors, whenever, in its judgment, the best interest of the Board of Directors would be served thereby.

4. **Section 4.** A vacancy in any office because of death, resignation, removal, disqualification, or otherwise, may be filled by the Board of Directors for the unexpired portion of the term.
5. **Section 5.** Chairman: The Chairman shall be the principal executive officer of the Board. He shall preside over all meetings of the Board of Directors. He may sign, with the Secretary or any other proper officer authorized by the Board, any instrument which the Board has authorized to be executed, and he shall perform all duties incident to the office of Chairman and such other duties as may be prescribed by the Board from time to time.
6. **Section 6.** Vice-Chairman: In the absence of the Chairman or in the event of his inability or refusal to act, the Vice-Chairman shall perform the duties of Chairman, and when so acting, shall have all the powers and be subject to all the restrictions upon the Chairman. Any Vice-Chairman shall perform such other duties as may from time to time be assigned to him by the Chairman or by the Board.
7. **Section 7.** Treasurer: If required by the Board of Directors, the Treasurer shall give a bond for the faithful discharge of his duties in such sum and with such surety or sureties as the Board of Directors shall determine. He shall have charge and custody of and be responsible for all funds and securities of the Board. He shall receive and give receipts for moneys due and payable to the Board from any source whatsoever, and deposit all such moneys in the name of the facility in such banks, trust companies, or other depositories as shall be selected in accordance with law and, in general, perform all of the duties incident to the office of Treasure, and such other duties as from time to time as may be assigned to him by the Chairman or by the Board.
8. **Section 8.** Secretary: The Secretary shall keep the minutes of the meetings of the Board of Directors in one or more books provided for that purpose, see that all notices are duly given in accordance with the provisions of the bylaws or as required by law, be custodian of the records and documents, and keep a register of the post office address of each Board member, whose addresses shall be furnished to the Secretary by each Board member, and in general, perform all duties incident to the office of Secretary, and such other duties as from time to time may be assigned to him by the Chairman or by the Board of Directors.
9. **Section 9.** Assistant Treasurer and Assistant Secretary: If required by the Board of Directors, the Assistant Treasurer shall give a bond for the faithful discharge of his duties in such sums and with such sureties as the Board of Directors shall determine. The Assistant Treasurer and Assistant Secretary in general shall perform such duties as shall be assigned to them by the Treasurer or Secretary or by the Chairman or by the Board of Directors.

ARTICLE IV: COMMITTEES

1. **Section 1.** The Board of Directors, by resolution adopted by a majority of the Board of Directors in office, may designate and appoint one or more committees, each of which shall consist of two or more Directors, which committees, to the extent provided in such resolution, shall have and exercise the authority of the Board of Directors and the management of the facility, except that no committee shall have the authority of the Board of Directors in reference to amending, altering, or repealing the bylaws, electing, appointing or removing any Director, authorizing the sale, lease, exchange or mortgage of substantially all of the property and assets of the facility, or amending, altering, or repealing and resolution of the Board of Directors. The designation and appointment of any such committee and the delegation thereto of authority shall not operate to relieve the Board of Directors of any responsibility imposed upon it.
2. **Section 2.** All checks, drafts, or orders for the payment of money, notes or other evidence of indebtedness issued in the name of the facility, and in such manner as shall be from time to time be determined by a resolution of the Board of Directors, and in the absence of any such resolution, such instrument shall be signed by the Treasurer and countersigned by the Chairman.
3. **Section 3.** All funds of the facility shall be deposited from time to time to the credit thereof in such banks, trust companies, or other depositories as the Board of Directors may select.
4. **Section 4.** The fiscal year of the facility shall begin on the first day of January and end on the last day of December in each year. At the end of each fiscal year, the books, records, and accounts shall be audited by an independent accountant.

ARTICLE V: NOTICE

1. **Section 1.** When any notice is required to be given under the provisions of these bylaws or by law, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the times therein, shall be deemed equivalent to the giving of such notice.

ARTICLE VI: AMENDMENTS

1. **Section 1.** These bylaws may be altered, amended, or repealed and new bylaws may be adopted by a majority of the Board of Directors present at any regular or at any special meeting, if at least seven days written notice is given of intention to alter, amend or repeal, or adopt any new bylaws at such meeting.

Senate Bill 40 County Sheltered Workshops and Audrain Developmental Disability Services

205.968. Facilities authorized: persons to be served, limitations, definitions

1. As set forth in section 205. 971, when a levy is approved by the voters, the governing body of any county or city now within a county of this state shall establish a board of directors. The board of directors shall be a legal entity empowered to establish and/or operate a sheltered workshop as defined in section 178.900, RSMo, residence facilities, or related services, for the care of employment, or both, of persons with disabilities. The facility may operate at one or more locations in the county or city not within a county.
2. Once established, the board may, in its own name, engage in and contract for any and all types of services, actions, or endeavors, not contrary to the law, necessary to the successful and efficient prosecution and continuation of the business and purposes for which it is created, and may purchase, receive, lease, or otherwise acquire, own, hold, improve, use, sell, convey, exchange, transfer, and otherwise dispose of, real and personal property, or any interest therein, or other assets wherever situated and may incur liability and may borrow money at rates of interest up to the market rate published by the Missouri Division of Finance.
3. Services may only be provided for those persons defined as persons with a disability in section 178.900, RSMo, and those persons defined as persons with a disability in this section, whether or not employed at the facility of in the community, and for persons who are disabled due to a developmental disability. Persons having substantial functional limitations due to a mental illness as defined in section 630.005, RSMo, shall not be eligible for services under the provisions of sections 205.968 to 205.972 except that those persons may participate in services under the provisions of sections 205.968 to 205.972.
4. All persons otherwise eligible for facilities or services under this section shall be eligible regardless of their age; except that, individuals employed by sheltered workshops must be at least sixteen years of age. The board may, in its discretion, impose limitations with respect to individuals to be served and services to be provided. Such limitations shall be reasonable in the light of available funds, needs of the persons and community to be served as assessed by the board, and the appropriateness and efficiency of combining services to persons with various types of disabilities.
5. Definitions: For the purposes of sections 205.968 to 205.972, the term:
 - A) Developmental disability shall mean either or both paragraph (a) or (b) of this subsection:
 - i. A disability which is attributable to intellectual disabilities, cerebral palsy, autism, epilepsy, a learning disability related to a brain dysfunction, or a similar condition found by comprehensive evaluation to be closely related to such conditions, or to require habilitation similar to that required for persons with intellectual disabilities; and which originated before age twenty-two; and which can be expected to continue indefinitely;
 - ii. A developmental disability as defined in section 630.005, RSMo;
 - iii. Person with a disability shall mean a person who is lower range educable or upper range trainable, intellectually disabled, or a person who has a developmental disability.

Assurance of Compliance with the Department of Health, Education and Welfare Regulation

UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504, PUBLIC LAW 93-112 AND PUBLIC LAW 93-516 VOCATIONAL REHABILITATION ACT OF 1973 AS AMENDED

1. ADDS, hereinafter called the "Agency", hereby agrees that it does and will continue to comply with Title VI of the Civil Rights Act of 1964 (P. L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health, Education and Welfare (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex or age, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Agency receives payments which constitute wholly or in part Federal funds or Federal assistance from the Department; and hereby gives assurance that the Agency will immediately take any measures necessary to effectuate this agreement. The Agency also agrees that it does and will comply with the requirements imposed by Section 504 of the Vocational Rehabilitation Act of 1973 (P. L. 93-112) as amended in 1974 (P. L. 93-516).
2. This Agency gives this assurance in consideration of and for the purpose of providing services to clients of the Missouri Division of Vocational Rehabilitation and obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance for which the Agency may be eligible. The Agency recognizes and agrees that such usage by the Missouri Division of Vocational Rehabilitation and such Federal financial assistance may be extended in reliance on the representation and agreements made in this assurance and that the United States and the Missouri Division of Vocational Rehabilitation shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Agency, its successors, transferees and assignees and the person whose signature appears below is authorized to sign this assurance on behalf of the Agency.
3. In compliance with Title II of the Americans with Disabilities Act of 1990, Audrain Developmental Disability Services is committed to providing the highest quality ADA transportation services to individuals with a disability. ADDS is committed to ensuring that no person is denied access to its services on the basis of their disabilities.

Executive Director (Authorized Official)

(Signature)

(Date)

Board Member Orientation Procedure

1. All Board Members will receive formal Board orientation within 90 days of their appointment to the Board.
2. This training includes a tour of the Agency's facilities, a review of the Policies and Procedures Manual and other relevant documents, and a period of open discussion with the Executive Director.
3. A Board Member Orientation Handbook will also be provided to each new Board Member. This Board Member Orientation Handbook includes information on the following topics:
 - A) Overview of Missouri Department of Mental Health Developmental Disability Department
 - B) Statutes related to developmental disabilities
 - C) People First Language
 - D) Commonly used abbreviations in the field of Developmental Disabilities
 - E) Definitions of common terms used in the field of Developmental Disabilities

Conflict of Interest Statement

1. As a political subdivision, ADDS and its Board of Directors are prohibited by law from engaging in conflicts of interest as defined by RSMo. Relevant sections of the law pertaining to conflicts of interest are as follows:

105.40. Definitions: As used in section 105.450 to 105.482, unless the context clearly requires otherwise, the following terms mean:

- A) Adversary Proceeding: Any proceeding in which a record of the proceedings may be kept and maintained as public record at the request of either party by a court reporter, notary public, or other person authorized to keep such record by law or by any rule or regulation of the agency conducting the hearing; or from which an appeal may be taken directly or indirectly, or any proceeding from the decision of which any party must be granted, on request, hearing de novo; or any arbitration proceeding; or a proceeding of a personnel review board of a political subdivision.
- B) Business Entity: A corporation, association, firm, partnerships, or proprietorships of any kind or character.
- C) Business with which he is associated: Any sole proprietorships owned by himself or his spouse, any partnerships or joint venture in which he or his spouse is a partner, any corporation in which he is an officer or director, or of which either he or his spouse or dependent child, whether singularly or collectively, is a beneficiary or holder of a reversionary interest of ten percent or more of the corpus of the trust.

- D) Confidential Information: All information, whether transmitted orally or in writing, which is of such a nature that it is not, at that time, a matter of public record or public knowledge.
- E) Dependent Child in his Custody: All children, stepchildren, foster children, and wards under the age of eighteen residing in his household, and who receive in excess of fifty percent of their support from him.
- F) Public Document: A state tax return or a document, or other record maintained for public inspection without limitation on the right of access to it; and a document filed in a juvenile court proceeding.
- G) Substantial Interest: Ownerships by the individual, or his spouse, directly or indirectly, of ten percent or more of any business entity, or an interest having a value of ten thousand dollars or more, or the receipt by an individual or his spouse of a salary, gratuity, or other compensation or remuneration of six thousand dollars, or more, per year from any individual, partnerships, organization, or association.
- H) Substantial Personal or Private Interest in any measure or bill: Any interest in a measure or bill which results from the combined definitions of subdivisions (2) and (7) of this section.

105.452. Prohibited acts by elected and appointed public officials and employees: No elected or appointed official or employee of the state or any political subdivision thereof shall:

- I) Act or refrain from acting in any capacity in which he is lawfully empowered to act as such an official or employee by reason of any payment, offer to pay, promise to pay, or receipt of anything of actual pecuniary value other than compensation to be paid by the state or political subdivision; or
- J) Use confidential information obtained during or by reason of his employment or official capacity in any manner with intent to result in financial gain for himself, his spouse, his dependent child in his custody, or any business with which he is associated; or
- K) Disclose confidential information obtained during or by reason of his employment or official capacity in any manner with intent to result in financial gain for himself or any other person.

2. 105.454. Additional prohibited acts by certain elected and appointed public officials and employees, exceptions: No elected or appointed official or employee of the state or any political subdivision thereof, serving in an executive or administrative capacity, shall:

- A) Perform any services of any agency of the state or political subdivision thereof in which he is an officer or employee or over which he has supervisory power for receipt or payment of any compensation, other than for the compensation provided for the performance of his official duties, in excess of five hundred dollars per annum, except on transactions made pursuant to an award on a contract let or sale made after public notice and competitive bidding, provided that the bid or offer is the lowest received;

- B) Sell, rent, or lease any property to any agency of the state or political subdivision thereof in which he is an officer or employee or over which he has supervisory power and received consideration therefore in excess of five hundred dollars per year unless the transaction is made pursuant to an award on a contract let or sale made after public notice and in the case of property other than real property, competitive bidding, provided that the bid or offer accepted is the lowest received;
 - C) Participate in any matter, directly or indirectly, in which he attempts to influence any decision of any agency of the state or political subdivision thereof in which he is an officer or employee, or over which he has supervisory power when he knows the result of such decision, may be the acceptance of the performance of a service or the sale, rental, or lease of any property to that agency for consideration in excess of five hundred dollars' value per annum to him, to his spouse, to a dependent child in his custody, or to any business with which he is associated, unless the transaction is made pursuant to an award on a contract lease or sale made after public notice and in the case of property other than real property, competitive bidding, provided that the bid or offer accepted is the lowest received;
 - D) Perform any services during the time of his office or employment for any consideration from any person, firm or corporation, other than the compensation provided for the performance of his official duties, by which service he attempts to influence a decision of any agency of the state or political subdivision in which he is an officer or employee or over which he has supervisory power;
 - E) Perform any services for consideration, during one year after termination of his office or employment, by which performance he attempts to influence a decision of any agency of the state or political subdivision in which he was an officer or employee or over which he had supervisory power, except that this provision shall not be construed to prohibit any person from performing such service and receiving compensation therefore, in an adversary proceeding or in the preparation or filing of any public document;
 - F) Perform any service for any consideration for any person, firm, or corporation after termination of his office or employment in relation to any case, decision, proceeding, or application with respect to which he was directly concerned or in which he personally participated during the period of his service employment.
3. 105.458. Prohibited acts by member of governing bodies of political subdivisions, exceptions: No member of any legislative or governing body of any political subdivision of the state shall:
- A) Perform any service for such political subdivision of any agency of the political subdivision for any consideration other than the compensation provided for the performance of his official duties; or
 - B) Sell, rent, or lease any property to the political subdivision or any agency of the political subdivision for consideration in excess of five hundred dollars per annum unless the transaction is made pursuant to an

award on a contract let or a sale made after public notice and in the case of property other than real property, competitive bidding, provided that the bid or offer accepted is the lowest received; or

- C) Attempt, for any compensation other than the compensation provided for the performance of his official duties, to influence the decision of any agency of the political subdivision on any matter, except that, this provision shall not be construed to prohibit such person from participating or compensation in any adversary proceeding of in the preparation or filing of any public document or conference thereon.
- D) No sole proprietorships, partnerships, joint venture, or corporation in which any member of any legislative body of any political subdivision is the sole proprietor, partner, co-participant, or owner of, in excess of ten percent of the outstanding shares of any class of stock, shall:
 - i. Perform any service for the political subdivision or any agency of the political subdivision for any consideration in excess of five hundred dollars per annum unless the transaction is made pursuant to an award on a contract let after public notice and competitive bidding, provided that the bid or offer accepted is the lowest received;
 - ii. Sell, rent, or lease any property to the political subdivision or any agency of the political subdivision where the consideration is in excess of five hundred dollars per annum unless the transaction is made pursuant to an award on a contract let or a sale made after public notice and in the case of property other than real property, competitive bidding, provided that the bid or offer accepted is the lowest received.
 - iii. Purchasing and other relevant activities shall be conducted as ordered by statute. The source of determining compliance shall be the Board's attorney and CPA firm.

Code of Ethics: ADDS Board of Directors

A resolution of the county of Audrain, Missouri, to establish a procedure to disclose potential conflicts of interest and substantial interests of certain officials. Be it resolved by the directors of Audrain Developmental Disability Services, Audrain County, Missouri, as follows:

1. **Section 1.** Declaration of Policy. The proper operation of government requires that public officials and employees be independent, impartial, and responsible to the people; that government decisions and policy be made in the proper channels of the governmental structure; that public office not be used for personal gain; and that the public have confidence in the integrity of its government. In recognition of these goals, there is hereby established a procedure for disclosure by certain officials and employees of private financial or other interests in matters affecting the city.
2. **Section 2.** Conflicts of Interest.
 - A) All elected and appointed officials as well as employees of a political subdivision must comply with section 105.454 of Missouri Revised Statutes on conflicts of interest as well as any other law governing official conduct.
 - B) Any member of the governing body of a political subdivision who has a “substantial or private interest” in any measure, bill, order, or ordinance proposed or pending before such governing body must disclose that interest to the secretary or clerk of such body and such disclosure shall be recorded in the appropriate journal of the governing body. Substantial or private interest is defined as ownership by the individual, his spouse, or his dependent children, whether singularly or collectively, directly or indirectly of: (1) 10% or more of any business entity, or (2) an interest having a value of \$10,000 or more; or (3) the receipt of a salary, gratuity, or other compensation or remuneration of \$5,000 or more, per year from any individual, partnership organization, or association within any calendar year.
 - C) All ADDS Board members will be required to review and sign a Conflict of Interest Disclosure form.
3. **Section 3.** Disclosure Reports. Each elected official, the chief administrative officer, the chief purchasing officer, and the full-time general counsel shall disclose the following information by May 1 if any such transactions occurred during the previous calendar year.
 - A) For such a person, and all persons within the first degree of consanguinity or affinity of such a person, the date and the identities of the parties to each transaction with a total value in excess of five hundred dollars, if any, that such person had with the political subdivision, other than compensation received as an employee or payment of any tax, fee or penalty due to the political subdivision, and other than transfers for no consideration to the political subdivision.

- B) The date and the identities of the parties to each transaction known to the person with a total value in excess of five hundred dollars, if any, that any business entity in which such person had a substantial interest, had with the political subdivision, other than payment of any tax, fee or penalty due to the political subdivision or transactions involving payment for providing utility service to the political subdivision, and other than transfers for no consideration to the political subdivision.
- C) The chief administrative officer and the chief purchasing officer also shall disclose by May 1 for the previous calendar year the following information:
- i. The name and address of each of the employers of such person from whom income of one (1) thousand dollars or more was received during the year covered by the statement;
 - ii. The name and address of each sole proprietorship that he owned; the name, address, and the general nature of the ducted of each general partnership and joint venture in which he was a partner or participant; the name and address of each partner or co-participant for each partnership or joint venture unless such names and addresses are filed by the partnership or joint venture with the secretary of state; the name, address and general nature of the business conducted of any closely held corporation or limited partnership in which the person owned ten percent or more of any class of the outstanding stock or limited partnership units; and the name of any publicly traded corporation or limited partnership that is listed on a regulated stock exchange or automated quotation system in which the person owned two percent or more of any class of outstanding stock, limited partnership units or other equity interests;
 - iii. The name and address of each corporation for which such person served in the capacity of a director, officer, or receiver.

4. **Section 4.** Filing of Reports.

- A) The financial interest statement shall be filed at the following times, but no person is required to file more than one financial interest statement in any calendar year;
- i. Every person required to file a financial interest statement shall file the statement annually not later than May 1 and the statement shall cover the calendar year ending the immediately preceding December 31; provided that any member of the Board of Directors may supplement the financial statement to report additional interests acquired after December 31 of the covered year until the date of filing of the financial interest statement.
 - ii. Each person appointed to office shall file the statement within thirty days of such appointment or employment.

B) Financial disclosure reports giving the financial information required in Section 3 shall be filed with the local political subdivision and with the Missouri Ethics Commission. The reports shall be available for public inspection and copying during normal business hours.

5. **Section 5.** Filing of Ordinance. A certified copy of this resolution, adopted prior to September 15th, shall be sent within ten days of its adoption to the Missouri Ethics Commission. Section 6. Effective Date. This ordinance shall be in full force and effect from and after the date of its passage and approval and shall remain in effect for two years from the date of passage.

_____ Chairman of the ADDS Board	_____ Date

_____ Treasurer of the ADDS Board	_____ Date

_____ Executive Director	_____ Date

Annual Review of the Board of Directors

1. There will be a review of the bylaws of the Audrain County Developmental Disability Services and the adherence to their specifications on an annual basis during a Board of Directors' meeting.
2. Annually the Board will review the purpose and policies of ADDS and will determine if the Agency is meeting its responsibilities to the developmentally disabled population and meeting the needs of the citizens in Audrain County. Presentations may be made to the Board by each Program Coordinator/Director to describe progress made in each program area and to make suggestions for the future.
3. These policies will generally be reviewed annually in January of each year.

SUCCESSION PLAN POLICY

Executive Director

The Board is to be prepared for an eventual permanent change in its Executive Director – either planned or unplanned – to ensure the stability and accountability of the organization until such a time as a new permanent Executive Director is identified. The Succession Plan is based upon the deliberate and systematic effort to project its leadership needs. It is the policy of the Board to assess the permanent leadership needs of the agency to help ensure the selection of a qualified and capable leader who is representative of the community, a good fit for the organization’s mission, vision, values, goals, and objectives, and who has the necessary skills for the agency.

To ensure the organization’s operations are not interrupted while the Board assesses the leadership needs and recruits a permanent Executive Director, the Board may appoint a properly qualified interim Executive Director. The interim Executive Director shall ensure that the organization continues to operate without disruption and that all organizational commitments are adequately executed. It is also the policy of the Board to develop a diverse pool of candidates and consider at least two final candidates for its permanent Executive Director position.

The Board shall implement an external recruitment and selection process if needed, while at the same time encouraging the professional development and advancement of current employees. When the Executive Director separates as part of a plan, retirement, disability, etc. the Board, as appointing authority, will communicate an approach to the recruitment and selection of a replacement. The recruitment and selection process will include consultation with county officials and may or may not include the assistance from the vacating Executive Director and/or the Missouri Association of County Boards of Developmental Disabilities Services (MACDDS). In addition, it is expected that the Executive Director updates his personal succession plan at least annually.

Other Staff

The Board recognizes the importance of all staff and the need to ensure stability across all positions. It is the responsibility of the Executive Director to assess the staffing needs of the agency and to help ensure the selection of a qualified and capable workforce. As part of this assessment, all management staff are expected to update their personal succession plan at least annually. An example of this plan can be found in the Appendix of this Policy and Procedure Manual.

1. Purpose

- A) The Board of Directors must manage potential risks facing ADDS. A planned or unplanned absence of the Executive Director position, or other key staff positions, could put the organization at risk. This plan attempts to mitigate that risk. The purpose of this plan is to ensure that the organization's leadership has adequate information and a strategy to effectively manage ADDS in the event the Executive Director is unable to fulfill his/her duties for any reason. The Succession Plan is based upon the deliberate and systematic effort to project its leadership needs.

- B) It is the policy of the Board to assess the permanent leadership needs of the agency to help ensure the selection of a qualified and capable leader who is representative of the community, a good fit for the organization's mission, vision, values, goals and objectives, and who has the necessary skills for the agency. To mitigate risk, this board policy outlines the functions of the Executive Director and ensures their continuation in the event of an absence. This succession planning document also outlines a process for ADDS should its Executive Director have a temporary absence (whether planned or unplanned).
- C) It also outlines an orderly transition process for an unplanned permanent absence. In addition, this plan outlines additional positions in the organizational structure of ADDS for which an absence could pose a risk to the success of ADDS. This plan outlines a process to identify these positions, the associated responsibilities of those positions and methods to mitigate the risk associated with absences from these positions. This plan reflects our Succession Policy at the time of its adoption. Since conditions change, the Board should annually review and update this policy if necessary.

2. Framework for Absences

Absences are grouped into four major categories: temporary or permanent, and planned or unplanned.

3. Priority Functions of the Executive Director

- A) The following are the key functions of the Executive Director and have a corresponding temporary staffing strategy.

<u>Key Executive Director Functions</u>	<u>Temporary Staffing Strategy</u>
Agency Leadership and Vision	Director of Programs and Business Manager
Board Administration and Support	Director of Programs and Business Manager
Financial Management	Business Manager and Treasurer
Programs	Director of Programs with Business Manager
Staffing (Hiring and Firing)	Director of Programs with Board Chair consultation
Plant and Facilities	Director of Programs with Maintenance Coordinator
Community & Public Relations Consultation	Director of Programs with Board Chair
Spokesperson	Director of Programs with Board Chair consultation

- B) The positions assigned in the Temporary Staffing Strategy are based on the agency's organizational structure. In the event this plan is implemented and assigned positions are vacant or no longer available, the board Chair shall select other senior staff to support each of the key Executive Director functions.

4. Notification and Plan Initiation Process for All Temporary Absences

- A) The Board of Directors authorizes the Board Chair to implement the terms of this Succession Plan in the event of temporary absences, whether planned or unplanned.

- B) **Planned:** It is the responsibility of the Executive Director to inform the Board Chair, or, in the Chair's absence, another Executive Committee member, of a long-term planned absence, and to plan with Board and staff accordingly.
- C) **Unplanned:** Should the Board not be previously notified, it is the responsibility of the Director of Programs or Business Manager to immediately inform the Board Chair, or, in the Chair's absence, another Executive Committee member, of an unplanned absence of the Executive Director as soon as feasible, following the notification of an unplanned extended absence, the board Chair or, in his or her absence, another Executive Committee member, shall notify the Board of Directors of the unplanned absence and convene a Board meeting to affirm the procedures prescribed in this plan, or to modify them if needed.

5. Succession Plan for All Temporary Absences Other Than Long Term

A) Definitions:

- i. A **short-term** absence is for 30 days or less. The Executive Director is expected to return after the event or condition that gave rise to the absence is resolved.
- ii. A **medium-term** absence (planned or unplanned) is for 30 to 90 days. The Executive Director is expected to return after the event or condition that gave rise to the absence is resolved.
- iii. An **unplanned absence** is unexpected, such as a medical or family emergency. The Executive Director is expected to return after the event or condition that gave rise to the absence is resolved.
- iv. A **planned absence** is one in which the Board and staff are apprised sufficiently in advance to ensure smooth transition of the priority functions of the Executive Director.

B) Planned Short Term Absence

- i. All short-term vacation absences should comply with the "Vacation Leave" terms in the Policy and Procedure Manual. In addition, for short-term vacation absences by the Executive Director no notice or special reassignment of his/her functions is required if the duration of the vacation is four weeks or less.
- ii. In all other cases, in the event of a desired, short term temporary absence, the Executive Director will seek counsel and assent from the Board of Directors for the absence and the Executive Director will designate the Director of Programs to be in charge during the Executive Director's absence.

C) Planned Medium Term Absence

- i. In the event the Executive Director requests or requires an absence of medium-term length, the Executive Director will seek permission from the Board of Directors, or Board Chairperson if the absence will be occurring prior to the next scheduled Board meeting. In the event permission is granted, the Director of Programs will assume the responsibilities outlined above.

D) Unplanned Short Term or Medium-Term Absence

- i. In the event of an unplanned short- or medium-term absence, the Director of Programs may be appointed Acting Executive Director by the Board Chair as soon as possible.

E) Cross Training Plan

- i. To minimize disruptions that may be caused by all temporary absences, the Executive Director will develop a training plan for each key function to be carried out by staff during their absence.
Authority and Restrictions of the Acting Executive Director. The Acting Executive Director will have full authority for day-to-day decision making and independent action as the regular Executive Director. Decisions that shall be made in consultation with the board Chair and the Executive Committee include staff hiring and firing, financial issues, and taking on of new projects and public positions on behalf of the organization.
- ii. The Acting Executive Director reports to the Board Chair. The Executive Committee shall meet no less than monthly after the Acting Executive Director is appointed.

F) Communication Plan for all UNPLANNED Temporary Absences

Within 48 hours of an Acting Executive Director being appointed, the Board Chair and Acting Executive Director will meet to develop a communication plan to include the kind of information regarding the Executive Director's leave of absence to be communicated and which stakeholders require information.

Stakeholders to be considered include staff, individuals served, parents, guardians, case management organizations, the County Commission, Missouri Department of Mental Health representatives, and local media.

G) Succession Plan for Temporary Absences – Long Term

- i. A long-term absence is greater than 90 days.
- ii. The procedures, rules, and conditions that apply to all temporary absences other than long term shall apply to long term temporary absences with the following additions.

- iii. All planned long-term absences by the executive director require initial approval by the board of directors.
- iv. In any event of a long-term absence, the Board shall give consideration, in consultation with the Acting Executive Director (and in consultation with the Executive Director, if it is a planned long-term absence), to temporarily filling the Director of Programs position, or reassigning responsibilities where needed.
- v. The Board is responsible for reviewing the performance of the Acting Executive Director initially within 30 to 45 days and every 6 months thereafter.

6. Communications Plan

- A) In the event of a planned long-term absence the Executive Director will notify all relevant stakeholders in advance of the absence.
- B) In the event of a crisis or unplanned long-term absence, the Acting Executive Director, at the direction of the Board, will be responsible for the tasks associated with information delivery to various stakeholders, including the media.
- C) Stakeholders to be considered include staff, individuals served, parents, guardians, case management organizations, the County Commission, Missouri Department of Mental Health representatives, and local media.

7. Succession Plan for a Permanent Unplanned Absence

- A) Definitions: A permanent unplanned absence is one where it is firmly determined or decided that the Executive Director will not be returning to the position.
- B) Permanent Unplanned Absence
- C) In the event of a dismissal of the Executive Director, the Board shall follow all ADDS Policy and State/Federal Laws pertaining to employment for any termination for cause or without cause. In the event of a crisis, such as a death to the Executive Director, the Board of Directors shall meet as soon as possible to consider the need to hire an Interim Executive Director from inside or outside the organization.
- D) At its next board meeting - or sooner if needed - a Transition Committee will be formed. It is anticipated that the Transition Committee will consist of members of the Executive Committee plus additional Board volunteers.

- E) The transition process will be guided by the available internal candidates for the position of Interim Executive Director, the expected time frame needed to hire a permanent Executive Director, and the needs of the organization at the time of the transition.
- F) The process for hiring an Interim Executive Director shall follow these guidelines:
The Board Chair, along with the Transition Committee, shall negotiate terms of an agreement with a defined scope of work for the Interim Executive Director.
- G) The scope of work of the Interim Executive Director shall be determined based on an assessment of the needs of the organization at the time of the transition.
- H) Compensation shall be based on market rates for Interim Executive Directors. Recruitment firms may be consulted to determine this rate.

8. Responsibilities of the Interim Executive Director

- A) An Interim Executive Director shall have full authority for day-to-day decision making and independent action as the Executive Director.
- B) Decisions that shall be made in consultation with the Board Chair and the Transition Committee include staff hiring and firing, financial issues, and taking on of new projects or taking public positions on behalf of the organization.

9. Board Oversight and Support of Interim Executive Director the Interim Executive Director Reports to Board Chair.

- A) The Transition Committee shall be alerted to any special support needs of the Interim Executive Director. The Transition Committee shall meet no less than monthly when the Interim Executive Director is hired.
- B) The Board Chair and Transition Committee are responsible for gathering input from staff and reviewing the performance of the Acting Executive Director within 30 to 45 days and every 6 months thereafter.

10. Communication Plan

- A) In the event of a permanent unplanned absence involving a crisis, a Board spokesperson and a Staff spokesperson shall be identified by the Board of Directors.
- B) In all other events, a board spokesperson shall be identified by the Board of Directors and the Board shall develop specific talking points for each stakeholder group, including the media if necessary, and a set of planned messages to be delivered to each group. Stakeholders to be considered include staff,

individuals served, parents, guardians, case management organizations, the County Commission, Missouri Department of Mental Health representatives, and local media.

11. Search and Hire

A) Organizational Assessment

- i. The Board shall conduct an organizational assessment that includes a review of the mission, vision, and strategic direction of the organization.
- ii. The Board shall determine the type of leadership the organization is seeking on a permanent basis.
- iii. Other organizational options may be explored such as restructuring.
- iv. If the same organizational structure will be maintained, the Board (or Transition Committee) shall determine the knowledge, skills, and attributes needed in the new Executive Director and develop an appropriate position description and announcement.

B) Search Process

- i. The Board shall conduct a search for the executive director that is transparent and complies with all personnel policies and laws.
- ii. The Board shall disclose all relevant information about the organization at the time of offer, including organizational mission, vision, strategy, financial position, audit outcomes, any pending legal issues, and any other information that will be relevant to their decision to accept the position.
- iii. The Board shall disclose any “exit plan” of the departing executive.
- iv. The Board may choose to utilize a recruitment firm or consultation with the Missouri Association of County Developmental Disability Services (MACDDS) to assist with the hiring process.

C) Post Hire

- i. The Board shall provide written expectations of the new executive director to govern the first 6 months of the executive director’s tenure. The Board may ask the new executive director to provide a written entry plan.
- ii. The Board shall provide the executive director with the evaluation process and instrument it will use after the first 12 months on the job.

- iii. The Board shall have informal check-in meetings with the new executive director three months and six months after the start date to review the work plan, priorities and resolve any issues that have arisen.
- iv. The Board shall provide a formal evaluation of the executive director after 12 months of service.

8. Sustaining Board Leadership - Succession Planning for the Board

- A) Planning for a succession of Board members is just as difficult as planning for the succession of the Executive Director or other managers. Though we always hope to know well in advance when a Board member will be leaving, careers, family, or illness can often throw well-made plans off course. In addition, new Board members need time to learn about the organization, the Board and staff team, and their role – and to learn all this on a part-time, volunteer schedule.
- B) We realize that multiple strategies will be required in order to build and maintain a strong leadership culture at ADDS.
- C) Board members are challenged to develop their own successor and have that person ready before they are needed. The Board is always looking for new members who bring leadership experience and skills from other Boards or a similar team environment. We encourage open doors so that any potential Board member who is interested can learn more about how things work within our organization.
- D) Every Board member is encouraged to consider someone who would be able, willing, and reasonably prepared to step into their role if they were unable to continue. Board members are encouraged to share their ideas with the Audrain County Commission so that they may be considered for selection to the Board.

9. Key Staff Contingency Plans

- A) The following questions will be used to organize key information about current staff roles and responsibilities. All management staff will be asked to complete a secession plan for their positions. The information will be reviewed and updated with your immediate supervisor annually as part of the performance evaluation process. Please copy and attach to any annual reviews you complete.
- B) Please note that the form referenced above, and copies of forms completed by staff are maintained in the Executive Director's Office. Please submit this form to your Executive Director with a copy of your most recent Job Description and any other information that is pertinent to someone covering your role in your absence.

10. Approvals and Reviews

A) Succession Plan Approval

i. Initial Approval

The succession plan shall be approved by a formal resolution by the Board of Directors.

ii. Annual Review

Thereafter, no less than annually, the Executive Director shall review the plan and recommend any amendments to the full board as needed.

iii. Signatories

The Board Chair, Board Secretary and the Executive Director shall sign the plan.

B) Record Keeping

- i. Copies of this plan shall be maintained by the Executive Director and the Business Manager in accordance with document retention requirements.

C) Financial Considerations

- i. It shall be the responsibility of the Executive Committee to review the organization's finances during an unplanned absence of the Executive Director.
- ii. At all times the Executive Director, Board Treasurer and at least one other Board Member, shall have signature authorization for checks and contracts for the organization.

Signatures

Executive Director

Date

Board Chair

Date

Board Secretary

Date

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES (ADDS)
RESOLUTION OF PASSAGE

NOW, on this _____ day of _____, upon Motion duly made and seconded at a duly noticed meeting of the Board of Directors of ADDS, the following resolution was unanimously passed:

RESOLVED, That the ADDS Policy and Procedure Manual and Employee Handbook in existence prior to this date, _____, shall be revoked and annulled and in its place the new restated, amended and revised Policy and Procedure Manual which includes information from the former Employee Handbook as well as Health and Safety Manual, which shall be instituted in the form attached hereto.

I, the Secretary of ADDS, do hereby certify that this resolution was duly made, seconded and passed, and that proper notice of the meeting was made to the public in the usual fashion.

ADDS Secretary

Date

ADDS Chairman

Date

ADDS Executive Director

Date

JOB DESCRIPTIONS

Job Descriptions and Performance Evaluations

1. It is the policy of this Agency that all job descriptions are reviewed annually for accurate and reliable information.
2. All performance evaluations shall be directly aligned with the various job descriptions in an effort to clarify job expectations and performance.
3. All employee performance goals/objectives are to be measurable and agreed upon by the supervisor and the employee.
4. The performance evaluation will be used year to year to guide and direct goals and expectations for the employee involved.
5. Each ADDS job description has unique criteria on the job evaluation and the specific Program Coordinator should be consulted for a sample of the job evaluation.

Employee Verification of Education Credentials and Active Certifications

1. Purpose: This policy establishes the procedures for verifying the educational qualifications and professional certifications of employees and job candidates to ensure compliance with job requirements, regulatory standards, and organizational integrity.
2. Scope: This policy applies to all employees, contractors, and job applicants whose roles require specific educational credentials or professional certifications.
3. Policy Statement: The organization is committed to hiring and retaining qualified individuals. All educational degrees, diplomas, and certifications claimed by employees or applicants must be verified prior to employment or assignment to roles requiring such credentials.

4. Verification Procedures

A) Pre-Employment Verification

- i. All job applicants must provide documentation of required education and certifications during the recruitment process.
- ii. Human Resources (HR) will verify credentials through one or more of the following methods:
 - (a) Direct contact with issuing institutions
 - (b) Use of third-party verification services (National Clearinghouse, Nursys, etc.)
 - (c) Review of original documents (e.g., diplomas, transcripts, certificates)

B) Post-Employment Verification

- i. Employees promoted or transferred to roles requiring additional credentials must submit documentation for verification prior to assuming new responsibilities.
- ii. Periodic audits may be conducted to ensure ongoing compliance.

C) Certification Maintenance

- i. Employees are responsible for maintaining current certifications where required.
- ii. HR will track expiration dates and notify employees of upcoming renewals.
- iii. Failure to maintain required certifications may result in reassignment, suspension, or termination.

5. Falsification and Non-Compliance

A) Falsification of educational or certification records is grounds for immediate disqualification from employment or termination.

B) Non-compliance with verification procedures may result in disciplinary action.

6. Confidentiality: All documentation and verification records will be handled in accordance with the organization's data privacy and confidentiality policies.

7. Responsibilities

A) HR Department: Oversees the verification process and maintains records.

B) Hiring Managers: Ensure job descriptions accurately reflect credential requirements.

C) Employees: Provide accurate documentation and maintain required certifications.

Executive Director

The Executive Director will:

1. Communicate with and carry out policies and decisions of the Board of Directors. Arrange, announce, and attend all Board meetings
2. Have overall responsibility for establishment and smooth operation of all programs and facilities operated by Audrain County Residential Facilities and Sheltered Workshop Board, d/b/a Audrain Developmental Disability Services. This includes planning, bidding, and overseeing construction projects, and maintaining vehicles and property in good working order.
3. Screen, interview, hire, train, and directly supervise ADDS' management staff (Program Coordinators, Financial Manager, Community RN, QA position, etc.). Communicate with the same at regularly scheduled staff meetings and on a daily/as needed basis to facilitate the Agency's operations.
4. Maintain and supervise an office, which conducts the business and pays the bills for ADDS. Co-sign, with designated Board Members, checks, and drafts for the expenditures of Agency funds.
5. In conjunction with Program Coordinators, hire all ADDS' staff. Make final decisions on all hiring and discharges with direct supervisor input.
6. Have input, consultation, and accountability regarding reporting on funds granted to the Handi-Shop, Inc. Serve as Ex Officio Handi-Shop Board Member.
7. Represent Audrain County at MACDDS, Legislative, Regional, and State meetings and functions pertaining to ID/DD services.
8. Negotiate with Hannibal Satellite Office and the Department of Mental Health—Division of Intellectual disabilities/Developmental Disabilities regarding placement of individuals to be served, rates of reimbursement, licensure, and special programs.
9. Prepare annual budgets based on input from Program Coordinators on county-wide need for services, tax levy, and generated income. Prepare quarterly financial comparisons for Board review. Assure that expenditures are in accord with Board-approved budget and available resources.
10. Prepare grants and make arrangements for loans and require reporting and accountability for same.
11. Maintain interagency communication with County Commissioners, all County Public Schools, S.B. 40 Programs in other counties, Missouri Mental Health Commission, Division of Vocational Rehabilitation,

State School for Severely Handicapped, Children's Therapy and Early Education School, Department of Social Services, Mexico City Management, Mexico Public Safety, Mid-Missouri Council for Governments, Special Olympics, Mexico Area YMCA, private foundations, civic clubs, Chamber of Commerce, Mexico Housing Authority, Human Development Corporation, Federal Housing Authority, Probate Court, and Public Administrators.

12. Arrange for and provide the Board with an annual, certified audit and regular budget reports.
13. Supervise preparation of monthly reports for Board Treasurer.
14. Supervise preparation of Board meeting minutes for Board Secretary.
15. Handle individual persons receiving services/parent problems which the established system does not solve.
16. Communicate with Board attorney regarding matters needing legal opinion/consideration.
17. Will update succession plan at least annually or as needed.
18. Promote community awareness and public image of ADDS.
19. Perform other duties as required or assigned by the collective Board, at a daily duly called meeting.

QUALIFICATIONS:

This position requires a degree in the Human Services field and five years of increasingly responsible experience working with individuals who are intellectually disabled/developmentally disabled, and a desire to work with individuals who are intellectually disabled/developmentally disabled in a community setting.

POSITIONS SUPERVISED:

Responsible for all employees of the agency. Direct supervisor to the Financial Manager and Program Coordinators.

Financial Manager

1. Responsible to the Executive Director.
2. Keep up to date with financial records in the accounting system including annual budget.
3. Bill all services provided by ADDS monthly through the current state billing program.
4. Reconcile Medicaid Waiver direct deposits received with monthly billing.
5. Advise Executive Director of billing discrepancies.
6. Process consumer room and board and personal spending payments.
7. Verify agency bills and promptly prepare checks for payment as well as process authorized online payments.
8. Breakdown, calculate, and process online payments for health, dental, vision, life, and AFLAC insurance premiums.
9. Breakdown, calculate, and process employer contributions to the employee retirement system.
10. Document and record deposits for all revenues, transfer funds from Money Market account to operational accounts as needed and manage all bank accounts and CDs.
11. Enter general ledger, accounts payable, accounts receivable, prepaid insurance, and petty cash transactions monthly in the accounting system.
12. Prepare monthly and quarterly budget and treasurer reports for the Board of Directors.
13. Prepare all necessary reports for annual audit and upload documents as requested by the auditor.
14. Communicate openly to the Executive Director all pertinent financial aspects of the agency, present cash receipts journal, income statement, and balance sheet monthly.
15. Maintain payroll system including wages, benefits, direct deposits, tax information, new employees, termed employees, and accruals/ communicate issues to the payroll company.
16. Prepare and finalize payroll including reviewing and applying accruals for vacation, sick leave, and personal days, record in general ledger.

17. Ensure Federal, FICA, Medicare, and State withholding taxes are properly calculated, and payments issued to IRS in a timely manner.
18. Ensure quarterly taxes are prepared and filed with the IRS in a timely manner.
19. Ensure W-2's and 1095C's are prepared and sent to employees by deadline as well as filed with the IRS in a timely manner.
20. Prepare and file Current Employee Statistics report online monthly and Multiple Worksite Report quarterly.
21. Manage annual enrollment of employee benefits (health, dental, vision, life AFLAC, and health savings accounts).
22. Manage Workers Comp program including reporting and coordination of medical bills.
23. Process and track all garnishments and provide interrogatories to the court in a timely manner.
24. Manage annual tax levy following all state and county procedures.
25. Manage contracts with the Handi-Shop, Children's Therapy School, Pike County Sheltered Workshop, and other entities as needed.
26. Calculate depreciation on assets annually.
27. Communicate with Board Members regarding meetings and agency matters as requested; attend Board of Directors meetings and keep minutes for Board Secretary.
28. Supervise authorized representative payee to ensure funds are managed efficiently; pay all bills in a timely manner; and keep a detailed ledger for each consumer in the account system.
29. Serve as the agency Compliance Officer and oversee that the compliance program is effective in detecting and preventing potential incidents of fraud, waste and abuse and will report any potential activity to the Executive Director.
30. Supervise Human Resource Manager, Organizational Payee Coordinator, and Administration staff.
31. Will update succession plan at least annually or as needed.
32. Understand, promote, and comply with the ADDS Policy and Procedure Manual as well as HIPAA Regulations.

33. Responsible for carrying out other duties as assigned by the Executive Director.

Human Resource Manager

1. Responsible to the Financial Manager.
2. Receive telephone calls; route calls and deliver messages to appropriate staff members.
3. Receive visitors in the office and make them comfortable and assist as appropriate.
4. Complete onboarding and offboarding for all employees.
5. Upon eligibility, provide employees with benefit forms and ensure timely completion.
6. Electronically enroll employees in health, dental vision, life, and AFLAC insurance in conjunction with the Financial Manager, process changes of coverage and terminations.
7. Create as needed and maintain employee HR forms.
8. Update and maintain State and Federal Employer/Employee Labor Law posters for all locations.
9. Coordinate incoming IT requests.
10. Send FMLA information/paperwork to employees as requested and track use.
11. Send COBRA information to termed employees and enroll as requested.
12. Process payroll in the absence of the Financial Manager.
13. Maintain, scan, and attach training documents and certifications to the payroll system and track expirations.
14. Plan and coordinate ADDS' workforce to best utilize employees/ strengths and talents.
15. Link ADDS Administration with its employees.
16. Liaison with a range of people involved in policy areas such as staff performance, benefits and health and safety.
17. Complete annual updates on current HR practices and philosophies through conferences and online training.
18. Serve as consultant with other managers and advise them on HR issues such as equal employment opportunity and sexual harassment.

19. Oversee recruitment and hiring including development of job descriptions and staff specifications, prepare job listings, check applications, shortlist, interview, and select candidates.
20. Coordinate the training of agency staff and analyze training needs in conjunction with program managers.
21. Perform semi-annual employee background checks with FCSR, Case Net, and Federal Exclusion list.
22. Notify Program Coordinators/Managers of due dates of 45-day evaluations on new employees.
23. Maintain records of employee evaluations and written counseling's.
24. Handle staffing issues, such as absence management, mediate disputes and coordinate disciplinary procedures.
25. Create flyers, brochures, and event tickets,
26. Avoid litigation and other potential losses by overseeing participation in Equal Employment Opportunity, Americans with Disabilities Act, Family and Medical Leave Act, and other federal and state regulations.
27. Undertake regular salary reviews for all staff to determine market competitiveness and salary distribution within ADDS.
28. Create a work environment that supports recruitment, positive staff morale, and retention.
29. Serve on agency committees as directed, particularly the Activities Committee.
30. Attend management meetings as directed, monthly administration meetings, and meetings with program management.
31. Assist with the development, implementation, and update of ADDS policies and other annual agency reports, including the Outcomes Report.
32. Will update succession plan at least annually or as needed.
33. Understand, promote, and comply with the ADDS Policy and Procedure Manual as well as HIPAA Regulations.
34. Responsible for carrying out other duties as assigned by the Financial Manager or Executive Director.

Organizational Payee

1. Process consumer room and board and personal spending payments.
2. Serve as authorized representative and payee for ADDS consumers; pay all bills in a timely matter and keep a detailed ledger for each consumer in the accounting system.
3. Communicate with the Social Security Administration and Missouri Division of Social Services Family Support unit as necessary to resolve issues.
4. Communicate with vendors and medical providers as necessary to resolve billing issues.
5. Communicate with coordinates, house managers, and guardians to ensure consumer financial needs are met.
6. Manage excess consumer funds, track in accounting system, and provide receipts of purchases to Hannibal Regional Office.
7. Report consumer wages to the Social Security Administration
8. Report changes in consumer status to the Social Security Administration.
9. Issue monthly personal spending allowance to consumers.
10. Reconcile consumer personal spending and wage logs monthly.
11. Manage excess consumer funds, order consumer personal items as requested, and provide receipts of purchases to the financial manager.
12. Enter data in SAGE accounting system and run reports.
13. Manage storage of consumer files and set up new filing annually.
14. Set up new computers and enroll with IT management company.
15. Communicate with IT management company as needed to resolve issues with printers, routers, and computers.
16. Keep detailed inventory of agency computers and other electronic equipment.

17. Receive telephone calls, route calls, and deliver messages to appropriate staff members.
18. Receive visitors in the office and assist as appropriate.
19. Correspond with agency contacts and Board Members as requested.
20. Communicate problems or concerns to the supervisor.
21. Will update succession plan at least annually or as needed.
22. Understand, promote, and comply with the ADDS Policy and Procedure Manual as well as HIPAA Regulations.
23. Responsible for carrying out other duties as assigned by Financial Manager or Executive Director.

Administrative Assistant

1. Assist with billing all services provided by ADDS monthly through CIMOR.
2. Scan Consumer, payroll, and financial documents to cloud storage and file electronically.
3. Prepare and breakdown monthly bills and present report to the Financial Manager.
4. Receive all revenues and prepare for deposit in appropriate accounts.
5. Enter data in SAGE accounting system and run reports.
6. Manage auto insurance cards, report purchase of new vehicles to insurance company, report accidents to insurance company, maintain vehicle list, and license new vehicles.
7. Order agency supplies, furniture, laptops, etc.
8. Create flyers, brochures, and event tickets and organize staff birthday and anniversary cards.
9. Perform monthly fire extinguisher check and complete all monthly safety forms and required drills.
10. Manage storage of agency files and set up new filing annually.
11. Keep adequate supply of agency forms, office supplies, and meeting supplies.
12. Manage set up of meetings and order meals.
13. Run errands (bank deposits, signatures from board members, post office, supplies, etc.).
14. Receive telephone calls, route calls, and deliver messages to appropriate staff members.
15. Open and distribute mail daily.
16. Receive visitors in the office and assist as appropriate.
17. Correspond with agency contacts and Board Members as requested.
18. Communicate problems or concerns to the supervisor.

19. Understand, promote, and comply with the ADDS Policy and Procedure Manual as well as HIPAA Regulations.
20. Responsible for carrying out other duties as assigned by Financial Officer or Executive Director.

Community RN/Director of Health Services

1. Responsible to the Executive Director for day-to-day activities of the ADDS Health Services Program.
2. Train and supervise all staff, including Program Coordinators/Managers, Assistant to the Director of Health Services and direct support professionals regarding medical aspects of the care provided within ADDS programs.
3. Make decisions and suggestions regarding selection of individuals served, in-service training, use of consultants, public relations, and program development as well as suggestions and decisions regarding budgeting.
4. Keep all records in compliance with the Department of Mental Health and Medicaid Waiver Program.
5. Perform evaluation of new and existing individuals served to determine priority and suitability of treatment and/or need for modification.
6. Oversee and guide the work of other nursing and support staff.
7. Supervise Community RN Delegation of Specified Nursing Tasks as assigned to direct support professionals.
8. Monitor medical waivers updated as needed on a yearly basis.
9. Perform yearly and as needed choking assessments.
10. Perform twice a year and as needed AIMS testing (Abnormal Involuntary Movement Scale).
11. When needed; instruct and monitor individuals served regarding self-administering their medications as indicated on PCSP's and in accord with physician's orders.
12. Communicate with Program Coordinators/Managers regarding medical needs and conditions of the individuals served in the respective programs and direct support professionals regarding need for treatment.
13. Maintain communication with parents, families and guardians as needed.
14. Interpret consultation reports as well as lab reports.
15. Update medication records and physicians' orders as orders received.

16. Perform other related treatments and/or procedures for consumers as ordered by the physician – i.e., blood draw, cerumen irrigation, wound care, foot care, ear irrigations, etc.
17. Prepare monthly medication administration record and physician order forms from EML and distribute to all respective programs.
18. Perform monthly health assessments on all individuals served and fulfilling the requirement of total authorized hours of 1.25 per individual served per month.
19. Complete DMRDD Community RN Monthly Service log.
20. Perform Professional Assessment and Monitoring for Community RN services in ISL setting with individuals served.
21. Communicate professionally with all other agencies involved with individuals served.
22. Attend all PCSP meetings, as able, to provide medical input and assure follow-through.
23. Maintain confidentiality of patient records regarding HIPAA standards.
24. Provide individuals served with preventative annual vaccinations, i.e., TB tine and influenza vaccine on a yearly basis.
25. Monitor and provide as needed immunizations, i.e., pneumonia vaccine, shingles, tetanus, etc. to individuals served.
26. Perform new employee TB tine screenings.
27. Provide monthly educational in-service trainings to staff as appropriate, i.e., peg tube feeding, use of VNS, fall prevention, infection prevention, etc.
28. Attain and maintain certification and provide Level 1 medication administration training to new hires and recertification for all staff every two years.
29. Provide monthly training as needed for staff for blood borne pathogens – universal precautions.
30. Attain and maintain certification and provide monthly training for certification and recertification for CPR/First Aid/AID through American Red Cross as needed for staff.

31. Destroy and record on medication destruction forms medicines that have expired, discontinued, etc. every 90 days or as needed and narcotics that have not been used for at least 14 days.
32. Assist with transporting individuals served to appointments or outings from time to time; if an Agency van is not accessible the community RN may drive her own vehicle and must have the insurance required by ADDS – 100,000/300,000/100,000.
33. Responsible for keeping mileage sheets, expense sheets and daily time sheets.
34. Assist HSO nurses with yearly HRST and assist with scoring MAAS and return completion of Nursing Review Action Plan.
35. Track incident reports within Agency and provide summary report to Executive Director.
36. Track medication administration errors within Agency and provide summary report to Executive Director.
37. Track infections within Agency and provide summary report to Executive Director.
38. Attend occasional Board Meetings, training/communication meetings and other conferences as needed or as required by the Executive Director.
39. Understand, promote, and comply with the ADDS Policy and Procedure Manual, CARF, and Medicaid Waiver Standards as well as HIPAA compliance guidelines.
40. Available on an on-call basis in case of emergencies and will provide coverage as needed and as able.
41. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
42. Complete TB tine upon initial employment and as needed/required.
43. Obtain and maintain certifications and attend ongoing trainings as required by ADDS, CARF, and the Department of Mental Health.
44. Perform specialized nursing procedures related to the unique needs of individuals served as needed.
45. Will update succession plan at least annually or as needed.
46. Responsible for carrying out other duties as assigned by the Executive Director.

Director of Quality Assurance

1. Responsible to the Executive Director.
2. Assist in planning and organizing mandatory trainings.
3. Coordinate the Case Records Review/Safety Committee and activities.
4. Summarize report of Case Records Review and monitor corrections.
5. Record minutes for monthly administration meetings.
6. Update and record of annual Agency goals/objectives.
7. Update and present the annual Outcomes Report and Annual Report.
8. Update and present agency Risk Assessment plan on an annual basis.
9. Assist Executive Director as requested in any or all preparations necessary for CARF accreditation.
10. Prepare and distribute ADDS stakeholders annual survey and report annual survey results.
11. Prepare and distribute ADDS persons served annual survey and report annual survey.
12. Prepare and submit annual Tiered Support Asset Interview.
13. Prepare and submit annual MACDDS survey as requested.
14. Submit PCSP's completed by TCM to Hannibal Regional Office.
15. Track PCSP submissions for TCM and report any late PCSP's to TCM supervisor.
16. Serve as the agency TCM Gatekeeper for HRST and assign new users as needed.
17. Serve as the designated signing supervisor for the TCM supervisor.
18. Collaborate and serve as an agency liaison with Hannibal Regional Office regarding TCM entity and any issues.

19. Serve as a liaison for any legal matters as directed by the Executive Director.
20. Prepare and present policy changes or requirements as needed to the Board of Directors for approval.
21. Maintain the agency Policy and Procedure Manual annually and as needed.
22. Update and maintain agency Program Handbooks annually and as needed.
23. Maintain and update the agency Corporate Compliance plan annually and as needed.
24. Update and maintain the agency Accessibility Plan and Summary annually and as needed.
25. Assist in maintaining ADDS website as needed. Provide updated documents for website updates.
26. Review and prepare payroll for TCM and Community Service employees.
27. Provide internal audits for TCM files as needed.
28. Prepare, maintain, and present any agency corrective action plans as needed or required by Hannibal Regional Office.
29. Attend occasional Board Meetings, training/communication meetings, and other conferences as required by the Executive Director.
30. Serve as a community liaison and attend community events and meetings as requested.
31. Understand, promote, and comply with the ADDS Policy and Procedure Manual, CARF, Medicaid Waiver Standards, and HIPAA compliance standards.
32. Complete TB tine upon initial employment and as needed/required.
33. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
34. Maintain vehicle insurance required by ADDS – 100,000/300,000/100,000.
35. Responsible for keeping mileage sheets, expense sheets, and daily time sheets.
36. Will update succession plan at least annually or as needed.
37. Perform other duties as assigned by the Executor Director.

Safety Coordinator

1. Responsible to the Executive Director.
2. Schedule annual Fire Inspection with Mexico Fire Department.
3. Schedule annual Fire, Food, and Defensive Driving training for all employees.
4. Serve as agency CPI (Crisis Prevention Intervention) Instructor for monthly employee training and for new hires.
5. Schedule and conduct annual ADA reviews of grounds and facilities and present findings to Maintenance and Executive Director.
6. Prepare and present policy changes or requirements as needed to the board for approval.
7. Provide updates for the agency Policy and Procedure Manual annually and as needed.
8. Serve as a community liaison and participate in community organizations such as LEPC (Local Emergency Preparedness Committee) and COAD (Community Organizations Active in Disasters).
9. Understand, promote, and comply with the ADDS Policy and Procedure Manual, CARF, Medicaid Waiver Standards, and HIPAA compliance standards.
10. Complete TB tine upon initial employment and as needed/required.
11. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
12. Maintain vehicle insurance required by ADDS – 100,000/300,000/100,000.
13. Responsible for keeping mileage sheets, expense sheets, and daily time sheets.
14. Will update succession plan at least annually or as needed.
15. Perform other duties as assigned by the Executor Director.

Coordinator of Group Residential Services

1. Responsible to the Executive Director for the day-to-day operations of group residential services to include Harvey House, CT Loyd, Breckenridge Heights, their staff and individuals served as well as the Workshop Specialist.
2. Direct group residential services to meet and comply with the Department of Mental Health, Medicaid Waiver, and CARF standards and regulations. This will include keeping records and the facility in compliance with the licensure/accreditation standards.
3. Supervise teaching of self-care, survival, and social skills to the individuals served. This includes attending and providing input to all Person-Centered Support Plan (PCSP) meetings. The PCSP goals and objectives will be communicated to staff and the Coordinator of Group Residential Services will ensure that the goals are properly executed and documented.
4. Assist individual(s) served when problems arise and will make recommendations as to how to handle such problems.
5. Obtain input for program and house improvements from the individual(s) served in a group setting and on an individual basis.
6. Responsible for monitoring the health needs and routine health care of all individual(s) served. This includes regular checkups and immediate treatment in the event of illness or accidents. Ensure all physicians' orders are current and correct, as well as ensure that they are followed, and medication is taken correctly.
7. In case of an emergency, the Residential Home Manager or the Coordinator of Group Residential Services will immediately notify the parents or guardians and see that the individual(s) served receives medical attention. In addition, the Hannibal Satellite Office and the Executive Director will be notified.
8. Maintain good communication with family members/guardians and the Support Coordinator, which will include keeping them informed of pertinent information in a timely manner.
9. Communicate with other agencies as needed.
10. Ensure transportation needs of the individual(s) served are met and delegated to the appropriate staff.
11. Coordinate intake of individuals wishing to reside in a group residential home with consultation and assistance as needed from the Director of Programs/QA and the Executive Director.

12. Make decisions and suggestions on budgeting, space allocation, travel, selection of those served, in-service training, use of consultants, public relations, and program development.
13. Interview, train, and supervise all staff, which includes direct care personnel under the direction of the Human Resource Manager and the Executive Director.
14. Complete 45 day and annual evaluations by September 1 on each direct care staff member.
15. Responsible for preparing staff schedules, which includes requests for time off for staff.
16. Arrange for consultation, in-service training and on-going educational opportunities for staff as needed.
17. Ensure that all staff are trained and qualified to pass medications.
18. Provide counseling and support for staff when problems arise.
19. Conduct monthly staff meetings and keep records of these meetings.
20. Understand, promote, and comply with the ADDS Policy and Procedure Manual, CARF, Medicaid Waiver Standards and the Group Residential Handbooks.
21. Maintain confidentiality and follow HIPAA compliance standards.
22. Available on an on-call basis in case of emergencies and provide coverage as needed.
23. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
24. Monitor maintenance of buildings and vehicles.
25. Maintain budget records and receipts. In addition, any budgetary recommendations for expenses and program purchases will be given to the Executive Director.
26. Coordinate menu planning; staff will assist individuals served with menu planning and food purchasing.
27. Ensure that budget requirements are followed.
28. Monitor money and personal spending of persons served living in the group residential homes.
29. Identify and request maintenance issues related to the building and its contents.

30. Ensure that ADDS' vehicles are properly maintained, and transportation needs are met.
31. Attend occasional Board Meetings, training/communication meetings and other conferences as required by the Executive Director.
32. Complete TB tine upon initial employment and as needed/required.
33. Required to obtain and maintain certifications and attend ongoing trainings as required by ADDS, CARF, and the Department of Mental Health.
34. Required to obtain and maintain chauffeur's license and maintain insurance as required by ADDS – 100,000/300,000/100,000.
35. Will update succession plan at least annually or as needed.
36. Responsible for carrying out other duties as assigned by the Executive Director.

Harvey House Manager

1. Responsible to the Executive Director and to the ADDS Coordinator of Group Residential Services for the day-to-day operations of Harvey House, the staff and individuals served.
2. Direct Harvey House services to meet and comply with the Department of Mental Health, Medicaid Waiver, and CARF standards and regulations. This will include keeping records and the facility in compliance with the licensure/accreditation standards. Responsible for understanding and carrying out the policies of the ADDS Board of Directors.
3. Responsible for familiarizing self with the Person-Centered Support Plans (PCSP) of the individual(s) served, their goals and any precautions that are necessary.
4. Responsible for completing all required information on data sheets, case notes and PCSP goal documentation forms as needed.
5. Responsible for keeping all drills up to date and acting on any safety situation reported to him/her in a timely manner. This includes doing monthly building checks and meeting minimum data standards for chemicals, etc.
6. Supervise teaching of self-care, survival, and social skills to the individuals served. This includes attending and providing input to all Person-Centered Support Plan (PCSP) meetings. The PCSP goals and objectives will be communicated to staff and the Manager will ensure that the goals are properly executed and documented.
7. Assist individual(s) served along with the Coordinator of Group Residential Services when problems arise and will make recommendations as to how to handle such problems.
8. Obtain input for program and house improvements from the individual(s) served in a group setting and on an individual basis.
9. Responsible for monitoring the health needs and routine health care of all individual(s) served. This includes regular checkups and immediate treatment in the event of illness or accidents. Ensure all physicians' orders are current and correct, as well as ensure that they are followed, and medication is taken correctly.
10. In case of an emergency, the Manager will immediately notify the Coordinator of Group Residential Services, and, at their direction, the parents or guardians and see that the individual(s) served receives medical attention. In addition, ensure that the Coordinator of Group Residential Services notifies the Hannibal Satellite Office and the Executive Director.

11. In partnership with the Coordinator of Group Residential Services maintain appropriate communication with family members/guardians and the Support Coordinator, which will include keeping them informed of pertinent information in a timely manner.
12. Communicate with other agencies as needed.
13. Ensure the transportation needs of the individual(s) served are met and delegated to the appropriate staff.
14. Coordinate intake of individuals wishing to reside at Harvey House with support from the Coordinator of Group Residential Services and the Director of Programs.
15. Interview, train, and supervise all staff, which includes direct support professionals at Harvey House under the direction of the Coordinator of Group Residential Services and the Executive Director.
16. Coordinate with the Coordinator of Group Residential services in completing 45 day and annual evaluations by September 1 on each direct support professional.
17. Responsible for preparing staff schedules, which includes requests for time off for staff.
18. Required to have some stamina, strength, and the ability to assist individuals served in and out of the bathtub as well as toilet and in and out of bed and assist into and out of vehicles as needed. Some reaching with hands and arms, stooping, kneeling, crouching, some sitting, standing, and walking may be required for long periods of time. Walking may be necessary on uneven terrain or up and down stairs and inclines.
19. Arrange for consultation, in-service training and on-going educational opportunities for staff as needed.
20. Ensure that all staff are trained and qualified to pass medications under the direction of the Director of Health Services.
21. Conduct monthly staff meetings and keep records of these meetings.
22. Attend weekly Manager meetings as needed to discuss day-to-day activities and operations.
23. Understand, promote, and comply with the ADDS Policy and Procedure Manual, CARF Standards, Medicaid Waiver Standards, and the Harvey House Handbook.
24. Maintain confidentiality and follow HIPAA compliance standards.
25. Available on an on-call basis in case of emergencies and provide coverage as needed.

26. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
27. In coordination with the Coordinator of Group Residential Services, keep all respite records up-to-date and keep a log of times in respite at Harvey House.
28. Monitor maintenance of buildings and vehicles.
29. Maintain budget records and receipts. In addition, any budgetary recommendations for expenses and program purchases will be discussed with the Coordinator of Group Residential Services.
30. Monitor money and personal spending of persons served living in Harvey House.
31. Coordinate menu planning; staff will assist individuals served with menu planning and food purchasing.
32. Ensure that budget requirements are followed.
33. Identify and request maintenance issues related to the building and its contents with the support of the Coordinator of Group Residential Services.
34. Ensure that ADD' vehicles are properly maintained, and all transportation needs are met with the support of the Coordinator of Group Residential Services.
35. Complete TB tine upon initial employment and as needed/required.
36. Required to obtain and maintain certifications and attend ongoing trainings as required by ADDS, CARF, and the Department of Mental Health.
37. Required to obtain and maintain chauffeur's license and maintain insurance as required by ADDS – 100,000/300,000/100,000.
38. Responsible for carrying out other duties as assigned by the Coordinator of Group Residential Services, Director of Programs/QA and/or the Executive Director.

Breckenridge Heights Manager

1. Responsible to the Executive Director and the ADDS Coordinator of Group Residential Services for the day-to-day operations of Breckenridge Heights, the staff and individuals served.
2. Direct Breckenridge Heights' services to meet and comply with the Department of Mental Health, Medicaid Waiver, and CARF standards and regulations. This will include keeping records and the facility in compliance with the licensure/accreditation standards. Responsible for understanding and carrying out the policies of the ADDS Board of Directors.
3. Responsible for familiarizing self with the Person-Centered Support Plans (PCSP) of the individual(s) served, their goals and any precautions that are necessary.
4. Responsible for completing all required information on data sheets, case notes and PCSP goal documentation forms as needed.
5. Responsible for keeping all drills up to date and acting on any safety situation reported to him/her in a timely manner. This includes doing monthly building checks and meeting minimum data standards for chemicals, etc.
6. Supervise teaching of self-care, survival, and social skills to the individuals served. This includes attending and providing input to all Person-Centered Support Plan (PCSP) meetings. The PCSP goals and objectives will be communicated to staff and the Manager will ensure that the goals are properly executed and documented.
7. Assist individual(s) served along with the Coordinator of Group Residential Services when problems arise and will make recommendations as to how to handle such problems.
8. Obtain input for program and house improvements from the individual(s) served in a group setting and on an individual basis.
9. Responsible for monitoring the health needs and routine health care of all individual(s) served. This includes regular checkups and immediate treatment in the event of illness or accidents. Ensure all physicians' orders are current and correct, as well as ensure that they are followed, and medication is taken correctly.
10. In case of an emergency, the Manager will immediately notify the Coordinator of Group Residential Services and, at their direction, the parents or guardians and see that the individual(s) served receives medical attention. In addition, ensure that the Coordinator of Group Residential Services notifies the Hannibal Satellite Office and the Executive Director.

11. In partnership with the Coordinator of Group Residential Services, maintain appropriate communication with family members/guardians and the Support Coordinator, which will include keeping them informed of pertinent information promptly.
12. Communicate with other agencies as needed.
13. Ensure the transportation needs of the individual(s) served are met and delegated to the appropriate staff.
14. Assist the Coordinator of Group Residential Services in coordinating intake of individuals wishing to reside at Breckenridge Heights.
15. Interview, train, and supervise all staff, which includes direct support professionals at Breckenridge Heights under the direction of the Coordinator of Group Residential Services, Director of Programs/QA and the Executive Director.
16. Coordinate with the Coordinator of Group Residential services in completing 45 day and annual evaluations by September 1 on each direct support professional.
17. Responsible for preparing staff schedules, which includes requests for time off for staff.
18. Required to have some stamina, strength, and the ability to assist individuals served in and out of the bathtub as well as toilet and in and out of bed and assist into and out of vehicles as needed. Some reaching with hands and arms, stooping, kneeling, crouching, some sitting, standing, and walking may be required for long periods of time. Walking may be necessary on uneven terrain or up and down stairs and inclines.
19. Arrange for consultation, in-service training and on-going educational opportunities for staff as needed.
20. Ensure that all staff are trained and qualified to pass medications under the direction of the Director of Health Services.
21. Conduct monthly staff meetings and keep records of these meetings.
22. Attend weekly Manager meetings as scheduled by the Coordinator of Group Residential Services to discuss day-to-day activities and operations.
23. Understand, promote, and comply with the ADDS Policy and Procedure Manual, CARF Standards, Medicaid Waiver Standards and the Breckenridge Heights' Handbook.
24. Maintain confidentiality and follow HIPAA compliance standards.

25. Available on an on-call basis in case of emergencies and provide coverage as needed.
26. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
27. Monitor maintenance of buildings and vehicles.
28. Assist Coordinator of Group Residential Services in maintaining budget records and receipts. In addition, any budgetary recommendations for expenses and program purchases will be given to the Coordinator of Group Residential Services to discuss with the Executive Director.
29. Monitor money and personal spending of persons served living in Breckenridge Heights.
30. Coordinate menu planning; staff will assist individuals served with menu planning and food purchasing.
31. Ensure that budget requirements are followed.
32. Identify and request maintenance issues related to the building and its contents with the support of the Coordinator of Group Residential Services.
33. Ensure that ADDS' vehicles are properly maintained, and all transportation needs are met with the support of the Coordinator of Group Residential Services.
34. Complete TB tine upon initial employment and as needed/required.
35. Required to obtain and maintain certifications and attend ongoing trainings as required by ADDS, CARF, and the Department of Mental Health.
36. Required to obtain and maintain chauffeur's license and maintain insurance as required by ADDS – 100,000/300,000/100,000.
37. Responsible for carrying out other duties as assigned by the Coordinator of Group Residential Services, Director of Programs/QA and/or the Executive Director.

CT Loyd Apartments Manager

1. Responsible to the Executive Director and the ADDS Coordinator of Group Residential Services for the day-to-day operations of CT Loyd Apartments, the staff and individuals served.
2. Direct CT Loyd Apartments' services to meet and comply with the Department of Mental Health, Medicaid Waiver, and CARF standards and regulations. This will include keeping records and the facility in compliance with the licensure/accreditation standards. Responsible for understanding and carrying out the policies of the ADDS Board of Directors.
3. Responsible for familiarizing self with the Person-Centered Support Plans (PCSP) of the individual(s) served, their goals and any precautions that are necessary.
4. Responsible for completing all required information on data sheets, case notes and PCSP goal documentation forms as needed.
5. Responsible for keeping all drills up to date and acting on any safety situation reported to him/her in a timely manner. This includes doing monthly building checks and meeting minimum data standards for chemicals, etc.
6. Supervise teaching of self-care, survival, and social skills to the individuals served. This includes attending and providing input to all Person-Centered Support Plan (PCSP) meetings. The PCSP goals and objectives will be communicated to staff and the Manager will ensure that the goals are properly executed and documented.
7. Assist individual(s) served along with the Coordinator of Group Residential Services when problems arise and will make recommendations as to how to handle such problems.
8. Obtain input for program and house improvements from the individual(s) served in a group setting and on an individual basis.
9. Responsible for monitoring the health needs and routine health care of all individual(s) served. This includes regular checkups and immediate treatment in the event of illness or accidents. Ensure all physicians' orders are current and correct, as well as ensure that they are followed, and medication is taken correctly.
10. In case of an emergency, the Manager will immediately notify the Coordinator of Group Residential Services and, at their direction, the parents or guardians and see that the individual(s) served receives medical attention. In addition, ensure that the Coordinator of Group Residential Services notifies the Hannibal Satellite Office and the Executive Director.

11. In partnership with the Coordinator of Group Residential Services, maintain appropriate communication with family members/guardians and the Support Coordinator, which will include keeping them informed of pertinent information promptly.
12. Communicate with other agencies as needed.
13. Ensure the transportation needs of the individual(s) served are met and delegated to the appropriate staff.
14. Assist the Coordinator of Group Residential Services in coordinating the intake of individuals wishing to reside at C.T. Loyd Apartments.
15. Interview, train, and supervise all staff, which includes direct support professionals at Breckenridge Heights under the direction of the Coordinator of Group Residential Services, Director of Programs/QA, and the Executive Director.
16. Coordinate with the Coordinator of Group Residential services in completing 45 day and annual evaluations by September 1 on each direct support professional.
17. Responsible for preparing staff schedules, which includes requests for time off for staff.
18. Required to have some stamina, strength, and the ability to assist individuals served in and out of the bathtub as well as toilet and in and out of bed and assist into and out of vehicles as needed. Some reaching with hands and arms, stooping, kneeling, crouching, some sitting, standing, and walking may be required for long periods of time. Walking may be necessary on uneven terrain or up and down stairs and inclines.
19. Arrange for consultation, in-service training and on-going educational opportunities for staff as needed.
20. Ensure that all staff are trained and qualified to pass medications under the direction of the Director of Health Services. Conduct monthly staff meetings and keep records of these meetings.
21. Attend weekly Manager meetings as scheduled by the Coordinator of Group Residential Services to discuss day-to-day activities and operations.
22. Understand, promote, and comply with the ADDS Policy and Procedure Manual, CARF Standards, Medicaid Waiver Standards, and the C.T. Loyd Apartments' Handbook.
23. Maintain confidentiality and follow HIPAA compliance standards.
24. Available on an on-call basis in case of emergencies and provide coverage as needed.

25. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
26. Monitor maintenance of buildings and vehicles.
27. Assist Coordinator of Group Residential Services in maintaining budget records and receipts. In addition, any budgetary recommendations for expenses and program purchases will be given to the Coordinator of Group Residential Services to discuss with the Executive Director.
28. Monitor money and personal spending of persons served living in C.T. Loyd Apartments.
29. Coordinate menu planning; staff will assist individuals served with menu planning and food purchasing.
30. Ensure that budget requirements are followed.
31. Identify and request maintenance issues related to the building and its contents with the support of the Coordinator of Group Residential Services.
32. Ensure that ADD' vehicles are properly maintained, and all transportation needs are met with the support of the Coordinator of Group Residential Services.
33. Complete TB tine upon initial employment and as needed/required.
34. Required to obtain and maintain certifications and attend ongoing trainings as required by ADDS, CARF, and the Department of Mental Health.
35. Required to obtain and maintain chauffeur's license and maintain insurance as required by ADDS – 100,000/300,000/100,000.
36. Responsible for carrying out other duties as assigned by the Coordinator of Group Residential Services, Director of Programs/QA, and the Executive Director.

Group Residential Services Direct Support Professionals

1. Responsible to the Coordinator of Group Residential Services CT Loyd and Breckenridge Heights staff and Harvey House Manager if Harvey House Staff.
2. Responsible for familiarizing self with the individual(s) served Person-Centered Support Plan (PCSP), their goals and any precautions that are necessary. Staff will carry out PCSP objectives by following methods described in the PCSP.
3. Responsible for documenting daily as required on the PCSP progress notes and goal sheets as indicated by the PCSP and Training Plans.
4. Required to document progress according to the guidelines established in the objectives (i.e., “every morning,” “daily,” etc.)
5. Required to record money expenditures from individual(s) served earnings and savings.
6. Responsible for supervising the upkeep of the home and completing any tasks that cannot be completed by the individual(s) served regarding house cleaning assignments.
7. Administering and distributing medication (if directed to do so) will be the responsibility of all shifts, with each staff person initialing the medication chart for any medication distributed or administered.
8. Responsible for refilling medications, grocery shopping, shopping for house supplies, doctor appointments, personal shopping with the individual(s) served, and entertainment transportation will be assigned by the Coordinator of Group Residential Services to staff on appropriate shifts.
9. Staff on morning shifts will be responsible for assisting individual(s) served in breakfast preparation clothing choices, if required, and for ascertaining that all chores listed on the morning checklist in the staff office are completed, as well as assuring that the duties are completed on the individual(s) served responsibility list.
10. Responsible for communicating needs and concerns of individual(s) served and their parents/guardians to the Coordinator of Group Residential Services or Harvey House Manager as appropriate.
11. Required to maintain client confidentiality according to HIPAA guidelines.
12. Responsible for following the chain of command (Please see the ADDS Organizational Chart in the ADDS Policy and Procedure Manual) in regard to questions and concerns.

13. Responsible for communicating in a constructive manner and utilizing good judgment in the workplace.
14. Responsible for maintaining a clean, neat and appropriate appearance and dress in the workplace.
15. Required to attend and have input into monthly staff meetings regarding concerns and problems of individual(s) served, staff concerns, suggestions, and requests, etc. It should be noted that staff are requested to address any significant concerns and/or discuss essential information with supervisor as quickly as possible and not wait until a monthly staff meeting.
16. Required to fill in vacation days, holidays, and extra hours as scheduled.
17. Required to have some stamina, strength, and the ability to assist individuals served in and out of the bathtub as well as toilet and in and out of bed and assist into and out of vehicles as needed. Some reaching with hands and arms, stooping, kneeling, crouching, some sitting, standing, and walking required for long periods of time. Walking may be necessary on uneven terrain or up and downstairs and inclines.
18. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
19. Responsible for familiarizing self with the ADDS Policy and Procedure Manual, Program Handbook, CARF and Medicaid Waiver Standards.
20. Required to have at least a high school diploma or equivalent and be at least 18 years old.
21. Required to obtain and keep current certifications mandated by ADDS, CARF, and the Department of Mental Health.
22. Required to have training in Abuse Neglect Reporting, MO Quality Outcomes, Positive Behavior Support, Universal Precautions and HIPAA prior to contact with individual(s) served.
23. Required to obtain certification in CPR, First Aid, (content through American Red Cross or American Heart Association) and CPI within 60 days of employment and Level 1 Medication Aide training within 90 days of employment.
24. Must be willing to complete further training as required/requested.
25. Must obtain chauffeur's license within 90 days of hire and assist with transportation needs from time to time. When an Agency vehicle is not available for appointments or outings staff members will be responsible for using their own personal vehicle.
26. Responsible for keeping mileage forms, expense forms and daily time sheets.

27. Responsible for obtaining insurance as required by ADDS – 100,000/300,000/100,000.
28. Required to have TB screening at initial hire and as needed.
29. Required to perform other duties assigned by Coordinator of Group Residential Services, or Harvey House Manager if appropriate or Executive Director.
30. Employee evaluation will be conducted 45 days after employment date and annually.
31. All staff represent ADDS in public and are asked to do so with dignity, respect for others and professionalism.

Coordinator of ISL Services

1. Responsible to the Director of Programs/QA and the Executive Director for the day-to-day operations of Abat, Hazel, and Jefferson Road ISLs, their staff and individuals served.
2. Direct ISL services to meet and comply with the Department of Mental Health, Medicaid Waiver, and CARF standards and regulations. This will include keeping records and the facility in compliance with the licensure/accreditation standards.
3. Supervise teaching of self-care, survival, and social skills to the individuals served. This includes attending and providing input to all Person-Centered Support Plan (PCSP) meetings. The PCSP goals and objectives will be communicated to staff and the Coordinator of ISL Services will ensure that the goals are properly executed and documented.
4. Assist individual(s) when problems arise and make recommendations as to how to handle them.
5. Obtain input for program and house improvements from the individual(s) served in a group setting and on an individual basis.
6. Responsible for monitoring the health needs and routine health care of all individual(s) served. This includes regular checkups and immediate treatment in the event of illness or accidents. Ensure all physicians' orders are current and correct, as well as ensure that they are followed, and medication is taken correctly.
7. In case of an emergency, the Coordinator of ISL Services will immediately notify the parents or guardians and see that the individual(s) served receives medical attention. In addition, the Hannibal Satellite Office, the Director of Programs/QA, and the Executive Director will be notified.
8. Maintain good communication with family members/guardians and the Support Coordinator, which will include keeping them informed of pertinent information in a timely manner.
9. Communicate with other agencies as needed.
10. Ensure the transportation needs of the individual(s) served are met and delegated to the appropriate staff.
11. Coordinate intake of individuals wishing to reside in an ISL with consultation and assistance as needed from the Director of Programs/QA and the Executive Director.
12. Make decisions and suggestions on budgeting, space allocation, travel, selection of those served, in-service training, use of consultants, public relations, and program development.

13. Interview, train, and supervise all staff, which includes direct care personnel under the direction of the Director of Programs/QA and the Executive Director.
14. Complete 45 day and annual evaluations by September 1 on each direct care staff member.
15. Responsible for preparing staff schedules, which includes requests for time off for staff.
16. Arrange for consultation, in-service training and on-going educational opportunities for staff as needed.
17. Ensure that all staff are trained and qualified to pass medications.
18. Provide counseling and support for staff when problems arise.
19. Conduct monthly staff meetings and keep records of these meetings.
20. Understand, promote, and comply with the ADDS Policy and Procedure Manual, CARF, Medicaid Waiver Standards and the ISL Policy Manuals.
21. Maintain confidentiality and follow HIPAA compliance standards.
22. Available on an on-call basis in case of emergencies and provide coverage as needed.
23. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
24. Monitor maintenance of buildings and vehicles.
25. Maintain budget records and receipts. In addition, any budgetary recommendations for expenses and program purchases will be given to the Executive Director.
26. Coordinate menu planning; staff will assist individuals served with menu planning and food purchasing.
27. Ensure that budget requirements are followed.
28. Monitor money and personal spending of persons served living in the ISLs.
29. Identify and request maintenance issues related to the building and its contents.
30. Ensure that ADDS' vehicles are properly maintained, and transportation needs are met.

31. Attend occasional Board Meetings, training/communication meetings and other conferences as required by the Executive Director.
32. Complete TB tine upon initial employment and as needed/required.
33. Required to obtain and maintain certifications and attend ongoing trainings as required by ADDS, CARF, and the Department of Mental Health.
34. Required to obtain and maintain chauffeur's license and maintain insurance as required by ADDS – 100,000/300,000/100,000.
35. Will update succession plan at least annually or as needed.
36. Responsible for carrying out other duties as assigned by the Director of Programs/QA and the Executive Director.

ISL Direct Support Professionals

1. Responsible to the Coordinator of ISL Services.
2. Responsible for familiarizing self with the individual(s) served Person-Centered Support Plan (PCSP), their goals and any precautions that are necessary.
3. Required to document as required on the daily PCSP progress notes and goal sheets as indicated by the PCSP and Training Plans daily per shift. Progress notes should include a.m. or p.m. care, bowel movements and client mood and behavior at a minimum.
4. Required to record money expenditures from individual(s) served earnings and savings.
5. Administering and distributing medication will be the responsibility of all shifts, with each staff person charting daily for any medication distributed or administered for each individual(s) served.
6. Responsible for refilling medications (if directed to do so), grocery shopping, shopping for house supplies, doctor appointments, personal shopping with the individual(s) served, and entertainment transportation will be assigned by the Coordinator of ISL Services to staff on appropriate shifts.
7. Responsible for performing monthly emergency drills and ensuring safety equipment is in proper working order.
8. Responsible for ensuring that adaptive equipment is clean and in good working order and must report problems to supervisor or maintenance staff.
9. Required to assist with any daily hygiene needs and that may include showering incontinent individual(s) served, assisting in bathroom needs, diaper changes, providing peri and oral care.
10. Assist in dressing of individuals served as needed.
11. Required to prepare and serve all meals as needed which may include assisting in preparing lunches for any programs/school attended.
12. Required to do laundry as needed, attend to any cleaning that needs to be done as well as washing dishes after each meal, etc.
13. Required to assist individuals served in attending activities and outings as well as in activities in the home.
14. Required to do any errands requested pertaining to efficient care and services.

15. Required to assist/supervise individuals served with bedtime needs – any hygiene activities, etc.
16. Perform bed checks every two hours or as needed if needed more frequently.
17. Required to keep closets stocked, soap dispensers filled, and paper towels stocked as well as maintain home in a clean and organized atmosphere.
18. Responsible for communicating needs and concerns of individual(s) served and their parents/guardians to the Coordinator of ISL Services.
19. Required to maintain client confidentiality according to HIPAA guidelines.
20. Responsible for following the chain of command (Please see the ADDS' Organizational Chart in the ADDS Policy and Procedure Manual) in regard to questions and concerns.
21. Responsible for communicating in a constructive manner and utilizing good judgment in the workplace.
22. Responsible for maintaining a clean, neat and appropriate appearance and dress in the workplace.
23. Required to have some stamina, strength, and the ability to assist individuals served in and out of the bathtub as well as toilet and in and out of bed and assist into and out of vehicles as needed. Some reaching with hands and arms, stooping, kneeling, crouching, some sitting, standing, and walking may be required for long periods of time. Walking may be necessary on uneven terrain or up and downstairs and inclines.
24. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
25. Required to attend and have input into monthly staff meetings regarding concerns and problems of individual(s) served, staff concerns, suggestions, and requests, etc. It should be noted that staff are requested to address any significant concerns and/or discuss essential information with their supervisor as quickly as possible and not wait until a monthly staff meeting.
26. Required to fill in vacation days, holidays, and extra hours as scheduled.
27. Responsible for familiarizing self with the ADDS Policy and Procedure Manual, Program Handbook, CARF and Medicaid Waiver Standards.
28. Required to have at least a high school diploma or equivalent and be at least 18 years old.
29. Required to obtain and keep current certifications mandated by ADDS, CARF, and the Department of Mental health.

30. Required to have training in Abuse Neglect Reporting, MO Quality Outcomes, Positive Behavior Support, Universal Precautions and HIPAA prior to contact with individual(s) served.
31. Required to obtain certification in CPR, First Aid, (content through American Red Cross or American Heart Association) and CPI within 60 days of employment and Level 1 Medication Aide training within 90 days of employment.
32. Must be willing to complete further training as required/requested.
33. Must obtain chauffeur's license within 90 days and assist with transportation needs from time to time.
34. When an Agency vehicle is not available for appointments or outings staff members will be responsible for using their own personal vehicle.
35. Responsible for keeping mileage forms, expense forms and daily time sheets.
36. Responsible for obtaining insurance as required by ADDS – 100,000/300,000/100,000.
37. Required to have TB screening at initial hire and as needed as directed by Community RN.
38. Required to perform other duties assigned by Coordinator of ISL Services or Executive Director.
39. Employee evaluation will be conducted 45 days after employment date and annually.
40. All staff represent ADDS in public and are asked to do so with dignity, respect for others and professionalism.

Fieldcrest Community Services Program Coordinator

1. Responsible to the Executive Director for the day-to-day operations of the Fieldcrest Apartment/Community Program, staff and individuals served.
2. Direct the Fieldcrest Program services to meet and comply with the Department of Mental Health, Medicaid Waiver, and CARF standards and regulations. This will include keeping records and the facility in compliance with the licensure/accreditation standards.
3. Supervise teaching of self-care, survival, and social skills to the individuals served. This includes attending and providing input to all Person-Centered Support Plan (PCSP) meetings. The PCSP goals and objectives will be communicated to staff and the Program Coordinator will ensure that the goals are properly executed and documented.
4. Assist individuals served when problems arise and will make recommendations as to how to handle such problems.
5. Obtain input for program improvements from the individual(s) served in a group setting and on an individual basis.
6. Provide financial training through the use of personal checking accounts or ADDS trust account for paying bills, groceries, supplies, etc.
7. Provide regular monitoring of individuals' hygiene, laundry, household skills, etc.
8. Provide support during crisis periods.
9. Assist individuals in acquiring needed services such as transportation, education, medical, and financial services.
10. Communicate and comply with Mexico Housing Authority regarding Fieldcrest Apartment Program site.
11. Maintain good communication with family members/guardians and the Support Coordinator, which will include keeping them informed of pertinent information in a timely manner.
12. Communicate with other agencies as needed.
13. Interview, train, and supervise all staff under the direction of the Executive Director.
14. Complete 45 day and annual evaluations by September 1 on each direct care staff member.

15. Responsible for preparing staff schedules, which includes requests for time off.
16. Arrange for consultation, in-service training and on-going educational opportunities for staff as needed.
17. Provide counseling and support for staff when problems arise.
18. Conduct monthly staff meetings and keep records of these meetings.
19. Understand, promote, and comply with the policies of ADDS by understanding the ADDS Policy and Procedure Manual, CARF, Medicaid Waiver Standards and the Fieldcrest Program Handbook.
20. Maintain confidentiality and follow HIPAA compliance standards.
21. Available on an on-call basis in case of emergencies and will provide coverage as needed.
22. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
23. Maintain budget records and receipts. In addition, any budgetary recommendations for expenses and program purchases will be given to the Executive Director.
24. Ensure that ADDS' vehicles are properly maintained.
25. Attend occasional Board Meetings, training/communication meetings, and other conferences as required by the Executive Director.
26. Complete TB tine upon initial employment and as needed/required.
27. Obtain and maintain certifications and attend ongoing trainings as required by ADDS, CARF, and the Department of Mental Health.
28. Obtain and maintain chauffeur's license and maintain insurance as required by ADDS- 100,000/300,000/100,000.
29. Will update succession plan at least annually or as needed.
30. Responsible for carrying out other duties as assigned by the Executive Director.

Fieldcrest Community Services Direct Support Professional

1. Responsible to the Fieldcrest Community Service Program Coordinator.
2. Responsible for understanding and carrying out the policies of the ADDS Board.
3. Responsible for familiarizing self with the individual(s) served Person-Centered Support Plan (PCSP), their goals and any precautions that are necessary. Staff will carry out PCSP objectives by following methods described in the PCSP.
4. Required to document daily as required on the progress notes and goal sheets as indicated by the PCSP and Implementation Strategy Plans.
5. Required to document progress according to the guidelines established in the objectives (i.e., “every morning,” “daily,” etc.)
6. Required to record Medicaid hours for each individual served per contact hour established in their PCSP.
7. Required to document the contact hours and the daily activities in the log sheets and the progress notes of each individual(s) served on a daily basis.
8. Responsible for setting up weekly medication planners and recording in the MAR.
9. Assist with community transportation when needed.
10. Required to personally assist individual(s) served to medical appointments, community shopping, community activities, personal activities, financial bill paying or banking, etc.
11. Required to supervise cooking, laundry, house inspections, weekly menus, and give advice or directions in any necessary area. Staff will encourage individual(s) to complete tasks independently.
12. Responsible for giving guidance to individual(s) served in relationships, friendships, and community interactions.
13. Responsible for offering counseling to individual(s) served on daily hygiene, appropriate dress for activities, and appropriate behavior in the community.
14. Evening shift is responsible for assisting individual(s) in completing goals and providing verbal or physical cues as needed.

15. Responsible for obtaining monthly weights and vital signs and recording this information.
16. Responsible for conducting monthly fire drills, disaster drills and community drills.
17. Required to have some stamina, strength, and the ability to assist individuals served in and out of the bathtub as well as toilet and in and out of bed and assist into and out of vehicles as needed. Some reaching with hands and arms, stooping, kneeling, crouching, some sitting, standing, and walking may be required for long periods of time. Walking may be necessary on uneven terrain or up and down stairs and inclines.
18. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
19. Responsible for communicating needs and concerns of individual(s) served and their parents/guardians to the Program Coordinator.
20. Required to maintain client confidentiality according to HIPAA guidelines.
21. Responsible for following the chain of command (see the ADDS Organizational Chart in the ADDS Policy and Procedure Manual) regarding questions and concerns.
22. Responsible for communicating in a constructive manner and utilizing good judgment in the workplace.
23. Responsible for maintaining a clean, neat, and appropriate appearance and dress in the workplace.
24. Required to attend and have input into monthly staff meetings regarding concerns and problems of individual(s) served, staff concerns, suggestions, and requests, etc. It should be noted that staff are requested to address any significant concerns and/or discuss essential information with supervisor as quickly as possible and not wait until a monthly staff meeting.
25. Required to fill in vacation days, holidays and extra hours as scheduled/needed.
26. Responsible for familiarizing self with the ADDS Policy and Procedure Manual, Fieldcrest Apartment and Mexico Housing Rules, CARF and Medicaid Waiver Standards.
27. Required to have at least a high school diploma or equivalent and be at least 18 years old.
28. Required to obtain and keep current certifications mandated by ADDS, CARF, and the Department of Mental Health.
29. Required training in Abuse Neglect Reporting, MO Quality Outcomes, Positive Behavior Support, Universal Precautions and HIPAA before contact with individual(s) served.

30. Required to obtain certification in CPR, First Aid, (content through American Red Cross or American Heart Association) and CPI within 60 days of employment and Level 1 Medication Aide training within 90 days of employment.
31. Must be willing to complete further training as required/requested.
32. Must obtain chauffeur's license within 90 days of hire and assist with transportation needs from time to time. When an Agency vehicle is not available for appointments or outings staff members will be responsible for using their own personal vehicle.
33. Responsible for keeping mileage forms, expense forms and daily time sheets.
34. Responsible for obtaining insurance as required by ADDS – 100,000/300,000/100,000.
35. Required to have initial TB screening and as needed.
36. Required to perform other duties assigned by Program Coordinator or Executive Director.
37. Employee evaluation will be conducted 45 days after employment date and annually.
38. All staff represent ADDS in public and are asked to do so with dignity, respect for others and professionalism.

Natural Home Program Coordinator

1. Responsible to the Executive Director for the day-to-day operations of the ADDS Natural Home program, staff and individuals served.
2. Direct the Natural Home program to meet and comply with the Department of Mental Health, Medicaid Waiver, and CARF standards and regulations. This will include keeping records and program in compliance with the licensure/accreditation standards.
3. Meet with families and attend Person-Centered Support Plan (PCSP) meetings of Natural Home individuals receiving Medicaid Waiver or Lopez Waiver Services and Partnership for Hope program.
4. Responsible for writing and implementing training plans as designated by the PCSP.
5. Responsible for preparing goal sheets.
6. Prepare and maintain master record on each individual in the program.
7. Inform the Executive Director of any changes requested by families in the level of service they receive and assist in coordinating authorized changes to the program.
8. Assist families along with the support coordinator in obtaining professional services required for the individual to remain in the family home.
9. Assist with transportation needs from time to time and when an Agency van is not accessible for appointments or outings will be responsible for using own personal vehicle.
10. Responsible for keeping mileage sheets, expense sheets, and daily time sheets.
11. Train and supervise Natural Home staff under the direction of the Executive Director.
12. Complete 45 day and annual evaluations by September 1 on each direct care staff.
13. Arrange for consultation, in-service training, and on-going educational opportunities for staff as needed.
14. Provide counseling and support for staff when problems arise.
15. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.

16. Understand, promote, and comply with the ADDS Policy and Procedure Manual, CARF, and Medicaid Waiver Standards as applicable.
17. Maintain confidentiality and follow HIPAA compliance standards.
18. Attend occasional Board Meetings, training/communication meetings, and other conferences as required by the Executive Director.
19. Complete TB tine upon initial employment and as needed/required.
20. Required to obtain and maintain certifications and attend ongoing trainings as required by ADDS, CARF and the Department of Mental Health.
21. Will update succession plan at least annually or as needed.
22. Required to obtain and maintain chauffeur's license and maintain insurance as required by ADDS - 100,000/300,000/100,000.
23. Responsible for carrying out other duties as assigned by the Executive Director.

Natural Home Direct Support Professional

1. Responsible to the Natural Home Program Coordinator.
2. Responsible for understanding and carrying out the policies of the ADDS Board.
3. Responsible for familiarizing self with the individual(s) served Person-Centered Support Plan (PCSP), their goals and any precautions that are necessary.
4. Required to document as required on the daily PCSP progress notes and goal sheets as indicated by the PCSP and Implementation Strategy Plans each day in the home.
5. Responsible for carrying out objectives/goals by following methods described in the PCSP and Implementation Strategy Plans. Progress will be documented by staff according to the guidelines established in the objectives (i.e., “every morning”, “daily” etc.).
6. Responsible for recording Medicaid hours for each individual(s) served per contact hour established in their PCSP’s.
7. Required to document the contact hours and daily activities on the log sheets and the progress notes of each individual(s) served on a daily basis or when in the home.
8. If applicable, required to document an overall description of the shift in the “jot” book in order to keep the next shift informed of the events occurring.
9. If applicable, responsible for administering medication to individual(s) served who cannot take their medication properly or independently. This will be recorded by the person giving the medication in Therap.
10. If applicable, required to personally assist individual(s) served to medical appointments, community shopping, community activities, personal activities, financial bill paying, banking, etc.
11. If applicable, required to supervise cooking, laundry, house inspections, weekly menus, and give advice or directions in any necessary area. Will encourage individual(s) to complete tasks independently when appropriate.
12. If applicable, required to give guidance to individual(s) served in regard to relationships, friendships, and community interactions.
13. Responsible for offering counseling to individual(s) served on daily hygiene, appropriate dress for activities, and appropriate behavior in the community, if applicable.

14. Required to have some stamina, strength, and the ability to assist individuals served in and out of the bathtub as well as toilet and in and out of bed and assist into and out of vehicles as needed. Some reaching with hands and arms, stooping, kneeling, crouching, some sitting, standing, and walking may be required for long periods of time. Walking may be necessary on uneven terrain or up and downstairs and inclines.
15. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
16. Responsible for communicating needs and concerns of individual(s) served and their parents/guardians to the Program Coordinator.
17. Required to maintain client confidentiality according to HIPAA guidelines.
18. Responsible for following the chain of command (Please see the ADDS Organizational Chart in the ADDS Policy and Procedure Manual) in regard to questions and concerns.
19. Responsible for communicating in a constructive manner and utilizing good judgment in the workplace.
20. Responsible for maintaining a clean, neat and appropriate appearance and dress in the workplace.
21. If applicable, required to attend and have input into any staff meetings held regarding concerns and problems of individual(s) served, staff concerns, suggestions, and requests, etc. It should be noted that staff are requested to address any significant concerns and/or discuss essential information with their supervisor as quickly as possible.
22. Responsible for familiarizing self with the ADDS Policy and Procedure Manual, CARF and Medicaid Waiver Standards (as appropriate).
23. Required to obtain and keep current certifications mandated by ADDS, CARF, and the Department of Mental health.
24. Required to have training in Abuse Neglect Reporting, MO Quality Outcomes, Positive Behavior Support, Universal Precautions and HIPPA prior to contact with individual(s) served.
25. Required to obtain certification in CPR, First Aid, (content through American Red Cross or American Heart Association) and CPI within 60 days of employment and, if required, Level 1 Medication Aide training within 90 days of employment.
26. Must be willing to complete further training as required/requested.
27. Must obtain chauffeur's license within 90 days and assist with transportation needs from time to time.

28. When an Agency vehicle is unavailable for appointments or outings, staff members will use their own personal vehicle.
29. Responsible for keeping mileage forms, expense forms and daily time sheets.
30. Responsible for obtaining insurance as required by ADDS – 100,000/300,000/100,000.
31. Required to have initial TB screening and as needed.
32. Required to perform other duties assigned by Program Coordinator or Executive Director.
33. Employee evaluation will be conducted 45 days after employment date and annually.
34. All staff represent ADDS in public and are asked to do so with dignity, respect for others and professionalism.

Developmental Training Center (DTC) Program Director

1. Responsible to the Executive Director for the day-to-day operations of the DTC, its staff, and individual(s) served.
2. Direct the day habilitation services and programming activities within the DTC to meet and comply with the Department of Mental Health, Medicaid Waiver, and CARF standards and regulations. This will include keeping records and the facility in compliance with the licensure/accreditation standards.
3. Responsible for maintaining communication with family members/guardians, Program Coordinators, and Support Coordinators regarding program matters and pertinent information of individuals served.
4. Communicate with other agencies involved with individuals served within confidentiality standards.
5. Maintain necessary records on each person receiving services and keep records in compliance with the Department of Mental Health, Medicaid Waiver, and CARF requirements.
6. Responsible for attending all Person-Centered Support Plan (PCSP) and any conferences and providing input on each individual served.
7. Responsible for developing and writing an Implementation Strategy Plan for each individual served ensuring Implementation Strategy Plans are properly implemented and goal sheets and daily progress notes are being documented accurately.
8. Responsible for ensuring all individuals served are exercising their rights and are given the opportunities to make their own choices and provide input into their delivery of services.
9. Interview, train, and supervise all staff under the direction of the Executive Director.
10. Responsible for providing initial and ongoing training to employees. Provide staff supervision and access to certification training, in-service training, and ongoing educational/informational opportunities.
11. Complete 45 day and annual evaluations by September 1 on each direct support professional.
12. Responsible for preparing staff schedules, which includes requests for time off.
13. Provide counseling and support for staff when problems arise.
14. Conduct monthly staff meetings and keep records of these meetings.

15. Understand, promote, and comply with the ADDS Policy and Procedure Manual, CARF, Medicaid Waiver Standards and the DTC Policy Manual.
16. Maintain confidentiality and follow HIPAA compliance standards.
17. Available on an on-call basis in case of emergencies and provide coverage as needed.
18. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
19. Responsible for the purchasing of materials/supplies needed to effectively operate the program with regard to staying within budget guidelines and providing receipts of all purchases to the Executive Director.
20. Give budgetary recommendations, help establish and implement objectives for Quality Outcomes, and assist in program/Agency growth, development, and improvement.
21. Provide input in the selection of individuals applying for services. After approval from the Executive Director, responsible for following intake/enrollment procedures, acquiring and setting up case records, and overseeing ongoing orientation of individuals receiving services.
22. Responsible for maintenance concerning the upkeep of the building and its contents, and for making arrangements for repairs when needed.
23. Responsible for notifying maintenance staff if an agency vehicle used by DTC has a repair or maintenance issue.
24. Responsible for ensuring that all transportation needs for individuals served are met.
25. Responsible for reporting and keeping the Executive Director informed on pertinent matters regarding the program and/or individuals served.
26. Responsible for reviewing DTC progress notes and goal progress in order to provide direction for any changes needed in the program's provision of supports and services to individuals served.
27. Attend occasional Board Meetings, training/communication meetings, and other conferences as required by the Executive Director.
28. Complete TB tine upon initial employment and as needed/required.
29. Required to obtain and maintain certifications and attend ongoing trainings as required by ADDS, CARF, and the Department of Mental Health.

30. Obtain and maintain chauffeur's license and maintain insurance as required by ADDS-100,000/300,000/100,000.
31. Coordinate the Case Records Review Committee and activities with the QA Director.
32. Will update succession plan at least annually or as needed.
33. Responsible for carrying out other duties as assigned by the Executive Director.

Developmental Training Center (DTC) Assistant Program Coordinator

1. Responsible to the DTC Program Director and serves as back up in her absence.
2. Provide leadership, oversight, support, and supervision to direct support professionals.
3. Provide staff coverage in performing direct support professionals' duties as needed
4. Assure positive interactions and appropriate programming is occurring and that the flow of the activities is continuous to assure there is no idle time.
5. Assure training and goals are being implemented by direct support professionals as outlined in each person's Person-Centered Support Plan and Implementation Strategies Plan.
6. Assist in monitoring documentation on goal sheets and daily progress notes for complete, accurate, and detailed documentation and turned into the Program Director at the end of each month.
7. Assist with the development and changes of DTC program curriculum and activities.
8. Assist in arranging and scheduling opportunities for individuals served to access the community Director of the Daily Attendance Log Sheet prior to turning it into the Program at the end of each day.
9. Assist in tracking and accurately recording each person's spending on the Monthly Community Integration Account Sheets or Monthly Personal Spending Account Sheets along with keeping receipts of all spending. Turn in account sheets and spending receipts to the Program Director at the end of each month.
10. Monitor supply of prescribed medications and when low on supply, notify the homes for refills or bubble packs as needed.
11. Assure MARS are received and filed in MAR book at the beginning of each month along with giving completed MARS to each home at the end of the month.
12. Assure Transportation Log Sheets are in each van mileage book. At the end of each month, pull and check logs for accuracy and turn them in to the designated person.
13. Assist with communicating or providing notices to parents/guardians and home coordinators regarding scheduled community activities, closing, special events, concerns, etc. as needed.
14. Conduct Monthly Activity Meetings and turn in minutes of meetings to the Program Director.

15. Conduct Monthly Fire Drills and Emergency/Disaster Drills.
16. Complete monthly Health and Safety Checklist, check Refrigerator/Freezer Temps, check Fire Extinguisher's (DTC and vans) and Emergency/Exit Lights.
17. Required to have some stamina, strength, and the ability to assist individuals served in and out of the bathtub as well as toilet and in and out of bed and assist into and out of vehicles as needed. Some reaching with hands and arms, stooping, kneeling, crouching, some sitting, needed. Standing and walking may be required for extended periods of time. Walking may be necessary on uneven terrain or up and down stairs and inclines.
18. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
19. Provide direction and support to direct support professionals in working with individuals served with challenging behaviors and encouraging positive approaches.
20. Maintain effective communication with the Program Director informing or consulting on developments, concerns, or other pertinent issues.
21. Attend PCSP meetings or other meetings upon request of Program Director.
22. Accepts and conducts special assignments or duties when requested by the Program Director.
23. Understand, promote, and comply with the ADDS Policy and Procedure Manual, DTC Policy Handbook, CARF and Medicaid Waiver Standards.
24. Required to obtain and keep current certifications mandated by ADDS, CARF and the Department of Mental Health and attend ongoing trainings as required.
25. Required to have training in Abuse Neglect Reporting, MO Quality Outcomes, Positive Behavior Support, Universal Precautions, Client Rights, ADDS Title VI Plan and HIPAA prior to contact with individual(s) served.
26. Must be willing to complete further training as required/requested.
27. Must obtain chauffeur's license within 90 days of hire and assist with transportation needs from time to time. When an Agency vehicle is not available for appointments or outings staff members will be responsible for using their own personal vehicle.
28. Required to obtain and maintain insurance as required by ADDS – 100,000/300,000/100,000.

29. Initial TB tine upon employment and annual TB screening if required.
30. Employee evaluation will be conducted 45 days after employment date and annually.
31. All Staff represent ADDS in the public and are asked to do so with dignity, respect for others and professionalism.

Developmental Training Center (DTC) Developmental Direct Support Professional

1. Responsible to the DTC Program Director.
2. Responsible for familiarizing self with the individual(s) served Person-Centered Support Plan (PCSP), their goals and any precautions that are necessary. Staff will carry out PCSP objectives/goals by the following methods described in the PCSP and Training Plan along with directions from the Program Director.
3. Responsible for implementing and following behavior support strategies outlined in individual(s) served PCSP along with direction from the Program Director.
4. Required to document on Goal Sheets, Daily Progress Notes, Seizure Records, Toileting Logs, Liquid Input/Output Logs, Medication Administration Records, Event/Medication Error Report Forms, Behavior Logs, Quality Control Attendance Records, Community Outing Attendance Records, Community Integration Account Sheets, Mileage Sheets, and other documentation as requested. Staff are expected to keep charting current and accurate.
5. Required to perform medication administration and distribution.
6. Responsible for notifying individual(s) served home for reordering of medication/bubble packs as needed.
7. Responsible for monitoring individual(s) served who self-administer medications.
8. Responsible for reporting medication errors and noticeable side effect to the Program Director.
9. Responsible for following the daily program curriculum and activity schedules as outlined.
10. Responsible for following daily staffing schedules and for providing supervision and support to individual(s) served assigned during designated programming times.
11. Responsible for monitoring individual(s) served for incontinence and changing soiled clothing/Depends as necessary to ensure individual(s) served are comfortable, dry, and clean at all times.
12. Responsible for operating standing transfer/Hoyer lift as needed for toileting needs.
13. Responsible for assisting self-care needs for individual(s) served who have limited skills in the areas of eating, toileting, catharizing, tube feeding, dressing, etc.
14. Responsible for monitoring individual(s) served who are physically challenged and using a wheelchair by properly positioning and aligning as needed to ensure comfort and safety.

15. Responsible for communicating needs and concerns of individual(s) served and their parents/guardians to the Program Director.
16. Responsible for performing duties listed on the New Participant Orientation Checklist and returning checklist to the Program Director after completion and to assist in providing ongoing orientation.
17. Responsible for assisting the Program Director in providing notices to individual(s) served and other interested parties regarding program closings, special events, etc.
18. Required to attend and participate in Monthly Activity Meetings with individual(s) served as scheduled.
19. Responsible for training and assisting individual(s) served during monthly fire drills/quarterly disaster/emergency drills.
20. Responsible for notifying Program Director of any repairs or maintenance needed in the facility and any barriers found.
21. Responsible for completing Vehicle Maintenance Form and turning it into the Program Coordinator when problems or repairs are needed in Agency vehicles
22. Responsible for notifying Program Director when there is a shortage of supplies and adding items needed to the supply list posted in the Program Director's office.
23. Responsible for maintaining the upkeep of the facility in a clean and sanitary manner and putting items away in designated places after each use.
24. Required to have some stamina, strength, and the ability to assist individuals served in and out of the bathtub as well as toilet and in and out of bed and assist into and out of vehicles as needed. Some reaching with hands and arms, stooping, kneeling, crouching, some sitting, standing, and walking may be required for long periods of time. Walking may be necessary on uneven terrain or up and down stairs and inclines.
25. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
26. Responsible for attending trainings/in-services, staff meetings, PCSP meetings, and other meetings as directed by the Program Director
27. Responsible for clocking in/out on time, filling out request for time off forms, expense account sheets, and mileage sheets and turning these into the Program Director at the designated times.
28. Responsible for participating in outside recreational or other activities as necessary.

29. Required to maintain client confidentiality according to HIPAA guidelines.
30. Responsible for following the chain of command (Please see the ADDS Organizational Chart in the ADDS Policy and Procedure Manual) in regard to questions and concerns.
31. Responsible for communicating in a constructive manner and utilizing good judgment in the workplace.
32. Responsible for maintaining a clean, neat and appropriate appearance and dress in the workplace.
33. Required to attend and have input into monthly staff meetings regarding concerns and problems of individual(s) served, staff concerns, suggestions, and requests, etc. It should be noted that staff are requested to address any significant concerns and/or discuss essential information with supervisor as quickly as possible and not wait until a monthly staff meeting.
34. Responsible for familiarizing self with the ADDS Policy and Procedure Manual, DTC Rules/Guidelines, CARF and Medicaid Waiver Standards.
35. Required to have at least a high school diploma or equivalent and be at least 18 years old.
36. Required to obtain and keep current certifications mandated by ADDS, CARF, and the Department of Mental Health.
37. Required to have training in Abuse Neglect Reporting, MO Quality Outcomes, Positive Behavior Support, Universal Precautions and HIPAA prior to contact with individual(s) served.
38. Required to obtain certification in CPR, First Aid, (content through American Red Cross or American Heart Association) and CPI within 60 days of employment and Level 1 Medication Aide training within 90 days of employment.
39. Must be willing to complete further training as required/requested.
40. Must obtain chauffeur's license within 90 days of hire and assist with transportation needs from time to time. When an Agency vehicle is not available for appointments or outings staff members will be responsible for using their own personal vehicle.
41. Responsible for keeping mileage forms, expense forms and daily time sheets.
42. Responsible for obtaining insurance as required by ADDS – 100,000/300,000/100,000.
43. Required to have annual TB screening.

- 44. Required to perform other duties assigned by Program Director or Executive Director.
- 45. Employee evaluation will be conducted 45 days after employment date and annually.
- 46. All staff represent ADDS in the public and are asked to do so with dignity, respect for others and professionalism.

Developmental Training Center (DTC)/ Administration Janitor

1. Directly responsible to: DTC Program Director
2. Front Lobby Area, Hallway, and Changing Room:
 - A) Sweep and mop floors
 - B) Vacuum carpet mats
 - C) Wipe down doors and doorknobs
 - D) Wipe down baseboards
 - E) Clean windows as needed
 - F) Dust shelves, chair rails, door frames, water cooler, top of soda machine, etc.
3. Office:
 - A) Vacuum carpet
 - B) Dust furniture, tables, desks, bookshelves, filing cabinets, etc.
 - C) Dust blinds
 - D) Clean windows
 - E) Empty trash cans and replace with clean trash bag
 - F) Wipe down baseboards, doors, and doorknobs
4. All Activity Rooms:
 - A) Sweep/mop/vacuum floor mats and carpets (behind corners and doors)
 - B) Dust furniture, shelves, cabinets, TV stand, etc.
 - C) Dust blinds
 - D) Clean windows
 - E) Wipe down baseboards, doors, and doorknobs
 - F) Empty trash cans and replace with clean trash bags
 - G) Clean tables and chairs with bleach/water disinfectant
5. All Restrooms:
 - A) Sweep/mop/vacuum floors
 - B) Clean toilets
 - C) Clean sinks
 - D) Clean mirrors
 - E) Wipe down grab bars, toilet paper dispensers, baseboards, doors, and doorknobs
 - F) Empty trash cans and replace with clean trash bags

G) Stock with toilet paper

6. Storage Closet/ Furnace Room:

A) Sweep floors (whole area)

B) Mop floors (whole area)

7. Miscellaneous:

A) When low on cleaning supplies, post a note on bulletin board in office

B) Responsible for putting items back in same place after dusting and cleaning

C) Responsible for putting back cleaning supplies and keeping supplies in neat order on shelf in storage closet

D) Responsible for turning out all lights, shutting and locking all windows, and locking all doors when leaving Audrain Developmental Disability Services

Workshop Support Specialist Sheltered Employment (If Applicable)

1. Responsible to the Coordinator of Group Residential Homes.
2. Required to have some strength and stamina as well as the ability to assist clients into and out of the toilet and assist in/out of vehicles. Some reaching with hands and arms, stooping, kneeling, crouching, some sitting, standing, and walking may be required for long periods of time. Walking may be necessary on uneven terrain or upstairs and inclines.
3. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
4. Care for and assist with toileting needs
5. Responsible for correcting distractive and disruptive behavior.
6. Provide motivational and training techniques to enhance skills and production rate for lower production workers.
7. Monitor and provide assistance with medical needs (seizures, medication administration and minor sessions of “feeling bad”).
8. Help provide orientation and training to new workers.
9. Help assist Handi-Shop supervisor in training workers on new jobs received.
10. Help assess new workers in determining skill level and appropriate work assignments.
11. Train existing workers on more advanced jobs.
12. Communicate with managers and/or program staff as problems occur and coordinate with staff in developing a plan to address the issues.
13. Help assist in resolving socialization problems.
14. Assist with the adjustment of individuals’ body alignment to their workstation, especially for those who utilize a wheelchair or other adaptive equipment.
15. Assist with the resolution of conflicts between employees.
16. Adapt workstations to special needs of workers.

17. Provide assistance during break and lunch periods.
18. Sign annual PCSP's and updates.
19. As requested, attend staff meetings within both agencies. It should be noted that staff member is requested to address any significant concerns and/or discuss essential information with supervisor as quickly as possible and not wait until a monthly staff meeting.
20. Maintain current daily progress notes and summarize monthly.
21. Attend training sessions that specialize in behavior modification and other training techniques.
22. Responsible for familiarizing self with the ADDS Policy and Procedure Manual, the CARF and Medicaid Waiver Standards as appropriate.
23. Required to have at least a high school diploma or equivalent and be at least 18 years old.
24. Required to obtain and keep current certifications mandated by ADDS, CARF, and DMH.
25. Required to have training in Abuse Neglect Reporting, MO Quality Outcomes, Positive Behavior Support, Universal Precautions and HIPAA prior to contact with individual(s) served.
26. Required to obtain certification in CPR, First Aid, (content through American Red Cross or American Heart Association) and CPI within 60 days of employment and Level 1 Medication Aide training within 90 days of employment.
27. Required to attend in-services as directed. Must be willing to complete further training as requested.
28. Must obtain chauffeur's license within 90 days of hire and assist with transportation needs from time to time. When an Agency vehicle is not available for appointments or outings staff members will be responsible for using their own personal vehicle.
29. Responsible for obtaining insurance as required by ADDS – 100,000/300,000/100,000.
30. Employee evaluation will be conducted 45 days after employment date and annually.
31. Required to follow the following schedule unless approved/changed by supervisor –
7:30 a.m. to 3:30 p.m. - Monday through Friday
32. 7:30am to 8 a.m. - Assist in providing transportation to the Handi-Shop; must have Class E license.

33. 8am – 2:30pm - Assist consumers with day-to-day duties, goals, training plans, breaks, meals at Handi-Shop and any other duties that may be assigned.
34. 2:30 p.m. – 3:30 p.m. – Assist in providing transportation of Handi-Shop employees to home.
35. Required to perform other duties assigned by Supervisor or Executive Director.
36. All staff represent ADDS in public and are asked to do so with dignity, respect for others and professionalism.

Targeted Case Manager (TCM) Supervisor

1. Responsible to the Executive Director for the day-to-day operations of the TCM office, staff and individuals served in the TCM Program.
2. Responsible for understanding and carrying out the policies of the ADDS Board.
3. Under the direction of the Executive Director, interview, train, and supervise all support coordination staff.
4. Make decisions and suggestions on budgeting, space allocation, travel, in-service training, use of consultants, public relations, and program development.
5. Review and approve at least monthly the work schedules for all support coordination staff.
6. Provide coverage on an on-call basis in case of emergencies.
7. Keep all logs up-to-date, and review at least monthly the logs of support coordination staff and utilize the Logging Review form for these monthly reviews.
8. Ensure that PCSP's, LOC's, and transfer reviews are completed according to TCM Handbook guidelines (i.e., PCSP and LOC meetings are held no later than 60 – 90 days prior to PCSP due date.).
9. All transfers of individuals served are assigned to a support coordinator within 72 business hours of receipt of the information regarding the transfer.
10. Communicate in a professional manner with all agencies involved with the support coordination program.
11. Maintain communication with parents/guardians of individuals served as needed.
12. Attend at least one Person-Centered Support Plan (PCSP) meeting for each support coordinator annually.
13. Routinely attend and serve as agency representative at statewide TCM meetings.
14. Ensure that all individuals served are exercising their rights and are given the opportunities to make their own choices and provide input into their delivery of services.
15. Responsible for keeping mileage forms, expense forms and daily time records as needed.
16. Arrange for consultation, in-service training, and on-going educational opportunities for staff as needed.

17. Maintain communication with MOEDIWEB staff to ensure functioning of support coordination logging and billing software.
18. Ensure that the hours logged by support coordination staff match hours reflected by their time records.
19. Assist in administration of an annual review of stakeholder satisfaction for the support coordination program.
20. Provide counseling and support for staff when problems arise.
21. Required to maintain client confidentiality according to HIPAA guidelines.
22. Responsible for following the chain of command (Please see the ADDS Organizational Chart in the ADDS Policy and Procedure Manual) regarding questions and concerns.
23. Responsible for communicating in a constructive manner and utilizing good judgment in the workplace.
24. Required to have at least 3 years of professional experience in social work, special education, psychology, counseling, vocational rehabilitation, nursing, physical therapy, occupational therapy, speech therapy or closely related area; and a graduation degree from an accredited four-year college or university.
25. Responsible for maintaining a clean, neat and appropriate appearance and dress in the workplace.
26. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
27. Required to attend and have input into Administrative Staff meetings. It should be noted that staff are requested to address any significant concerns and/or discuss essential information with the Executive Director as quickly as possible.
28. Attend occasional Agency Board Meetings, training/communication meetings, and other conferences as required by the Executive Director.
29. Understand, promote, and comply with the ADDS Policy and Procedure Manual, CARF, Medicaid Waiver Standards.
30. Responsible for maintaining accreditation acceptable by the Department of Mental Health, Medicaid Program and CARF. This includes keeping records and programs in compliance with the licensure/accreditation standards.
31. Ensure that all support coordination staff receive required training and certifications.

32. Conduct regular staff meetings and keep records of these meetings.
33. Maintain budget records and receipts. In addition, any budgetary recommendations for expenses and program purchases will be given to the Executive Director.
34. Required to obtain and keep current certifications mandated by ADDS, CARF and the Department of Mental Health and attend ongoing trainings as required.
35. Required to have training in Abuse Neglect Reporting, MO Quality Outcomes, Positive Behavior Support, Universal Precautions, Client Rights, ADDS Title VI Plan and HIPAA prior to contact with individual(s) served.
36. Required to obtain certification in CPR, First Aid, (content through American Red Cross or American Heart Association) within 60 days of employment and Level 1 Medication Aide training, as requested, within 90 days of employment.
37. Must be willing to complete further training as required/requested.
38. Must obtain chauffeur's license within 90 days of hire and assist with transportation needs from time to time. When an Agency vehicle is not available for appointments or outings staff members will be responsible for using their own personal vehicle.
39. Responsible for obtaining and maintaining insurance as required by ADDS – 100,000/300,000/100,000.
40. Initial TB tine upon employment and annual TB screening if required.
41. Required to perform other duties assigned by the Executive Director.
42. Will update succession plan at least annually or as needed.
43. Employee evaluation will be conducted 45 days after employment date and annually by September 1 on each support coordination staff member.
44. All staff represent ADDS in the public and are asked to do so with dignity, respect for others and professionalism.

Targeted Case Manager (TCM) Support Coordinator

1. Responsible to the Targeted Case Management (TCM) Supervisor.
2. Responsible for understanding and carrying out the policies of the ADDS Board.
3. Responsible for managing a caseload of substantial size and complexity consisting of all disability areas.
4. Requiring knowledge and utilization of all community agencies serving persons with intellectual disabilities/developmental disabilities.
5. Responsible for serving as a resource person for other support coordinators regarding information concerning specific disciplines such as social work, psychology, special education, counseling, health care, or occupational therapy.
6. Responsible for preparing or dictating case progress notes, social summaries, and other reports concerning the individual(s) served case.
7. Responsible for developing, in cooperation, with other staff, a Person-Centered Support Plan (PCSP) for each individual served.
8. Ensure that PCSP's, LOC's, and transfer reviews are completed according to TCM Handbook guidelines (i.e., PCSP and Level of Care (LOC) meetings are held no later than 60 – 90 days prior to PCSP due date.).
9. Responsible for appropriate and timely logging of time and provision of information regarding any services provided to individuals served.
10. Required to attend inter-disciplinary team meetings to discuss individual(s) served cases in regard to eligibility, support plans, progress, and possible changes in the service program.
11. Responsible for preparing purchase-of-service authorizations and arranging for individual(s) served access to services.
12. Responsible for monitoring services to ensure the terms of the authorizations are being fulfilled by the vendor, to check on quality of services, and to review the progress of the individual(s) served.
13. Responsible for requesting modifications for non-productive programs or enrolling the individual(s) in an appropriate program.

14. Responsible for providing progress reports and counseling to the individual(s) served, their families, guardian, and/or other responsible individuals.
15. Required to attend staff meetings concerning new or revised policies and procedures.
16. Required to visit service agencies, attend meetings, and confer with other support coordinators to obtain additional information concerning community resources for individuals with intellectual disabilities/developmental disabilities.
17. Responsible for reviewing literature and conferring with other support coordinators concerning theories and practices in the fields of social work, psychology, special education, and health care for individuals with intellectual disabilities/developmental disabilities.
18. Responsible for conducting individual(s) served assessments on a limited basis involving the use of specialized knowledge and applications associated with a specific discipline such as social work, psychology, special education, counseling, health care, or occupational therapy.
19. Required to prepare and maintain accurate expenditure records.
20. Responsible for exercising independent judgment in making decisions related to individual(s) served while receiving general supervision from a support coordination supervisor.
21. Required to perform other related work as assigned by support coordination supervisor or Executive Director of ADDS.
22. Required to have intermediate knowledge of specific disciplines such as social work, psychology, special education, counseling, health care, occupational therapy, or related field with a four-year degree.
23. Required to have intermediate knowledge of support coordination methods, principles, and techniques.
24. Required to have intermediate knowledge of various developmental disabilities and corresponding vendors and services available for individual(s) served.
25. Required to have intermediate knowledge of interviewing methods, principles and techniques.
26. Required to have introductory knowledge of the behavioral sciences and allied disciplines involved in the evaluation, care, and training of individuals with intellectual disabilities/developmental disabilities.
27. Responsible for managing a caseload of individual(s) served with intellectual disabilities/developmental disabilities, keeping support plans current, and maintaining accurate records.

28. Responsible for collecting and analyzing information needed to make decisions concerning individual(s) served PCSP plans.
29. Responsible for developing a logical, feasible, and practical support plan for individual(s) served with intellectual disabilities/developmental disabilities.
30. Responsible for evaluating the progress of individual(s) served and the quality of their service programs.
31. Responsible for communicating effectively.
32. Responsible for following the chain of command in regard to questions and concerns.
33. Responsible for communicating in a constructive manner and utilizing good judgment in the workplace.
34. Responsible for maintaining a clean, neat and appropriate appearance and dress in the workplace.
35. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
36. If applicable, required to attend and have input into any staff meetings held regarding concerns and problems of individual(s) served, staff concerns, suggestions, and requests, etc. It should be noted that staff are requested to address any significant concerns
37. If applicable, and/or discuss essential information with supervisor as quickly as possible and not wait until a monthly staff meeting.
38. Responsible for familiarizing self with the ADDS Policy and Procedure Manual, CARF and Medicaid Waiver Standards.
39. Required to have at least one year of professional experience in social work, special education, psychology, counseling, vocational rehabilitation, nursing, physical therapy, occupational therapy, speech therapy or closely related areas; and a graduation degree from an accredited four-year college or university.
40. Required to obtain and keep current certifications mandated by ADDS, CARF, and the Department of Mental health.
41. Required to have training in Abuse Neglect Reporting, MO Quality Outcomes, Positive Behavior Support, Universal Precautions and HIPAA prior to contact with individual(s) served.
42. Required to obtain certification in CPR, First Aid (content through American Red Cross or American Heart Association) within 60 days of employment.

43. Must be willing to complete further training as required/requested.
44. Must obtain chauffeur's license within 90 days and assist with transportation needs from time to time. When an Agency vehicle is not available for appointments or outings staff members will be responsible for using their own personal vehicle.
45. Responsible for keeping mileage forms, expense forms and daily time sheets.
46. Responsible for obtaining insurance as required by ADDS – 100,000/300,000/100,000.
47. Required to have TB screening at initial hire and as needed/required.
48. Required to perform other duties assigned by Program Supervisor or Executive Director.
49. Employee evaluation will be conducted 45 days after employment date and annually.
50. All staff represent ADDS in the public and are asked to do so with dignity, respect for others and professionalism.

Director of Maintenance

1. Responsible to the Executive Director.
2. Perform all maintenance operations for facilities, including renovations, repairs, painting, plumbing, and electrical. Coordinate repairs needed from outside professionals.
3. Annually test and maintain, as able, all emergency systems, including emergency lighting, fire alarms, smoke detectors, sump pumps, water flow equipment and generators.
4. Procure all appliances and other electronic and building equipment in an efficient and economical fashion.
5. Assist with insurance claims to facilities and vehicles.
6. Provide budget estimates for upcoming building and maintenance projects annually.
7. Remove snow and ice from sidewalk and drive in a timely fashion or arrange for removal.
8. Oversee maintenance of Agency vehicles and arrange for necessary repairs of those vehicles.
9. Assist with bidding process as requested.
10. Reviews annual ADA summary of grounds and facilities and provides updates as needed.
11. Available for after hour calls as able.
12. Attend trainings specific to the duties above.
13. Maintain all necessary certifications.
14. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
15. Understand, promote, and comply with the ADDS Policy and Procedure Manual, as well as HIPAA standards.
16. Responsible for carrying out other duties as assigned by the Executive Director.

Maintenance Assistant

1. Responsible to the Maintenance Coordinator and the Executive Director.
2. Assist with all maintenance operations for facilities including, but not limited to framing, painting, plumbing, and electrical.
3. Assist with testing and maintenance of all emergency systems, including emergency lighting, fire alarms, smoke detectors, water flow equipment, sump pumps and generators.
4. Assist with procurement of all appliances and other electronic and building equipment in an efficient and economical fashion.
5. Remove snow and ice from sidewalk and drive in a timely fashion.
6. Complete mowing and landscaping tasks as needed.
7. Maintain Agency vehicles to ensure transportation in a safe and timely manner.
8. Maintain all necessary certifications.
9. Arrange for necessary repairs of Agency vehicles.
10. Maintain HVAC systems and seek additional assistance as needed.
11. Available for after hour calls as able.
12. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
13. Understand, promote, and comply with the ADDS Policy and Procedure Manual, as well as HIPAA Standards.
14. Responsible for carrying out other duties as assigned by Maintenance Coordinator or Executive Director.

Shopper/ Transporter (If Applicable)

1. Responsible to the Coordinator of Group Residential Services.
2. Responsible for understanding and carrying out the policies of the ADDS Board.
3. Provide transportation for person/s served to work, day programs, and school as requested.
4. Provide transportation to assist with medical appointments as requested by Coordinator of Group Residential Services or designee.
5. Residential Services or designee.
6. Provide any additional transportation that may be needed.
7. Follow all traffic laws and safety regulations when transporting.
8. Maintain appropriate paperwork for attendance purpose of passengers.
9. Report all accidents, vehicle damage and injuries as they occur.
10. Operate any adaptive equipment that may be used to assist person/s served when entering or leaving the vehicle.
11. Equip vehicles as needed with first aid and emergency supplies as well as “to go” supplies.
12. Gather and organize all necessary monthly paperwork needed for transportation justification and needs.
13. Ensure that weekly safety checks and vehicle monitoring are completed per ADDS Policy and Procedure Manual, CARF, MoDOT guidelines, etc.
14. Ensure that all ADDS vehicles are maintained according to manufacturer’s guidelines as requested.
15. Required to do grocery shopping for residential group homes and ISL’s, etc. as requested/scheduled.
16. When not occupied with transportation duties or grocery shopping, assist with direct care in residential group homes or ISL’s as requested by Coordinator of Group Residential Services, Coordinator of ISL Services or designee.
17. Required to maintain client confidentiality according to HIPAA guidelines.

18. Responsible for following the chain of command (please see the ADDS Organization Chart in the ADDS Policy and Procedure Manual) regarding questions and concerns.)
19. Responsible for communicating in a constructive manner and utilizing good judgment in the workplace.
20. Responsible for maintaining a clean, neat, and appropriate appearance and dress in the workplace.
21. Ability to utilize PPE (gloves, mask, face shield, gown, etc.) appropriately when deemed necessary.
22. Required to attend and have input into scheduled staff meetings regarding concerns and problems of individual(s) served, staff concerns, suggestions, and requests, etc. as requested. Staff are requested to address any significant concerns and/or discuss essential information with supervisor as quickly as possible and not wait until a monthly staff meeting.
23. Required to fill in vacation days, holidays, and extra hours as scheduled.
24. Understand, promote, and comply with the ADDS Policy and Procedure Manual, CARF and Medicaid Waiver Standards and any other appropriate Program Handbooks.
25. Required to have at least a high school diploma or equivalent and be at least 25 years old.
26. Required to obtain and keep current any certifications mandated by ADDS, CARF, and the Department of Mental Health.
27. Required to have training in Abuse Neglect Reporting, MO Quality Outcomes, Positive Behavior Support, Universal Precautions, Client Rights, ADDS Title VI Plan and HIPAA prior to contact with individual(s) served.
28. Required to obtain certification in CPR, First Aid, (content through American Red Cross or American Heart Association) and CPI within 60 days of employment and Level 1 Medication Aide training within 90 days of employment if requested.
29. Must be willing to complete further training as required/requested.
30. Obtain and maintain chauffeur's license and must have CDL license.
31. Maintain a safe driving record – no record of DUI convictions in the past 10 years.
32. Must have the ability to work with children and adults with disabilities.

33. Assist in maintaining Agency vehicles, as requested, to ensure transportation in a safe and timely manner.
34. Arrange for necessary repairs of Agency vehicles if requested.
35. Required to have some stamina, strength, and the ability to assist individuals served into and out of vehicles as needed. Some reaching with hands and arms, stooping, kneeling, crouching, some sitting, standing, and walking may be required for long periods of time. Walking may be necessary on uneven terrain or up and down stairs and inclines.
36. Required to follow “Bad weather protocol for transportation driver” in the event of bad weather.
37. Responsible for keeping mileage forms, expense forms and daily time sheets/clock in/out.
38. Responsible for obtaining and maintaining insurance as required by ADDS – 100,000/300,000/100,000.
39. Complete TB tine upon initial employment as needed/requested.
40. Required to perform other duties assigned by Coordinator of Group Residential Services or Executive Director.
41. Employee evaluation will be conducted 45 days after employment date and annually.
42. All staff represent ADDS in public and are asked to do so with dignity, respect for others and professionalism.

FORMS

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES

ACKNOWLEDGEMENT OF EMPLOYEE

I hereby acknowledge that I have reviewed and understand the ADDS Policy and Procedure Manual and understand that it is my responsibility to read and understand the policies and procedures of ADDS. I also understand that I can access the ADDS Policy and Procedure Manual through the Agency website(www.audraindds.org) or on a computer located in the Program Facility where I work. If I have any questions about the policies or procedures, I understand that it is my obligation to ask questions of the appropriate persons.

- ☐ I understand that this Policy and Procedure Manual is a general guide and that the provisions of this Policy and Procedure Manual are not contractual. I further understand that ADDS reserves the right to change, modify, suspend, interpret, or cancel, in whole or in part, any of its published or unpublished policies, or procedures, without advance notice.
- ☐ I agree that this Policy and Procedure Manual serves as the final authority over any verbal or written promises or statements made to me.
- ☐ I agree not to disclose any non-public information regarding ADDS business or operations to any outsider or third party.
- ☐ I agree that I have been fully informed about the drug and alcohol policy and the substance abuse policy contained in the ADDS Policy and Procedure Manual.

Notice to All Employees

This employer prohibits the use of alcohol or non-prescribed controlled drugs in the workplace. Prohibited use includes reporting for work under the influence of alcohol or non-prescribed controlled drugs or reporting for work with non-prescribed controlled drugs or their metabolites in the employee's system.

Prohibited use also includes possessing, dispensing, distributing, or manufacturing alcohol or non-prescribed controlled drugs in the workplace. Violation of this policy may result in discipline up to and including discharge.

A more complete statement of alcohol and drug policies and procedures is included in this manual.

My signature below shows that I understand the above statements and ADDS' policies and procedures, including but not limited to, its policies on work rules and regulations, drug and alcohol use, discrimination, and harassment.

_____/_____
Signature of Employee DATE

_____/_____
Signature of Witness DATE

Printed Name

Printed Name

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

1. Conduct, plan, and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly or indirectly.
2. Obtain payment from third party payers.
3. Conduct normal health care operations such as quality assessments and professional certifications.

I have received, read, and understand your HIPAA Notice of Privacy Practices containing a more complete and detailed description of the uses and disclosures of my health information. I understand that this office has the right to change its HIPAA Notice of Privacy Practices from time to time as necessitated by changes in HIPAA.

I have the right, at any time, to contact this office at the address above to obtain a current copy of their HIPAA Notice of Privacy Practices.

I understand that I may request, in writing, that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand that you are not required to agree to my requested restrictions, but if you do agree that you are bound to abide by such restrictions.

Person Served (print): _____ Date: _____

Signature of Legal Person: _____ Date: _____

Relationship to Person Served: ☐ Self ☐ Legal Guardian ☐ Guardian ad Litem

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement of receipt of the HIPM Notice of Privacy Practices but was unable to do so as documented below.

Date: _____ Initials: _____ Reason: _____

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES CONFLICT INTEREST DISCLOSURE FORM

Employee Name (Print): _____

Position (Job Title/Board Member/etc.): _____

A conflict of interest, or an appearance of a conflict, can arise whenever a transaction, or an action, of Audrain Developmental Disability Services conflicts with personal interest, financial or otherwise, of that of an employee, board member, or an immediate family member of an employee or board member, or that of the member's employer (collectively "your personal interests").

Please describe below any relationships, transactions, or positions you hold (volunteer otherwise), or circumstances that you believe would create a conflict of interest, now or in the future, between Audrain Developmental Disability Services and your personal interests, financial or otherwise:

- ☐ *I have no conflicts of interest to report.*
- ☐ *I have the following conflicts of interest, or potential conflicts of interest, to report:*

1. _____

2. _____

3. _____

4. _____

I have reviewed the Conflict of Interest Policy for Audrain Developmental Disability Services and I understand that it is my obligation to disclose a conflict of interest, or appearance of a conflict, to my immediate supervisor and/or the Human Resource Manager in writing when a conflict, or appearance of a conflict, arises, and that for transactions in which I have a conflict, I will abstain from any vote on the matter involving the conflict.

I understand that I will complete a new Conflict of Interest Disclosure form as needed or otherwise requested by the Executive Director and/or immediately if a conflict of interest or potential conflict of interest arises after I have completed this form.

Employee Name (Print):- _____

Employee Signature: _____

Date of Completion and Submission: _____

If a conflict of interest or potential conflict of interest is identified, this form must be reviewed, signed, and dated by the Human Resource Manager or other identified Administrative Representative (i.e., Executive Director).

Administrative Name (Print): _____

Administrative Signature: _____

Administrative Title: _____ **Date of Review:** _____

Action(s) Required:

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES CELL PHONE POLICY/AGREEMENT

Employee Name: _____ Job Title: _____
Contract Date: _____
Program(s): _____

Business Purpose:

Occasional Regular Agency Owned

Monthly Stipend Amount (select one):

Cost \$10 \$50

Cell Phone Number: _____ Cellular Carrier: _____

1. Policy: Employees who hold positions that include the need for a cell phone may receive cell phone service or a cell phone stipend to reimburse for business-related costs incurred when using their personally owned cell phones. The service or stipend will be considered a non-taxable fringe benefit to the employee. The level of subsidy (stipend) will be determined by a person's job duties as it relates to cell phone use and access. The ADDS Financial Manager and/or Executive Director will review and set the amounts to be provided for stipends and reimbursement on an annual basis. If cell phone use is critical to the performance of an employee's job the agency may opt to provide an agency owned phone instead of providing a stipend for cell phone service. This option may be chosen to provide better security for phone usage.
2. Employee Responsibilities: Recipients of a cell phone stipend have the following responsibilities:
 - A) Purchase cellular phone service and equipment and assume responsibility for vendor terms and conditions. The employee is responsible for plan choices, service features, and calling areas that meet the requirements of the job and the area of service the stipend is intended to cover (on agency campus, during travel or at home). This includes termination clauses, and paying all charges associated with the cellular service and device.
 - B) Attest to related necessary business use. Submit the latest monthly billing statement when the stipend begins and then each January to verify that the stipend is spent on this resource.
 - C) Report any job function changes that eliminate or significantly reduce the business need for a cell phone to your supervisor within five (5) business days of this change. Also, if the employee reduces service levels in the wireless contract below the reimbursed amount, the same communication expectations exist.

- D) Keep (or have access to) monthly invoices for a two-year period so they can be produced upon request by either an agency representative or the Internal Revenue Service.
- E) Avoid using the cellular phone for work related purposes while operating a motor vehicle, machinery or in other dangerous situations.
- F) Comply with all Federal and State data maintenance and protection laws (e.g., FERPA, record retention requirements, etc.), as well as all ADDS policies, including those pertaining to data security, acceptable computing use, and email.
- G) Delete all ADDS data from the cell phone when employment with this agency is severed, except when required to maintain the data in compliance with the Missouri Sunshine Law or any litigation.

3. Employee Certification

By signing below, I certify that I have read, understand, and agree to the Cell Phone Stipend Policy and my responsibilities under the policy.

Employee Signature

Date

Employee Printed Name

Financial Manager Signature

Date

Financial Manager Printed Name

AGENCY VEHICLE PERSONAL USE POLICY

It is the policy of ADDS that the agency vehicles provided for our employees are to be used only for company business.

1. Any personal use of a company vehicle is limited to the Maintenance Director driving the company vehicle home at night and on weekends for the convenience of agency business and/or security purposes. This may also be in case of client/project emergencies that the Maintenance Director may be called upon to handle. Per Internal Revenue Service Publication 15B, the Maintenance Director shall reimburse ADDS \$1.50 for each one-way trip to and from work. This reimbursement shall be accomplished through a payroll deduction once monthly.
2. The use of agency vehicles is restricted to employees of ADDS only. Non-employees such as spouses, children, other relatives, or friends are not authorized to drive ADDS vehicles at any time.
3. ADDS will consider any unauthorized use of vehicles as the equivalent of theft and the driver may be held responsible (liable) for consequences of any accidents.
4. A driver road observation program is also in effect to monitor usage of the vehicles during business and off hours. Employees driving company vehicles will be observed on a random basis, complaints made to the agency, and after an accident. If any negative results are found, a warning will be issued to the employee.
5. A second warning will be cause for termination of employment in accordance with company policy.

I, the undersigned, have read, understand, and agree to comply with this policy.

Print Name

Signature

Date

(Employee Name) has been authorized for personal use of
(Vehicle description) under the following conditions:

- A. _____
B. _____
C. _____

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES
REQUEST TO RESTRICT PROTECTED HEALTH INFORMATION

Full name of Person Served: _____
Full SSN of Person Served: _____ - _____ - _____
DMH ID of Person Served: _____
Full Address of Person Served: _____

County City/Town State Zip Code

Please specify the information requested to be restricted:

Please explain why the disclosure of the requested information may not be appropriate:

Please indicate the individual or agency to which access should be denied:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Printed Name of Person Served or Guardian: _____

Signature of Person Served or Guardian: _____

Relationship to Person Served: _____ Date: _____

FOR ADDS USE ONLY

Date Received: _____

Request for Restriction has been: ☐ Approved ☐ Denied

Comments:

Completed copy with decision provided to person served on: _____

Condition on which Restriction will expire:

☐ Request by Person Served

☐ Justification for the restriction no longer stands

☐ Other (Please specify): _____

Printed Name/ Title of Staff Member processing request: _____

Signature of Name of Staff Member processing request: _____

Signature of Privacy Officer or designee: _____ Date: _____

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES

REQUEST FOR AMENDMENT FORM

Full name of Person Served: _____

Full SSN of Person Served: _____ - _____ - _____

DMH ID of Person Served: _____

Full Address of Person Served: _____

County

City/Town

State

Zip Code

Date of Entry to be Amended: _____ Type of Entry to be Amended: _____

Describe how the entry is incorrect or incomplete:

What should the entry say to be accurate or complete?

Attach any verification or evidence to this form documenting that the information is incorrect or incomplete.

If granted, would you like this amendment sent to anyone to whom we may have disclosed the information to in the past? If so, please specify the name and address of the organization or individual:

Name of Organization or Individual: _____

Full Address of Person Served: _____

County

City/Town

State

Zip Code

Relationship to Person Served: _____

Name of Person Served or Legal Representative: _____ Date: _____

Signature of Person Served or Legal Representative: _____

ADDS USE ONLY: CONTINUE TO BACK OF PAGE

ADDS USE ONLY

Date Received: _____ Amendment has been: ☐ Approved ☐ Denied

If denied, please check reason:

- ☐ PHI was not created by this facility
- ☐ PHI is accurate or complete
- ☐ PHI is not part of patient's designated record set
- ☐ PHI is not available to the patient for inspection as required by federal law

***If the request is denied, you may file a complaint with the Secretary of the Department of Health and Human Services by calling 877-695-6775, or writing them at 200 Independence Ave. S.W., Washington, DC 20201. You may also file a grievance with the Office of Civil Rights by calling 866-627-7748, or TTY at 886-788-4989. You may also file a complaint with Audrain Developmental Disability Services by contacting the main office at 573-581-9810 or 222 East Jackson Street, Mexico, Missouri, 65265.*

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES
REQUEST FOR PERSON SERVED ACCESS TO PROTECTED HEALTH
INFORMATION

Full name of Person Served: _____

Full SSN of Person Served: ____ - ____ - ____ DMH ID of Person Served: _____

Full Address of Person Served: _____

County

City/Town

State

Zip Code

Please specify the format for information requested: ☐ Paper Copy ☐ Fax

I agree to accept a summary of the PHI: ☐ Yes ☐ No

I agree to pay any fees necessary to access this request: ☐ Yes ☐ No

Please indicate the person served, parent of minor, or any legal guardian who is requesting access:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Relationship to Person Served: _____

Name of Person Served or Legal Representative: _____ Date: _____

Signature of Person Served or Legal Representative: _____

ADDS USE ONLY

Date Received: _____ Access has been: ☐ Approved ☐ Denied

Fees Associated with Request: _____

If denied, a certified letter of denial was sent to the person served on such date: _____

Reason for denial without right to review:

- ☐ Psychotherapy Notes
- ☐ Patient agreed to denial while in research project
- ☐ Information for use in civil, criminal, or administrative proceedings
- ☐ Access would identify the source
- ☐ Other

Reason for denial with right to review:

- ☐ Reasonably likely to endanger life or physical safety or person served or others
- ☐ Documentation refers to third-party and granting access is likely to cause harm
- ☐ Personal representative is requesting party and person served has been or may be subject to domestic violence.

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES
REQUEST FOR ACCOUNTING OF DISCLOSURES OF PERSON SERVED
PROTECTED HEALTH INFORMATION (PHI)

Full name of Person Served: _____

Full SSN of Person Served: _____ - _____ - _____

DMH ID of Person Served: _____

Full Address of Person Served: _____

County

City/Town

State

Zip Code

Please specify the time period for which you are requesting the accounting of disclosures:

Start Date- Month: _____ Day: _____ Year: _____

End Date- Month: _____ Day: _____ Year: _____

This is the first request for an accounting of disclosures: ☐ Yes ☐ No

If no, I agree to per the fees associated with this request: ☐ Yes ☐ No

The first request in a 12-month rolling period is free of charge. Charges accrue for more than one request within that 12-month period.

Person(s) requesting the accounting of disclosure: _____

Relationship to Person Served: _____

Name of Person Served or Legal Representative: _____ Date: _____

Signature of Person Served or Legal Representative: _____

ADDS USE ONLY

Date Received: _____

Number of Previous Requests: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ More than 5

Fees associated with Request: _____

Copy Provided to Person Served or representative party on such date: _____

Printed Name and Title of Privacy Officer or Designee: _____

Signature of Privacy Officer or Designee: _____ Date: _____

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Full name of Person Served: _____

Full SSN of Person Served: _____ - _____ - _____

DMH ID of Person Served: _____

Full Address of Person Served: _____

_____ County

_____ City/Town

_____ State

_____ Zip Code

Name of School or Learning Center: _____

Full Address of School or Learning Center: _____

_____ County

_____ City/Town

_____ State

_____ Zip Code

I hereby authorize any and all of my school or learning center records and transcripts to Audrain Developmental Disability Services and any and all information which relates to my education.

It is understood that no one from Audrain Developmental Disability Services or any of their representatives will discuss this information personally with anyone from the school or learning center listed above.

It is further agreed that a true copy of all school or learning center records or information which is received by way of this authorization will be immediately forwarded to Audrain Developmental Disability Services at 308 East Jackson Street, Mexico, Missouri, 65265.

A photocopy of this authorization shall be considered as effective and valid as the original.

Person(s) requesting the accounting of disclosure: _____

Relationship to Person Served: _____

Name of Person Served or Legal Representative: _____ Date: _____

Signature of Person Served or Legal Representative: _____

CONTINUE TO BACK OF FORM FOR NOTARY INFORMATION

NOTARY USE ONLY:

State of Missouri)

(SS.

County of Audrain)

Sworn to and subscribed before me on this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES

AUTHORIZATION FOR DISCLOSURE OF CONSUMER MEDICAL/ HEALTH INFORMATION

Full name of Person Served: _____

Full SSN of Person Served: _____ - _____ - _____

DMH ID of Person Served: _____

Full Address of Person Served: _____

County

City/Town

State

Zip Code

I hereby authorize and request the facility or agency named in this release to obtain and/or release the specified information of the person served named in this release: (check all that apply)

☐ Obtain

☐ Release

who receive services from present to ongoing to or from:

Name of Facility, Person, or Agency: _____

Full Address of Facility or Agency: _____

County

City/Town

State

Zip Code

The Purpose of the Disclosure is (check one):

☐ After Care

☐ At Consumer/Guardian Request

☐ Transfer/Treatment

☐ Treatment Planning

☐ Eligibility

Determination ☐ Placement

☐ Assessment

☐ Continuity of Service/Care

☐ Conditional/Unconditional Release Hearing

☐ To share or refer my information to other Missouri state agencies (DOSS, DHSS, DMH, DESE, DOC, etc.), to obtain services consistent with the _____ program. (Please complete the name of the program in which you want to participate).

☐ Other (Specify) _____

The Specific Information to be Disclosed is (check all that apply):

☐ Progress Notes

☐ Treatment Plan and/or Reviews

☐ Imaging Results

☐ Discharge Summary

☐ Medical/Psychiatric Assessment(s)

☐ Admission Notes

☐ Ongoing communication throughout the year. Please keep in working file until authorization is expired or revoked.

☐ Other (Specify) _____

CONTINUE TO BACK OF FORM
READ CAREFULLY

1. I understand that my medical/health information records are confidential. I understand that by signing this authorization, I am allowing the release of my medical/health information. The PHI in my medical record includes mental/behavioral health information. In addition, it may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), other communicable diseases, and/or alcohol/drug abuse.
2. Alcohol and drug abuse information records are specifically protected by federal regulations and by signing this authorization without restrictions I am allowing the release of any alcohol and/or drug information records (if any) to the agency or person specified above. Please sign if you are authorizing the release of alcohol and drug abuse information: _____.
3. This authorization includes both information presently compiled and information to be compiled during treatment at the above-named facility during the specified time frame.
4. This authorization becomes effective on:
Month: _____ Day: _____ Year: _____

This authorization automatically expires on the following date, event, or special condition:
Month: _____ Day: _____ Year: _____
5. If I fail to specify an expiration date, this authorization will expire in one year from the effective date.
6. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the Executive Director or Privacy Officer. I further understand that actions already taken based on the authorization, prior to revocation, will not be affected.
7. I understand that I have the right to receive a copy of this authorization. A photographic copy of this authorization is as valid as the original.
8. I understand that authorizing the disclosure of this medical/health information is voluntary. I can refuse to sign this authorization. I need not sign this form to assure treatment. I understand that I may request to inspect or request a copy of information to be used or disclosed, I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my medical/health information, I can contact the Executive Director or Privacy Officer.

The following applies to alcohol and/or drug abuse treatment information records: This information has been disclosed to you from records that confidentiality is protected by Federal law. Federal regulations prohibit you from making further disclosure of it without the specific written authorization of the person to whom it pertains,

or as otherwise specified by such regulations. A general authorization for disclosure of medical or other information is not sufficient for this purpose.

My signature below acknowledges that I have read, understand, and authorize the release of my PHI.

Signature of Consumer/Guardian

Date

Witness

Date

NOTICE OF REVOCATION

I, _____ (consumer/guardian) hereby revoke my authorization of this disclosure of information to the agency/person listed above. This revocation effectively makes the current release null and voids any permission for disclosure of information expressly given by the above authorization. I understand that any actions based on this authorization, prior to revocation, will not be affected.

Signature of Consumer/Guardian

Date

Witness

Date

If you choose to revoke your authorization, please provide a copy of the completed revocation to the Privacy Officer or Executive Director.

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES
AUTHORIZATION FOR RELEASE OF WORKERS COMPENSATION RECORDS

Attention To:

Missouri Department of Labor and Industrial Relations; Division of Workers Compensation
3315 West Truman Boulevard
Room 131, P.O. Box 58
Jefferson City, Missouri, 65102-0058

Full name of Employee: _____
Date of Birth of Employee: Month: _____ Day: _____ Year: _____
Full SSN of Employee: _____ - _____ - _____

I hereby authorize all my workers' compensation records to be sent to Audrain Developmental Disability Services (ADDS), as well as all information which relates to my workers' compensation claim. It is understood that no one from Audrain Developmental Disability Services or any of their representatives will discuss this information personally with anyone from the Division of Workers' Compensation.

It is further agreed that a true copy of all school or learning center records or information which is received by way of this authorization will be immediately forwarded to Audrain Developmental Disability Services at 308 East Jackson Street, Mexico, Missouri, 65265.

A photocopy of this authorization shall be considered as effective and valid as the original.

Person(s) requesting disclosure: _____

Relationship to Person Served: _____

Name of Person Served or Legal Representative: _____ Date: _____

Signature of Person Served or Legal Representative: _____

NOTARY USE ONLY:

State of Missouri)
(SS.

County of Audrain)

Sworn to and subscribed before me on this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES

COMPLAINT RESOLUTION PLAN

Employee Name: _____

Date of Plan: _____

Supervisor: _____

Program: _____

Background:

Concerns/Complaints:

1. _____
2. _____
3. _____
4. _____

RESOLUTION PLAN(S):

Concern/ Complaint 1

Discussion:

Plan of Action:

Responsible Party:

Concern/ Complaint 2

Discussion:

Plan of Action:

Responsible Party:

Concern/ Complaint 3

Discussion:

Plan of Action:

Responsible Party:

Concern/ Complaint 4

Discussion:

Plan of Action:

Responsible Party:

Employee

Supervisor

Executive Director

Date

Date

Date

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES

ANNUAL RENTAL AGREEMENT

LANDLORD: Audrain Developmental Disability Services (ADDS)

ADMINISTRATION OFFICE ADDRESS: 222 East Jackson Street, Mexico, Missouri, 65265

TENANT: _____

GUARDIAN ACTING ON BEHALF OF TENANT: _____

CLIENT: herein referred to as “Tenant” and bound by the terms of this Agreement, with approval by execution of this Agreement by _____. (*legal guardian if applicable*)

PROPERTY ADDRESS: _____, Mexico, Missouri, 65265

1. RENTAL AMOUNT: Commencing _____ (*month, year*) TENANT agrees to pay landlord the sum of \$ _____ per month on the 5th day of each calendar month. (This is typically covered by Social Security Benefits.)
2. TERM: The premises are leased on the following rental agreement term: 12 consecutive months.
Lease Contract Start Date: _____ **Lease Contract End Date:** _____
3. OCCUPANTS: The premises shall not be occupied by any person other than those designated above as tenant or as detailed in additional rental agreements between landlord and other occupants. I have been given a key to the front door and I have been offered a key lock on my bedroom door.
4. SUBLETTING OR ASSIGNING: Tenant agrees not to assign or sublet the premises, or any part thereof, without first obtaining written permission from landlord.
5. UTILITIES: Utilities (*are / are not*) included. Tenant (*shall pay / shall not be required to pay*) his/her portion of utilities.
6. CONDITION OF PREMISES: Tenant acknowledges that the premises have been inspected. The tenant acknowledges that said premises have been cleaned and all items, fixtures, appliances, and appurtenances are in complete working order. Tenant promises to keep the premises in a neat and sanitary condition and to immediately reimburse landlord for any sums necessary to repair any item, fixture or appurtenance that needed service due to tenant, or tenants guest/invitees, misuse or negligence.
7. ALTERATIONS: Tenant shall not make any alterations to the premises, including but not limited to installing aerials, lighting fixtures, dishwashers/appliances, or other items without first obtaining written permission from landlord. Tenant shall not change or install locks, paint, or wallpaper said premises without

landlords' prior written consent, tenant shall not place placards, signs, or other exhibits in a window or any other place where they can be viewed by the public.

8. NOISE AND DISRUPTIVE ACTIVITIES: Tenant or his/her guests and invitees shall not disturb, annoy, endanger or inconvenience other occupants, neighbors, the landlord or his agents, or workmen nor violate any law, nor commit or permit waste or nuisance in or about the premises.
9. The landlord is permitted to make all alterations, repairs and maintenance that in landlord's judgment is necessary to perform.
10. PETS: No dog, cat, bird, fish or other domestic pet or animal of any kind may be kept on or about the premises without landlords written consent.
11. Alcohol, smoking or vaping are not allowed in the home without prior consent by the landlord.
12. INSURANCE: Tenant may maintain a personal property insurance policy or renters' insurance to cover any losses sustained to tenants' personal property. It is acknowledged that landlord does not maintain this insurance to cover personal property damage or loss caused by fire, theft, rain, water overflow/leakage, acts of God, and/or any other causes.

It is acknowledged that landlord is not liable for these occurrences. It is acknowledged that tenants' insurance policy shall solely indemnify landlord for any losses sustained. Tenants' failure to maintain said policy shall be a complete waiver of tenants right to seek damages against landlord for the above stated losses. The parties acknowledge that the premises are not to be considered a security building which would hold landlord to a higher degree of care.

13. TERMINATION AND RENEWAL: LANDLORD or TENANT may terminate this rental agreement by giving one month's prior written notice. This rental agreement shall automatically be renewed for successive terms unless terminated. Any rent increase after the initial rental agreement period will also become part of this agreement upon written notification of such increase by the LANDLORD to the TENANT.
14. VALIDITY/SEVERABILITY: If any provision of this agreement is held to be invalid, such invalidity shall not affect the validity or enforceability of any other provision of this agreement.
15. ATTORNEY FEES: In the event action is brought by any party to enforce any terms of this agreement or to recover possession of the premises, the prevailing party shall recover from the other party reasonable attorney fees.

It is acknowledged, between the parties, that jury trials significantly increase the costs of any litigation between the parties. It is also acknowledged that jury trials require a longer length of time to adjudicate the controversy. On this basis, all parties waive their rights to have any matter settled by jury trial.

16. NOTICES: All notices to the tenant shall be deemed served upon personal delivery to the tenant, to the subject premises or upon personal delivery to the premises whether the tenant is present at the time of said delivery.
17. PERSONAL PROPERTY OF TENANT: Once tenant vacates the premises, all personal property left in the unit shall be stored by the landlord for 18 days. If within that time, tenant does not claim said property, landlord may dispose of said items in any manner landlord chooses and the disposal fee charged to the tenant.
18. INSPECTION OF PREMISES: Landlord and Landlord's agents shall have the right at all reasonable times during the term of this Agreement and any renewal thereof to enter the Premises for the purpose of inspecting the Premises and all buildings and improvements thereon. And for the purposes of making any repairs, additions or alterations as may be deemed appropriate by Landlord for the preservation of the Premises or the building.
19. ADDITIONAL RENT: All items owed under this rental agreement shall be deemed additional rent.
- This agreement affords the same rights and responsibilities under Missouri Law relating to such agreements to the tenant and the landlord. This agreement is to, additionally, be in compliance with the rules and regulations of CMS Home and Community Based Services (HCBS) Waiver as implemented by the Missouri DMH-DD. Considering the premises are owned by the provider of habilitative services being delivered to the tenant the tenant continues to have the same rights and responsibilities as any other tenant afforded under Missouri Law.
20. ENTIRE AGREEMENT: The foregoing agreement between the parties supersedes any oral or written representations or agreements that may have been made by either party.

Consumer/ Legal Guardian (Print)

Date

Consumer/ Legal Guardian (Sign)

Date

ADDs Representative (Print)

Date

ADDs Representative (Sign)

Date

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES TARGET CASE MANAGEMENT REQUISITION FORM

Consumer Name: _____		Consumer DOB: _____	
DMH ID: _____	Waiver: Yes (type: _____)		No
Guardian(s) Name: _____			
Guardian Address: _____			
City/Town: _____	State: _____	Postal Code: _____	
Phone Number(s): _____			
ADDs Support Coordinator: Mark McDowell Michelle Copeland Denise Hill Emily Terry			

Type of Requisition:

Travel Expenses (Mileage) Medical Supplies Adaptive Equipment
 Respite Reimbursement Therapy Other

If other, please describe in detail (item/service and reason for request):

TYPE OF SERVICE(S) (all requisitions except Respite Reimbursement) **If you are submitted for reimbursement- you must provide a receipt.

TOTAL COST AMOUNT		

RESPITE REIMBURSEMENT *(A new form must be completed for each new month)*

<i>TOTAL AMOUNT OF RESPITE HOURS</i>		

TCM/ADDs ADMINISTRATION USE ONLY

TO BE COMPLETED BY SUPPORT COORDINATOR

Date Requested to TCM Support Coordinator: _____

Date Submitted to Administration for Approval: _____

Respite Reimbursement only:

Monthly Hours Authorized: _____ Monthly Hours Submitted: _____

TO BE COMPLETED BY ADMINISTRATION

Status: Approve Deny (Reason: _____)

Approving Administrator (Print/Title): _____

Approving Administrator Signature: _____

Total Amount Approved: _____ Date Approved: _____

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES CONFIDENTIALITY AGREEMENT

I recognize and acknowledge that the services that ADDS performs for its persons served are confidential. To enable ADDS to perform those services, persons served furnish confidential protected health information (PHI).

I, by reason of my work or volunteer activities or by my presence at ADDS, may come into possession of protected health information concerning the services performed by ADDS for its persons served, even though I do not take any direct part in or furnish the services performed for those persons served. I agree that I will not at any time during or after my access to these medical records containing PHI, disclose (which could mean giving someone records, or talking to someone) any such provided services or PHI to any person or entity whatsoever, or other privileged information prepared that is not needed for person served treatment, payment, or health care operations for this facility. I understand that the use or disclosure of such information may give rise to injury to the person served or to this facility and may violate state and federal confidentiality provisions.

I recognize and acknowledge that although the information contained in the medical record (PHI) can only be disclosed by the person served or his/her legal guardian, that the medical record is the property of ADDS; that no original medical records or portions of a medical record, shall be removed from this facility for any reason, and that I will keep no negatives, use no microfilm, or keep or sell any photocopies or computer disks to any second parties.

I acknowledge that in receiving, storing, processing or otherwise dealing with medical records (PHI) of a person served from ADDS, I am fully bound by HIPAA federal regulations (45 CFR Sections 160 and 164; by 42 CFR Part 2 et seq., "Confidentiality of Alcohol and Drug Abuse Patient Records") and by Missouri state law and any other applicable federal law.

I, _____, (Print Name), employed or working or volunteering as a

_____ (Print Position) have read all the above sections of this

Agreement, and I fully understand and shall comply with them. I understand failure to comply may lead to sanctions.

Signature

Date

Executive Director

Date

ADA AND EEO COMPLAINT FORM

If an individual believes that they have received unequal treatment or discrimination while receiving services from Audrain Developmental Disability Services (ADDS) or employment. ADDS will make efforts to resolve complaints at the lowest level possible.

To file a complaint, please complete this form. If you require assistance with completing the form, please contact our office at 573-581-8210.

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

Basis of complaint (please circle all that apply):

Race	Color	Religion	National Origin
Sex/Gender	Sexual Orientation	Gender Identity	Age
Disability	Retaliation	Other, please specify _____	

Who discriminated against you?

Name: _____

Name of Organization: _____

Address: _____

Phone: _____

How were you discriminated against? (Attach additional pages if more space is required.)

Where did the discrimination occur?

Date and Time discrimination occurred?

Were there any other witnesses to the discrimination? If so, please list

Name: _____

Organization: _____

Phone: _____ Home: _____ Work: _____

Name: _____

Organization: _____

Phone: _____ Home: _____ Work: _____

How would you like to see the situation resolved?

Please attach any written materials or other information that may be relevant to your complaint.

Print Name _____

Signature _____

Date _____

Witness Print Name _____

Witness Signature _____

Date _____

TITLE VI PROGRAM

ATTACHMENTS

Attachment 1 – Agency Information (Brochure)

Attachment 2 – Title VI Complaint Form

Attachment 3 – Title VI Self Survey Form

Title VI Assurances

Audrain Developmental Disability Services agrees to comply with all provisions prohibiting discrimination on the basis of race, color, or national origin of Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 200d *et seq.*, and with U.S. DOT regulations, “Nondiscrimination in Federally Assisted Programs of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act,” 49 CFR part 21.

Audrain Developmental Disability Services assures that no person shall, as provided by Federal and State civil rights laws, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity. Audrain Developmental Disability Services further ensures every effort will be made to ensure non-discrimination in all programs and activities, whether those programs and activities are federally funded or not.

Audrain Developmental Disability Services meets the objectives of the FTA Master Agreement which governs all entities applying for FTA funding, including Audrain Developmental Disability Services and its third-party contractors (which it does not currently have) by promoting actions that:

1. Ensure that the level and quality of transportation service is provided without regard to race, color, or national origin.
2. Identify and address, as appropriate, disproportionately high and adverse effects of programs and activities on minority populations and low-income populations.
3. Promote the full and fair participation of all affected Title VI populations in transportation decision making.
4. Prevent the denial, reduction, or delay in benefits related to programs and activities that benefit minority populations or low-income populations.
5. Ensure meaningful access to programs and activities by persons with Limited English Proficiency (LEP).

Agency Information

Audrain Developmental Disability Services: Agency Mission Statement:

“Creating a better life for Audrain County citizens.”

This is accomplished through an array of services designed to create choices for persons with developmental disabilities.

History (including year started):

Our organization began in 1977 following the county’s passage of a mil tax to support residential and related services for Audrain County residents with developmental disabilities. We began as Audrain County Residential Facilities, later Audrain Handicapped Services and now Audrain Developmental Disability Services. We now offer an array of services including residential, developmental training, service coordination, transportation, advocacy, and many other support services.

Regional Profile (regional population; growth projection):

Population: 24,962 (*2020 Decennial Census*)

Housing Units: 10,542 (Occupied Housing Units: 9,414/ Unoccupied Housing Units: 1,128) (*2020 Decennial Census*)

Population Density: 35.9 people per square mile (*ACS 2022*)

Total Households: 8,968 (*ACS 2022*)

Average Household Size:

Average Family Size: 3.29 (*ACS 2022*)

Marriage Rate: 37.9%

Ethnicity: (*2020 Decennial Census*)

Caucasian: 21,648 (89.2%)

African American: 1,307 (4.8%)

Asian: 114 (0.5%)

Hispanic: 731 (3.4%)

Caucasian Alone, Not Hispanic or Latino: 21,450 (87%)

American Indian and Alaska Native: 89 (0.6%)

Native Hawaiian and Other Pacific Islander: 2 (0.1%)

Two or More Races: 1,428 (4.4%)

Other: 374

Gender: (2020 Decennial Census)

Female: 52.7%

Male: 47.3%

Age: (2020 Decennial Census)

0-4: 6.2%	5-14: 11.8%	15-17: 4.6%	Total Under 18: 22.6%

18-24: 7.7%	25-44: 25.8%	45-54: 11.8%	55-64: 14.2%

65-74: 10.5%	75+: 7.4%

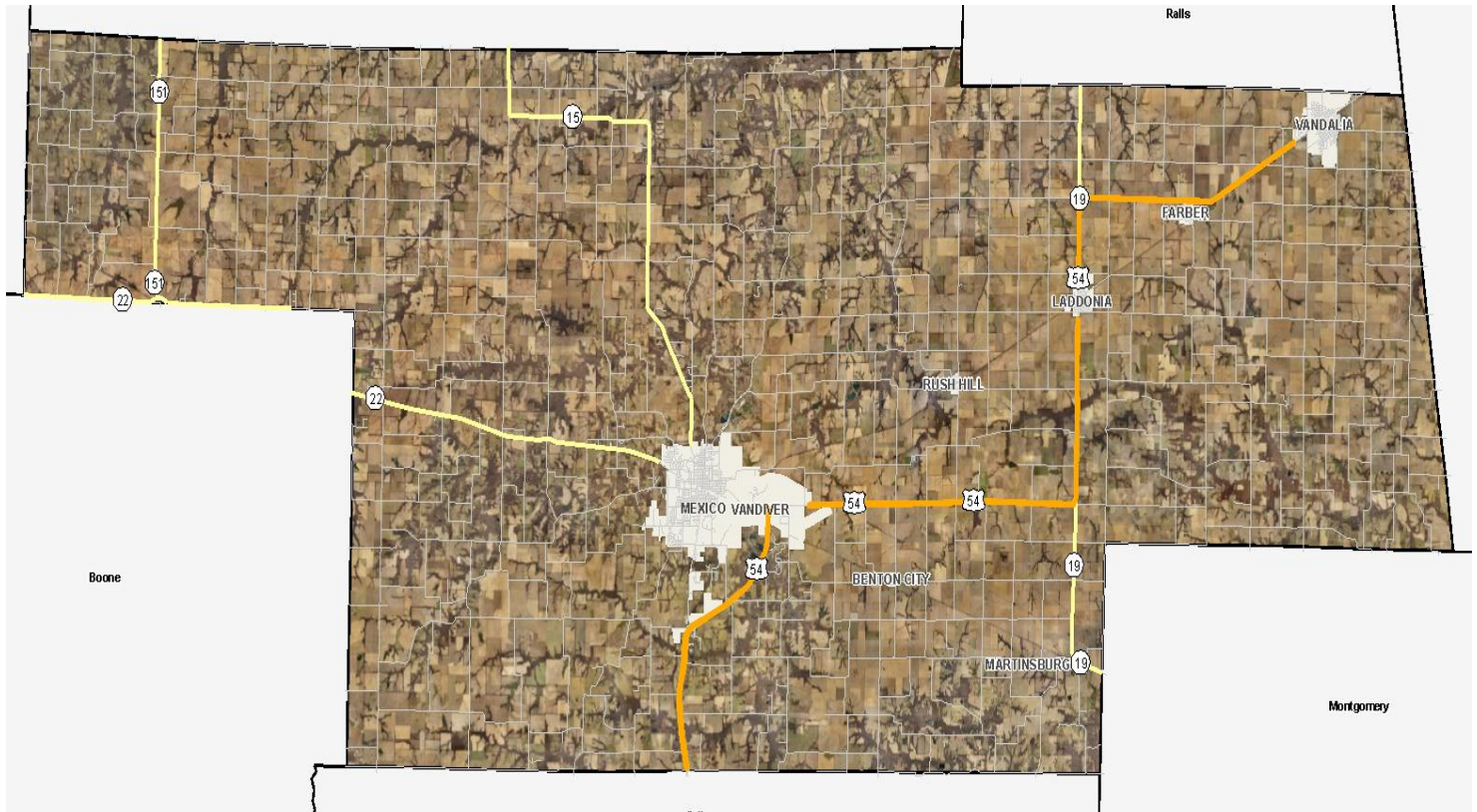
Median Age (Years): 40.4

According to information from the Census Reporter 2020 update, the county has a total area of 692.3 square miles (1,804.7 km²), of which 688.10 square miles (1,795.1 km²) (or 99.47%) is land and 3.69 square miles (9.6 km²) (or 0.53%) is water.

Data indicates that the Regional Profile of Audrain County remains much the same as in the 2020 Title VI Plan.

ADDs continues to serve approximately 192 individuals of Audrain County residents who are affected by a developmental disability. This is approximately .7% of the County's population.

Service Area (include map, with any routes utilized)



ADDs Board Governing Body Make-Up (include terms of office)

Tracy Wilburn - Chair	Term Expires 12/31/2028
Andrew Baker -Vice-Chair	Term Expires 12/31/2026
Frank Marth - Treasurer	Term Expires 12/31/2028
Kelly Smith - Secretary	Term Expires 12/31/2027
Beverly Borgeson	Term Expires 12/31/2028
Holly Hoover	Term Expires 12/31/2026
Carol Schambach	Term Expires 12/31/2027
Paul Seigfreid	Term Expires 12/31/2028
Kevin Wilkerson	Term Expires 12/31/2027

Notice to the Public

Notifying the Public of Rights under Title VI

Audrain Developmental Disability Services posts Title VI notices on our agency's website, in public areas of our agency and in our Agency vehicles.

Audrain Developmental Disability Services operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964.

To obtain additional information about your rights under Title VI, and for more information on the Audrain Developmental Disability Services' Title VI program, and the procedures to file a complaint, contact our administrative office at 573-581-8210, or visit our administrative office at 222 E. Jackson, Mexico, MO 65265. For more information visit www.audraindevelopmental.org.

If you believe you have been discriminated against on the basis of race, color, or national origin by Audrain Developmental Disability Services you may file a Title VI complaint by completing, signing, and submitting the Agency's Title VI Complaint Form.

How to file a Title VI complaint with Audrain Developmental Disability Services:

1. A complaint form is available at our administrative office located at 222 E. Jackson, Mexico, MO 65265 or on our website www.audraindevelopmental.org.
2. In addition to the complaint process at Audrain Developmental Disability Services, complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator; East Building, 5th Floor TCT; 1200 New Jersey Ave., SE; Washington, DC 20590.
3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.
4. The form must be signed and dated and include your contact information. If information is needed in another language, contact 573-581-8210.

Filing A Title VI Complaint

The complaint procedures apply to the beneficiaries of Audrain Developmental Disability Services' programs, activities, and services.

RIGHT TO FILE A COMPLAINT: Any person who believes they have been discriminated against because of race, color, or national origin by Audrain Developmental Disability Services may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. Title VI complaints must be received in writing within 180 days of the alleged discriminatory complaint.

HOW TO FILE A COMPLAINT: Information on how to file a Title VI complaint is posted on our Agency's website, and in public areas of our Agency.

You may download the Audrain Developmental Disability Services' Title VI Complaint Form at www.audraindddevelopmental.org or request a copy by writing to Audrain Developmental Disability Services, 222 E. Jackson, Mexico, MO 65265. Information on how to file a Title VI complaint may also be obtained by calling the Agency administrative office at 573-581-8210.

You may file a signed, dated complaint no more than 180 days from the date of the alleged incident. The complaint should include:

1. Your name, address, and telephone number.
2. Specific, detailed information (how, why, and when) about the alleged act of discrimination.
3. Any other relevant information, including the names of any persons, if known, the agency should contact for clarity of the allegations.

Please submit your complaint form to Audrain Developmental Disability Services, 222 E. Jackson, Mexico, MO 65265.

COMPLAINT ACCEPTANCE: Audrain Developmental Disability Services will process complaints that are complete. Once a completed Title VI Complaint Form is received, Audrain Developmental Disability Services will review it to determine if Audrain Developmental Disability Services has jurisdiction. The complainant will receive an acknowledgement letter informing them whether the complaint will be investigated by Audrain Developmental Disability Services.

INVESTIGATIONS: Audrain Developmental Disability Services will complete an investigation within 90 days of receipt of a completed complaint form. If more information is needed to resolve the case, Audrain Developmental Disability Services may contact the complainant. Unless a longer period is specified by Audrain Developmental Disability Services, the complainant will have ten (10) days from the date of the letter to send requested information to the Audrain Developmental Disability Services' investigator assigned to the case.

If the requested information is not received within that timeframe the case will be closed. Also, a case can be administratively closed if the complainant no longer wishes to pursue the case.

LETTERS OF CLOSURE OR FINDING: After the Title VI investigator reviews the complaint, the Title VI investigator will issue one of two letters to the complainant: a closure letter or letter of finding (LOF).

1. A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.
2. A Letter of Finding (LOF) summarizes the allegations and provides an explanation of the corrective action taken.

If the complainant disagrees with Audrain Developmental Disability Services' determination, the complainant may request reconsideration by submitting the request in writing to the Title VI investigator within seven (7) days after the date of the letter of closure or letter of finding, stating with specificity the basis for the reconsideration. Audrain Developmental Disability Services will notify the complainant of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, Audrain Developmental Disability Services will issue a determination letter to the complainant upon completion of the reconsideration review.

A person may also file a complaint directly with the Federal Transit Administration, at the FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, contact Audrain Developmental Disability Services, 222 E. Jackson, Mexico, MO 65265, or at 573-581-8210.

Monitoring Title VI Complaints, Investigations, Lawsuits and Documenting Evidence of Agency Staff Title Vi Training

1. Documenting Title VI Complaints/Investigations

All Title VI complaints will be entered and tracked in Audrain Developmental Disability Services' complaint log. Active investigations will be monitored for timely response on the part of all parties. The agency's Title VI Coordinator shall maintain the log.

Audrain Developmental Disability Services' Title VI Complaint Log

Date of Complaint	Complainant Name (First, Last)	Reason for Complaint	Date of Submitted Summary	Status of Complaint	Remediation	Closure Letter	Letter of Findings	Date of CL or LOF

2. Documenting Evidence of Agency Staff Title VI Training

Audrain Developmental Disability Services' staff members are given Title VI training, and agency can answer affirmatively to all the following questions:

- A) Are new employees made aware of Title VI responsibilities pertaining to their specific duties?
- B) Do new employees receive this information via employee orientation?
- C) Is Title VI information provided to all employees and program applicants?
- D) Is Title VI information prominently displayed in the agency and on any program, materials distributed, as necessary?

Public Engagement Plan

1. Goal: The goal of the Public Engagement Plan is to have significant and ongoing public involvement, by all identified audiences, in the public participation process for major agency outreach efforts.

Objectives

1. To understand the service area demographics and determine what non-English languages and other cultural barriers exist to public participation.
2. To provide general notification of meetings and forums for public input, in a manner that is understandable to all populations in the area.
3. To hold public meetings in locations that are accessible to all area stakeholders, including but not limited to minority and low-income members of the community.
4. To provide methods for two-way communication and information and input from populations which are less likely to attend meetings.
5. To convey the information in various formats to reach all key stakeholder groups.

2. Identification of Stakeholders

Stakeholders are those who are either directly or indirectly affected by an outreach effort, system or service plan or recommendations of that plan. Stakeholders include but are not limited to the following:

- A) Board of Directors – the governing board of the agency. The role of the Board is to establish policy and legislative direction for the agency. The Board defines the agency’s mission, establishes goals, and approves the budget to accomplish the goals.
- B) Advisory Bodies – non-elected advisory bodies review current and proposed activities of the agency and are encouraged to be active in the agency’s public engagement process. Advisory bodies provide insight and feedback to the agency.
- C) Agency Transit riders and clients
- D) Minority and low-income populations, including limited English proficient persons
- E) Local jurisdictions and other government stakeholders
- F) Private businesses and organizations
- G) Employers
- H) Partner agencies Elements of the Public Engagement Plan

3. Elements of Public Engagement

It is necessary to establish a public participation plan that includes an outreach plan to engage minority and limited English proficient (LEP) populations.

Elements of the Public Engagement Plan include:

1. Public Notice

- A) Official notification of intent to provide opportunity for members of the general public to participate in public engagement plan development, including participation in open Board/council meetings, and advisory committees.

2. Public Engagement Process/Outreach Efforts:

- A) Public meetings
- B) Open houses
- C) Rider forums
- D) Rider outreach
- E) Public hearings
- F) Focus groups
- G) Surveys
- H) Services for the Disabled (Notices of opportunities for public involvement include contact information for people needing these or other special accommodations.)

Events such as public meetings and/or open houses are held at schools, churches, libraries and other non-profit locations easily accessible to public transit and compliant with the Americans with Disabilities Act.

3. Public Comment

- A) Formal public comment periods are used to solicit comments on major public involvement efforts around an agency service or system change.

- B) Comments are accepted through various means:

- i. Dedicated email address
- ii. Website
- iii. Regular mail
- iv. Forms using survey tool for compilation
- v. Videotaping
- vi. Phone calls to main office (573-581-8210)

4. Response to Public Input

- A) All public comments are provided to the Board of Directors prior to decision making. A publicly available summary report is compiled, including all individual comments.

5. Title VI Outreach Best Practices

- A) Audrain Developmental Disability Services ensures all outreach strategies, communications and public involvement efforts comply with Title VI. Audrain Developmental Disability Services' Public Engagement Plan proactively initiates the public involvement process and makes concerted efforts to involve members of all social, economic, and ethnic groups in the public involvement process. Aligned

with the above referenced communication tactics, Audrain Developmental Disability Services provides the following:

- i. Public notices published in non-English publications (if available).
- ii. Title VI non-discrimination notice on agency's website.
- iii. Agency communication materials in languages other than English (subject to Safe Harbor parameters).
- iv. Services for Limited English Proficient persons. Upon advance notice, translators may be provided.

6. 2020 – 2023 Title VI Program Public Engagement Process

Audrain Developmental Disability Services will conduct a Public Engagement Process for the 2020-2023 Title VI Program. This process includes Community Meetings during board meetings to seek input, provide education, and highlight key components of the Title VI Plan. Materials have been created to explain Title VI policies as well as provide education on how they relate to minority populations.

Audrain Developmental Disability Services will provide briefings to the Board of Directors and Advisory Bodies.

Audrain Developmental Disability Services will conduct a 30-day public comment period to provide opportunities for feedback on the 2020-2023 Title VI Program.

Comments are accepted during the public outreach period via:

1. Email
2. Mail
3. Phone
4. In person
5. Survey tool (agency option)
6. All stakeholders are invited to ADDS Board Meetings
7. Language Assistance Plan

Audrain Developmental Disability Services' Limited English Proficiency Plan

This limited English Proficiency (LEP) Plan has been prepared to address Audrain Developmental Disability Services' responsibilities as a recipient of federal financial assistance as they relate to the needs of individuals with limited language skills. The plan has been prepared in accordance with Title VI of the Civil Rights Act of 1964; Federal Transit Administration Circular 4702.1B, dated October 1, 2012, which states that the level and quality of transportation service is provided without regard to race, color, or national origin.

Executive order 13166, titled "Improving Access to Services for Persons with Limited English Proficiency," indicates that differing treatment based upon a person's inability to speak, read, write or understand English is a type of national origin discrimination. It directs each federal agency to publish guidance for its respective recipients clarifying their obligation to ensure that such discriminations do not take place. This order applies to all state and local agencies which receive federal funds.

Service Area Description:

See Service area map for Audrain County located in this document.

Audrain Developmental Disability Services has developed this LEP Plan to help identify reasonable steps for providing language assistance to persons with limited English proficiency who wish to access services provided by Audrain Developmental Disability Services. As defined in Executive Order 13166, LEP persons are those who do not speak English as their primary language and have limited ability to read, speak, write or understand English. This plan outlines how to identify a person who may need language assistance, and the ways in which assistance may be provided.

To prepare this plan, Audrain Developmental Disability Services undertook the **four-factor LEP analysis** which considers the following factors:

Four Factor Analysis

1. The number and proportion of LEP persons eligible to be served or likely to be encountered in the service area:

A significant majority of individuals in the Audrain Developmental Disability Services' service area are proficient in the English language. After reviewing various sources of information including U.S. Census information from 2015 updates, it is estimated that less than 1% of the population of Audrain County five years of age and older speak English "less than very well" – a definition of limited English proficiency. Another resource, US Department of Justice Civil Rights Division described the 2014 population of Audrain County as 23, 994 with a total LEP population of 422 or 1.76%.

LEP Population in Audrain County Developmental Disability Services Service Area					
Population 5 years and over by language spoken at home and ability to speak English	Service Area Sector [1]	Service Area Sector [1]	Service Area Sector [1]	Service Area Audrain County Total	Percentage of Population 5 Years and Older
Population 5 Years and Over				24, 186	93.8%
Speak English "less than very well"				217 - 556	.9% - 2.3%
Spanish				638 – 1,209	2.64% – 5%
Speak English "less than very well"				72 -193	.3% - .8%
Other Indo-European				82-725	.34% - 3%

Speak English “less than very well”				43 - 435	.2% - 1.8%
Asian and Pacific Island				Less than 48	Less than 0.2%
Speak English “less than very well”				0.00	0.00%
All Other				0.00	0.00%
Speak English “less than very well”				0.00	0.00%

Frequency of Contact by LEP Persons with Audrain Developmental Disability Services’

The Audrain Developmental Disability Services’ staff reviewed the frequency with which office staff, dispatchers and drivers have, or could have, contact with LEP persons. To date, Audrain Developmental Disability Services has had no calls for an interpreter for a different language.

LEP Staff Survey Form

Audrain Developmental Disability Services is studying the language assistance needs of its riders so that we can better communicate with them if needed.

1. How often do you meet passengers who do not speak English or have trouble understanding you when you speak English to them?

DAILY WEEKLY MONTHLY LESS THAN MONTHLY

2. What languages do these passengers speak?
3. What languages (other than English) do you understand or speak?
4. Would you be willing to serve as a translator when needed?

Frequency of Contact with LEP Persons

Frequency Language Spoken by LEP Persons

Daily	
Weekly	
Monthly	
Less frequently than monthly	

8. The importance of programs, activities or services provided by Audrain Developmental Disability Services to LEP persons:

Outreach activities, summarized in Audrain Developmental Disability Services' Title VI Public Engagement Plan, include events such as public meetings and/or open houses held at schools, churches, libraries and other non-profit locations, and include specific outreach to LEP persons to gain understanding of the needs of the LEP population, and the manner (if at all) needs are addressed.

Outside Organization LEP Survey

Organization: _____

1. What language assistance needs are encountered?
2. What languages are spoken by persons with language assistance needs?
3. What language assistance efforts are you undertaking to assist persons with language assistance needs?
4. When necessary, can we use these services?

9. The resources available to Audrain Developmental Disability Services and overall cost to provide LEP aid. Strategies for Engaging Individuals with Limited English Proficiency include:
 - A) Language line. Upon advance notice, translators can be provided through medical partners and other human service organizations in the community.
 - B) Written translations of vital documents (identified via safe harbor provision)
 - C) One-on-one assistance through outreach efforts as detailed above.
 - D) To the extent feasible, assign bilingual staff for community events, public hearings and Board of Directors meetings and on the customer service phone lines.
 - E) Audrain Developmental Disability Services will provide assistance and direction to LEP persons who request assistance.

Staff LEP Training

The following training will be provided to Audrain Developmental Disability Services' staff:

1. Information on Audrain Developmental Disability Services' Title VI Procedures and LEP responsibilities.
2. Description of language assistance services offered to the public.
3. Documentation of language assistance requests.

Monitoring and Updating the LEP Plan

The LEP Plan is a component of Audrain Developmental Disability Services' Title VI Plan requirement.

Audrain Developmental Disability Services will update the LEP plan as required. At minimum, the plan will be reviewed and updated when it is clear that higher concentrations of LEP individuals are present in the Audrain Developmental Disability Services' service area. Updates include the following:
How the needs of LEP persons have been addressed.

1. Determine the current LEP population in the service area.
2. Determine as to whether the need for, and/or extent of, translation services has changed.
3. Determine whether local language assistance programs have been effective and sufficient to meet the needs.
4. Determine whether Audrain Developmental Disability Services' financial resources are sufficient to fund language assistance resources as needed.
5. Determine whether Audrain Developmental Disability Services has fully complied with the goals of this LEP Plan.
6. Determine whether complaints have been received concerning Audrain Developmental Disability Services' failure to meet the needs of LEP individuals.
7. Advisory Bodies

Table Depicting Membership of Committees, Councils, By Race

Committee	Caucasian	Latino	African American	Asian American		Total
ADDs Board of Directors	100%					100%

Description of efforts made to encourage minority participation on committees:

Audrain County Developmental Disability Services makes every effort to have a diverse representation on the Board of Directors – generally the representation is fulfilled by interest and geographic location.

1. Word of Mouth by other personal volunteers
2. Social Media
3. Community Events
4. Audrain County Human Services Council
5. ADDS' Social Advocacy Group
8. **Subrecipient Assistance:** Audrain Developmental Disability Services does not have any subrecipients.
9. **Subrecipient Monitoring:** Audrain Developmental Disability Services does not have any subrecipients.
10. Equity Analysis of Facilities

ADDs built a storage facility on vacant land owned by ADDS so that no persons were displaced from their residences and/or businesses on the basis of race, color, or national origin.

11. System-Wide Service Standards and Policies*

**Applies to all fixed route providers (including those that do not meet volume threshold)*

See ADDS Transportation Policies and Procedures approved by ADDS accrediting body. These Policies and Procedures are located on the ADDS website – audrainddevelopmental.org

12. Requirement to Collect and Report Demographic Data*: Not applicable to Audrain Developmental Disability Services

13. Requirement to Monitor Transit Service*: Not applicable to Audrain Developmental Disability Services

14. Service and Fare Equity Analysis*: Not applicable to Audrain Developmental Disability Services

Attachment 1

Agency Information: See attached brochure from Audrain Developmental Disability Services

Attachment 2

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES' TITLE VI COMPLAINT FORM

“No person in the United States shall, on the basis of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:
Tim Crews, Executive Director
Audrain Developmental Disability Services
222 E. Jackson
Mexico, MO 65265
573-581-8210

ADDS TITLE VI COMPLAINT FORM

1. Complainant's Name:		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (include area code): Type: () Work () Cell () Home Number: () _____ - _____		
d. Email Address:		
Do you prefer to be contacted by this e-mail address? () YES () NO		
2. Accessible Format of Form Needed? () YES specify: _____ () NO		
3. Are you filing this complaint on your own behalf? () YES If YES, please go to question 7. () NO If no, please go to question 4		
4. If you answered NO to question 3 above, please provide your name and address.		
a. Name of Person Filing Complaint:		
b. Address:		
c. City:	State:	Zip Code:
d. Telephone (include area code): Home () or Cell () Work () - () -		
e. Electronic mail (e-mail) address:		
Do you prefer to be contacted by this e-mail address? () YES () NO		
5. What is your relationship to the person for whom you are filing the complaint?		
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. () YES, I have permission. () NO, I do not have permission.		
7. I believe that the discrimination I experienced was based on (check all that apply): () Race () Color () National Origin (classes protected by Title VI) () Other (please specify)		
8. Date of Alleged Discrimination (Month, Day, Year):		
9. Where did the Alleged Discrimination take place?		
10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). Use the back of this form or separate pages if additional space is required.		

11. Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i>								
12. What type of corrective action would you like to see taken?								
13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? ☐ YES If yes, check all that apply. ☐ NO a. ☐ Federal Agency (List agency's name) A. ☐ Federal Court (Please provide location) B. ☐ State Court C. ☐ State Agency (Specify Agency) D. ☐ County Court (Specify Court and County) E. ☐ Local Agency (Specify Agency)								
14. If YES to question 14 above, please provide information about a contact person at the agency/court where the complaint was filed. <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Name:</td> <td style="width: 60%;">Title:</td> </tr> <tr> <td>Agency:</td> <td>Telephone: () -</td> </tr> <tr> <td colspan="2">Address:</td> </tr> <tr> <td>City:</td> <td>State: Zip Code:</td> </tr> </table>	Name:	Title:	Agency:	Telephone: () -	Address:		City:	State: Zip Code:
Name:	Title:							
Agency:	Telephone: () -							
Address:								
City:	State: Zip Code:							

You may attach any written materials or other information that you think is relevant to your complaint.
Signature and date are required:

Signature	Date

If you completed Questions 4, 5 and 6, your signature and date is required:

Signature	Date

Title VI Self-Survey Form

Date filed with MoDOT Transit Section: _____ Date mailed: _____
This is submitted to MoDOT annually as required

Survey Date:

Period Covered:

Name of Program/Grant:

1. Summary of Complaints:

2. Number of complaints for the period:

3. Number of complaints voluntarily resolved:

4. Number complaints currently unresolved:

5. Attach a summary of any type of complaint and provide:
 - A) Name of complainant
 - B) Race
 - C) Allegation
 - D) Findings
 - E) Corrective Action
 - F) Identify any policy/procedure changes made because of the complaint. • Provide the date history (date complaint received through resolution)

Title VI Self-Survey Form – Page 1

Distribution of Title VI Information

1. Are new employees made aware of the Title VI responsibilities pertaining to their specific duties?

YES _____ NO _____

2. Do new employees receive this information via employee orientation?

YES _____ NO _____

3. Is Title VI information provided to all employees and program applicants?

YES _____ NO _____

4. Is Title VI information prominently displayed in the organization and on relevant program materials?

YES _____ NO _____

5. Identify any improvements you have implemented since the last self-survey to support Title VI communication to employees and program applicants.

6. Identify any improvements you plan to implement before the next self-survey to support Title VI communication to employees and program applicants.

7. Identify any problems encountered with Title VI compliance and discuss possible remedies.

Printed Name: _____ Title: _____

Signature: _____ Date: _____



About Us

Audrain Developmental Disability Services (ADDs) has dedicated over 45 years to supporting adults with intellectual and developmental disabilities in Audrain County.

ADDs is committed to the belief that every individual with a developmental disability deserves the right to self-determination, to live a fulfilling life, to learn and develop, to engage actively in their community, and to chase their personal aspirations.



Care Appreciate Respect Encourage

Services

-  Residential and Independent Supported Living Services
-  Community Services
-  Natural Home Supports
-  Day Training Program
-  Target Case Management
-  Respite
-  Advocacy

Business Associate Agreement

This Business Associate Agreement is entered into between

_____, a Covered Entity as defined by HIPAA, hereinafter referred to as “Agency,” and _____, hereinafter referred to as “Business Associate.”

RECITALS.

Background and Purpose: The Agency and Business Associate are both subject to and must comply with provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) (PL-111-5), (collectively referred to hereinafter as “HIPAA”) and all regulations promulgated pursuant to authority granted therein. Contractor is a “Business Associate” of the Agency as defined in 45 CFR 160.103. This Agreement shall govern Business Associate’s receipt, use, maintenance, transmittal and creation of Protected Health Information on behalf of Agency.

1. Definitions

Terms used but not otherwise defined in this Agreement shall have the same meaning as those terms in the Health Insurance Portability and Accountability Act (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH), and all regulations promulgated pursuant to authority granted therein.

- A) “Access”, “administrative safeguards”, “confidentiality”, “covered entity”, “data aggregation”, “designated record set”, “disclosure”, “hybrid entity”, “information system”, “physical safeguards”, “protected health information”, “required by law”, “technical safeguards”, “use” and “workforce” shall have the same meanings as defined in 45 CFR 160.103, 164.103, 164.304, and 164.501 and HIPAA.
- B) Breach means the unauthorized acquisition, access, use, or disclosure of PHI in a manner not permitted under Part 164, Subpart E of the HIPAA Rules that compromises the security or privacy of such information, except as provided in 42 USC 17921. This definition shall not apply to the term breach of contract as used in this Agreement.
- C) Business Associate is defined in 45 CFR 160.103 and for purposes of this agreement mean the contractor with whom Agency has an underlying contract for goods or services.
- D) Covered Entity, as defined in 45 CFR 160.103, and/or Agency means Boone County Family Resources for purposes of this Agreement.
- E) Electronic Protected Health Information or ePHI shall have the same meaning as the term “electronic protected health information” in 45 CFR 160.103 of the Security Rule to the extent such information is transmitted in Electronic Media or maintained in Electronic Media by Business Associate from or on behalf of Agency.

- F) Enforcement Rule means the rules codified at 45 CFR Part 160, Subparts C, D, and E.
 - G) HIPAA Rules means the collective privacy, security, breach notification and enforcement rules and regulations found at 45 CFR Parts 160 and 164.
 - H) Individual means the person who is the subject of protected health information and shall include a person who qualifies as a personal representative in accordance with the HIPAA Rules and HITECH Standards.
 - I) Privacy Rule shall mean the Standards for Privacy of Individually Identifiable Information at 45 CFR Part 160 and Subparts A and E of Part 164.
 - J) Protected Health Information (PHI) means certain individually identifiable health information as defined in 45 CFR § 160.103:
 - K) Except as provided in paragraph 2 of this definition that is transmitted by electronic media; or maintained in electronic media or transmitted or maintained in any other form or medium.
 - L) PHI excludes individually identifiable health information in education records covered by the Family Educational Rights and Privacy Act, as amended; and employment records held by a covered entity in its role as employer.
2. Security Incident shall be defined as set forth in the “Obligations of the Business Associate” section of this Agreement.
 3. Security Rule shall mean the Security Standards at 45 CFR Part 160 and Part 164 as amended from time to time.
 4. Unsecured Protected Health Information or Unsecured PHI means PHI that is not secured through the use of a technology or methodology specified in the Secretary of the Department of Health and Human Services’ guidance.
 5. Obligations of Business Associate
 - A) *Safeguards.* Business Associate shall appropriately safeguard PHI that it receives, creates, maintains, uses or transmits on behalf of the Agency. Business Associate shall comply with the terms of this Agreement as well as the requirements of HIPAA as amended, and all regulations promulgated thereunder. Any ambiguities in this Agreement shall be interpreted to allow compliance with HIPAA.
 - B) *Limit Use and Disclosures.* Business Associate agrees not to use or disclose PHI except as permitted or required by this Agreement or as required by law. Business Associate may disclose PHI (a) for Business Associate’s proper management and administration, and (b) to carry out the legal responsibilities of Business Associate under this Agreement, assuming either of the following are satisfied: (i) the disclosure is required by law or (ii) Business Associate obtains reasonable assurances from the person to

whom Business Associate further discloses the PHI in accordance with the requirements of Paragraph 9 herein.

- C) *Use Minimum Necessary.* Business Associate shall comply with the minimum necessary disclosure requirements set forth in 45 CFR 164.502(b).
- D) *Use Safeguards.* Business Associate agrees to use reasonable safeguards to prevent use or disclosure of PHI and ePHI other than as allowed by this Agreement or as otherwise required or allowed by law. Business Associate agrees to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI and ePHI that Business Associate creates, receives, maintains, or transmits on behalf of Agency. Such safeguards shall include:
- i. Workforce training on the appropriate and allowable uses and disclosures of PHI pursuant to the terms of this Agreement;
 - ii. Policies and procedures implemented by the Business Associate to prevent inappropriate and unauthorized uses and disclosures of PHI by its workforce and subcontractors;
 - iii. Encryption of any transmission of electronic communication containing PHI or any portable device used to access or maintain PHI, or an equivalent safeguard;
 - iv. Compliance with the security standards set forth in Subpart C of 45 CFR Part 164; and
 - v. Any other safeguards necessary to prevent the inappropriate or unauthorized use or disclosure of PHI.
- E) *Report Inappropriate Uses or Disclosures of PHI.* If Business Associate becomes aware of any use or disclosure of PHI not permitted by this Agreement or by law, Business Associate agrees to report such violation to Agency immediately upon becoming aware of such incident and shall take immediate action to stop the continuation of any such incident. Within five days of becoming aware of such incident, Business Associate shall provide Agency with a description of any remedial action taken to mitigate any harmful effect of such and a proposed written plan of action for approval that describes plans for prevention of any such future incident.
- F) *Report Security Incidents.* If Business Associate becomes aware of a Security Incident, Business Associate agrees to report such incident to Agency immediately upon becoming aware of such incident and shall take immediate action to stop the continuation of any such incident. Security incident shall mean the attempted or successful unauthorized access, use, modification or destruction of information or interference with systems operations in an information system. This does not include trivial incidents that occur daily, such as scans, “pings,” or unsuccessful attempts that do not penetrate computer networks or servers or result in interference with systems operations. Within five days of becoming aware of such incident, Business Associate shall provide Agency with a description of any remedial action taken to mitigate any harmful effect of such incident and a proposed written plan of action for approval that describes plans for prevention of any such future security incidents.

- G) *Report Breaches of Unsecured PHI.* If the Business Associate discovers a Breach of Unsecured PHI, Business Associate agrees to immediately notify Agency upon becoming aware of such breach and shall take immediate action to stop the continuation of any such incident. Within five days of becoming aware of the incident, Business Associate shall provide Agency with the following:
- i. The name, address, and telephone number of each individual whose information was involved;
 - ii. The electronic address of any individual whose information was involved if the individual has specified a preference of contact by electronic mail;
 - iii. A brief description of what happened; the date of the Breach and the date of the discovery of the Breach;
 - iv. A description of the types of Unsecured PHI that were involved in the Breach (such as full name, Social Security Number, date of birth, home address, Medicaid number, diagnosis, or types of information that were involved);
 - v. Any steps the Individuals should take to protect themselves from potential harm resulting from the Breach;
 - vi. Any remedial action being taken to mitigate any harmful effect; and
 - vii. A proposed plan for approval for prevention of any such future incidents.
- H) *Make Information Available for Accounting of Disclosures.* Business Associate agrees to maintain records of each disclosure containing at a minimum, the date of the disclosure, the name of the entity or person who received the PHI and, if known, the address of such entity or person, a brief description of the PHI disclosed, and a brief statement of the purpose of the disclosure. Upon request and as directed by Agency, Business Associate shall provide to Agency or to the individual to whom the PHI relates an accounting of all such disclosures in accordance with 45 CFR 164.528. Such information shall be provided in the time and manner designated by the Agency. To the extent required by Business Associate under Section 13405(c) of the HITECH Act, if Agency uses or maintains Electronic Health Records (EHR), Business Associate will include in the accounting disclosures made for treatment, payment, or health care operations purposes through the EHR. Business Associate agrees to make available to the Individual the information described above if properly requested by the Individual.
- I) *Require Compliance of Subcontractors and Agents.* In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), Business Associate shall ensure that any agents, including any subcontractor, of Business Associate to whom Business Associate provides Protected Health Information received from, or created or received by Business Associate on behalf of Agency agree to the same restrictions, requirements and conditions that apply to the Business Associate with respect to such information.
- J) *Incorporate Amendments.* Business Associate agrees to make any amendments to PHI in a designated record set that Agency directs or agrees to pursuant to 45 CFR 164.526 at the request of Agency or an Individual, and in the time and manner designated by Agency.

- K) *Provide Access.* Business Associate agrees to provide access, at the request of Agency, and in the manner and time designated by Agency, to PHI in a designated record set, to Agency or as directed by Agency, to an Individual to meet the requirements under 45 CFR 164.524. If Business Associate maintains an EHR, Business Associate shall provide such information in electronic format to enable Agency to fulfill its obligations under Section 13405(e) of the HITECH Act.
- L) *Restrict Disclosure of PHI.* Upon written request by Agency on behalf of an Individual, Business Associate agrees to consider restrictions on the use or disclosure of PHI agreed to by Agency. Business Associate will grant requests to limit disclosures to health plans for payment or health care operations purposes when the provider has been paid out of pocket in full for services or products as provided in Section 13405(a) of the HITECH Act.
- M) *Notification of Material Breach of Contract.* If Business Associate becomes aware of a pattern of activity or practice of the Agency that constitutes a material breach of contract regarding the Agency's obligations under this Agreement, Business Associate shall notify Agency of the activity or practice that constitutes a material breach or violation of HIPAA.
- N) *Record Retention.* To meet the requirements of HIPAA and the regulations promulgated thereunder, Business Associate shall keep and retain adequate, accurate, and complete records of the documentation required under these provisions for a minimum of six years as specified in 45 CFR Part 164.
- O) *Audit and Inspections.* Unless otherwise protected or prohibited from disclosure by law, Business Associate shall make the internal practices, books, and records, including policies and procedures, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of Agency available to the Agency and/or to the Secretary of the U.S. Department of Health and Human Services for purposes of determining the Agency's and/or Business Associate's compliance with its legal obligations with the HIPAA Rules and the Agreement.
- P) *Remuneration in Exchange for PHI.* Business Associate shall not directly or indirectly receive remuneration in exchange for any Protected Health Information without a valid Authorization.
- Q) *Indemnification.* Business Associate shall indemnify the Agency from any liability resulting from any violation of the Privacy Rule, Security Rule, or Breach, arising from the conduct or omission of the Business Associate or its workforce members, agents, or subcontractors. The Business Associate shall reimburse the Agency for any and all actual and direct costs and/or losses, including those incurred under the civil penalties implemented by legal requirements, including but not limited to HIPAA as amended by the HITECH Act, and including any reasonable attorney's fees, which may be imposed upon the Agency under legal requirements, including but not limited to HIPAA's Administrative Simplification Rules, arising from or in connection with the Business Associate's negligent or wrongful actions or inactions or violations of this Agreement, or those of its workforce members, agents and/or subcontractors. Notwithstanding the language set forth in this paragraph, the parties recognize that certain Business Associates and/or contractors may be entities that are sovereign political subdivisions of the State of Missouri – including but not limited to a department, board or other governmental unit of a city, county, township, etc. In that instance, the Business Associate or contractor, by entering into this agreement, is not thereby waiving or limiting the rights or defenses it may have with respect to sovereign or governmental immunity, official immunity or any other legal protections applicable under

federal or state law, which are afforded to that Business Associate or contractor and its employees by virtue of the entity's status as a political subdivision of the State of Missouri.

6. Permitted Uses and Disclosures by Business Associate

- A) *Purpose.* Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information received by it in its capacity as a Business Associate to perform functions, activities or services for or on behalf of Agency to perform its obligations under this Agreement and the Underlying Contract provided that such use of disclosure would not violate HIPAA, and the regulations promulgated thereunder. Business Associate may disclose PHI for the purposes authorized by this Agreement to its employees, subcontractors, agent, and third parties in accordance with this Agreement. All other uses not authorized by this Agreement are prohibited.
- B) *Use of PHI for Administration and Legal Responsibilities.* Subject to the terms of this Agreement, Business Associate may use PHI for the proper management and administration of Business Associate or to carry out its legal responsibilities.
- C) *Disclosure of PHI for Administration and Legal Responsibilities.* Business Associate may disclose PHI to third parties for the proper management and administration of Business Associate and to carry out its legal responsibilities.
- D) *Data Aggregation Services.* Business Associate may use PHI to provide data aggregation services to Agency as permitted by 45 CFR 164.504(e)(2)(i)(B) upon written permission of Agency to do so.
- E) *De-Identification.* Business Associate may use PHI to create de-identified information consistent with the standards set forth at 45 CFR 164.514 upon written permission of Agency to do so.
- F) *Sales or Marketing.* Business Associate shall not use or disclose PHI for fundraising or marketing purposes. Business Associate shall not directly or indirectly receive remuneration in exchange for PHI, except with proper authorization or as otherwise permitted by the HITECH Act Section 13405(d). However, this prohibition shall not affect payment by Agency to Business Associate for services provided pursuant to the Underlying Contract.
- G) *Minimum Necessary.* Business Associate agrees to make uses, disclosures, and requests for PHI consistent with the Agency's minimum necessary policies and procedures.

7. Obligations of Covered Entity

- A) *Permissible Use or Disclosure.* Agency shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Rules or HITECH Standards if done by Agency or that is not otherwise expressly permitted under this Agreement.
- B) *Revocations.* Agency shall notify Business Associate of any changes in, or revocation of, authorization by an individual to use or disclose PHI.

- C) *Restrictions.* Agency shall notify Business Associate of any restriction to the use or disclosure of PHI that the agency has agreed to in accordance with 45 CFR 164.522.

8. Term And Termination

- A) *Term.* The term of this Agreement is effective as of the Effective Date and shall continue unless or until the Agreement is terminated in accordance with the termination provisions of the Agreement.
- B) *Termination.* Agency may terminate this Agreement if it determines that Business Associate has violated a material term of this Agreement. Agency shall report a breach to the Secretary of the U.S. Department of Health and Human Services.

C) *Effect of Termination:*

- i. Upon termination of this Agreement, for any reason, at the discretion of the Agency, Business Associate shall return to Agency or destroy all PHI received from Agency or created or received by Business Associate on behalf of Agency. This provision shall also apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of PHI.
- ii. Upon determination by the Agency that return, or destruction of PHI is not feasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If at any time it becomes feasible to return or destroy any such PHI maintained pursuant to this paragraph, Business Associate must notify the Agency and obtain instructions for either the return or destruction of the PHI.

9. MISCELLANEOUS

Applicable Law. This Agreement shall be interpreted in accordance with laws of the State of Missouri.

- A) *References.* A reference in this Agreement to a section in the HIPAA Rules or HITECH Standards means the section in effect or as amended, and for which compliance is required.
- B) *Interpretation.* Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits compliance with the HIPAA Rules and HITECH Standards.
- C) *Amendment.* Agency and Business Associate agree to amend this Agreement from time to time as may be necessary for Agency to comply with the requirements in state and federal laws and regulations relating to the privacy, security and confidentiality of PHI that may be promulgated and affect the provisions of this Agreement.
- D) *Survival.* The respective rights and obligations of Business Associate under this Agreement shall survive the termination of this Agreement and the Underlying Contract.

E) *Third Party Beneficiary*. There are no intended third-party beneficiaries to this Agreement. It is the parties' intent that nothing contained herein shall give rise to any right or cause of action in or on behalf of the individuals whose PHI or ePHI is used or disclosed pursuant to this Agreement.

CONTINUE TO BACK OF FORM

This Agreement is entered into by _____ and Business Associate on the day above first written.

In Witness Whereof, the parties have executed this Agreement with an effective date of _____, 20____.

Agency/Covered Entity: _____

By: _____ Date: _____

Print Name & Title: _____

Business Associate:

Name: _____

By: _____ Date: _____

Authorized Agent Print Name & Title: _____

APPENDIX A: Working files, either paper or electronic, are not included as part of the designated records set. Working files are typically held by staff working or meeting with patients away from a facility-based setting. Working files may consist of copies of records that are included in the designated records set.

- A) Sample Business Associate Agreement Provisions – please see ADDS Business Associate Agreement in Appendix. The following are additional sample provisions.
- B) (Words or phrases contained in brackets are intended as either optional language or as instructions to the users of these sample provisions.)

1. Definitions

- A) ***Catch-all definition:*** The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

2. Specific definitions:

- A) Business Associate: “Business Associate” shall generally have the same meaning as the term “business associate” at 45 CFR 160.103, and in reference to the party to this agreement, shall mean [Insert Name of Business Associate].
- B) Covered Entity: “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.103, and in reference to the party to this agreement, shall mean [Insert Name of Covered Entity].
- C) HIPAA Rules: “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

3. Obligations and Activities of Business Associate 1. Business Associate agrees to:

- A) Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;
- B) Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;

- C) Report to covered entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware;
- D) [The parties may wish to add additional specificity regarding the breach notification obligations of the business associate, such as a stricter timeframe for the business associate to report a potential breach to the covered entity and/or whether the business associate will handle breach notifications to individuals, the HHS Office for Civil Rights (OCR), and potentially the media, on behalf of the covered entity.]
- E) In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information;
- F) Make available protected health information in a designated record set to the [Choose either “covered entity” or “individual or the individual’s designee”] as necessary to satisfy covered entity’s obligations under 45 CFR 164.524;
- G) [The parties may wish to add additional specificity regarding how the business associate will respond to a request for access that the business associate receives directly from the individual (such as whether and in what time and manner a business associate is to provide the requested access or whether the business associate will forward the individual’s request to the covered entity to fulfill) and the timeframe for the business associate to provide the information to the covered entity.]
- H) Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the covered entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy covered entity’s obligations under 45 CFR 164.526;
- I) [The parties may wish to add additional specificity regarding how the business associate will respond to a request for amendment that the business associate receives directly from the individual (such as whether and in what time and manner a business associate is to act on the request for amendment or whether the business associate will forward the individual’s request to the covered entity) and the timeframe for the business associate to incorporate any amendments to the information in the designated record set.]
- J) Maintain and make available the information required to provide an accounting of disclosures to the [Choose either “covered entity” or “individual”] as necessary to satisfy covered entity’s obligations under 45 CFR 164.528;
- K) [The parties may wish to add additional specificity regarding how the business associate will respond to a request for an accounting of disclosures that the business associate receives directly from the individual (such as whether and in what time and manner the business associate is to provide the accounting of disclosures to the individual or whether the business associate will forward the request to the covered entity) and the timeframe for the business associate to provide information to the covered entity.]

- L) To the extent the business associate is to carry out one or more of covered entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s); and
- M) Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

4. Permitted Uses and Disclosures by Business Associate

- A) Business associate may only use or disclose protected health information
 - i. [Option 1 – Provide a specific list of permissible purposes.]
 - ii. [Option 2 – Reference an underlying service agreement, such as “as necessary to perform the services set forth in Service Agreement.”]
- B) [In addition to other permissible purposes, the parties should specify whether the business associate is authorized to use protected health information to de-identify the information in accordance with 45 CFR 164.514(a)-(c). The parties also may wish to specify the manner in which the business associate will de-identify the information and the permitted uses and disclosures by the business associate of the de-identified information.]
- C) Business associate may use or disclose protected health information as required by law.
- D) Business associate agrees to make uses and disclosures and requests for protected health information
 - i. [Option 1] consistent with covered entity’s minimum necessary policies and procedures.
 - ii. [Option 2] subject to the following minimum necessary requirements: [Include specific minimum necessary provisions that are consistent with the covered entity’s minimum necessary policies and procedures.]
- E) Business associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by covered entity [if the Agreement permits the business associate to use or disclose protected health information for its own management and administration and legal responsibilities or for data aggregation services as set forth in optional provisions (e), (f), or (g) below, then add “, except for the specific uses and disclosures set forth below.”]
- F) [Optional] Business associate may use protected health information for the proper management and administration of the business associate or to carry out the legal responsibilities of the business associate.
- G) [Optional] Business associate may disclose protected health information for the proper management and administration of business associate or to carry out the legal responsibilities of the business associate, provided the disclosures are required by law, or business associate obtains reasonable assurances from

the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies business associate of any instances of which it is aware in which the confidentiality of the information has been breached.

[Optional] Business associate may provide data aggregation services relating to the health care operations of the covered entity.

5. Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions

- A) [Optional] Covered entity shall notify business associate of any limitation(s) in the notice of privacy practices of covered entity under 45 CFR 164.520, to the extent that such limitation may affect business associate's use or disclosure of protected health information.
- B) [Optional] Covered entity shall notify business associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect business associate's use or disclosure of protected health information.
- C) [Optional] Covered entity shall notify business associate of any restriction on the use or disclosure of protected health information that covered entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect business associate's use or disclosure of protected health information.
- D) Permissible Requests by Covered Entity: [Optional] Covered entity shall not request business associate to use or disclose protected health information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by covered entity. [Include an exception if the business associate will use or disclose protected health information for, and the agreement includes provisions for, data aggregation or management and administration and legal responsibilities of the business associate.

6. Term and Termination

- A) Term. The Term of this Agreement shall be effective as of [Insert effective date] and shall terminate on [Insert termination date or event] or on the date covered entity terminates for cause as authorized in paragraph (b) of this Section, whichever is sooner.
- B) Termination for Cause. Business associate authorizes termination of this Agreement by covered entity, if covered entity determines business associate has violated a material term of the Agreement [and business associate has not cured the breach or ended the violation within the time specified by covered entity]. [Bracketed language may be added if the covered entity wishes to provide the business associate with an opportunity to cure a violation or breach of the contract before termination for cause.]

7. Obligations of Business Associate Upon Termination.

- A) [Option 1 – if the business associate is to return or destroy all protected health information upon termination of the agreement] Upon termination of this Agreement for any reason, business associate

shall return to covered entity [or, if agreed to by covered entity, destroy] all protected health information received from covered entity, or created, maintained, or received by business associate on behalf of covered entity, that the business associate still maintains in any form. Business associate shall retain no copies of the protected health information.

B) [Option 2—if the agreement authorizes the business associate to use or disclose protected health information for its own management and administration or to carry out its legal responsibilities and the business associate needs to retain protected health information for such purposes after termination of the agreement] Upon termination of this Agreement for any reason, business associate, with respect to protected health information received from covered entity, or created, maintained, or received by business associate on behalf of covered entity, shall:

- i. Retain only that protected health information which is necessary for business associate to continue its proper management and administration or to carry out its legal responsibilities;
- ii. Return to covered entity [or, if agreed to by covered entity, destroy] the remaining protected health information that the business associate still maintains in any form;
- iii. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as business associate retains the protected health information;
- iv. Not use or disclose the protected health information retained by business associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out at [Insert section number related to paragraphs (e) and (f) above under “Permitted Uses and Disclosures By Business Associate”] which applied prior to termination; and Return to covered entity [or, if agreed to by covered entity, destroy] the protected health information retained by business associate when it is no longer needed by business associate for its proper management and administration or to carry out its legal responsibilities.

8. [The agreement also could provide that the business associate will transmit the protected health information to another business associate of the covered entity at termination, and/or could add terms regarding a business associate’s obligations to obtain or ensure the destruction of protected health information created, received, or maintained by subcontractors.]

9. Survival. The obligations of business associate under this Section shall survive the termination of this Agreement.

10. Miscellaneous [Optional]

A) [Optional] Regulatory References. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

- B) [Optional] Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.
- C) [Optional] Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

APPENDICES

#

HIPPA Policy Infographic



HIPPA POLICY



WHAT IS HIPAA? Health Insurance Portability and Accountability Act of 1966 is a Federal Law

WHAT DOES IT MEAN?

WHAT NEEDS TO BE KEPT PRIVATE?



- Name
- Date of Birth
- Address
- Social Security Number
- Telephone Number
- Account Number
- Diagnosis
- Occupation
- Employer
- Names of Relatives
- Treatment Services

HIPPA protects the confidentiality and security of health information and information that would be used to identify a person.

ORGANIZED HEALTH CARE ARRANGEMENT

Facilities and Providers of services can share important information about people without violating privacy.

Authorizations

- you have to give permission to certain people in order for them to see the information
- Be specific as to who can have access, what information can be shared, and the purpose of knowing the information.

NO AUTHORIZATION IS REQUIRED WHEN:

- child abuse or neglect report
- A court orders the Agency to share
- Police need certain information
- IF it is needed to keep someone else safe.

The Agency requesting information must provide verification as to who they are.

COMPLAINT PROCEDURE: IF YOU BELIEVE WE HAVE IMPROPERLY USED OR DISCLOSED OUR HEALTH INFORMATION. YOU CAN FILE A COMPLAINT WITH THE PROGRAM COORDINATOR.

Individual Rights



TO BE TREATED WITH RESPECT AND DIGNITY AS A HUMAN BEING.



TO HAVE THE SAME LEGAL RIGHTS AND RESPONSIBILITIES AS ANY OTHER CITIZEN



TO RECEIVE SERVICES REGARDLESS OF RACE, CREED, MARITAL STATUS, NATIONAL ORIGIN,



DISABILITY, RELIGION, SEXUAL ORIENTATION, GENDER, OR AGE.



TO BE FREE FROM PHYSICAL, EMOTIONAL, SEXUAL, AND VERBAL ABUSE AND FINANCIAL



EXPLOitation



TO RECEIVE SERVICES AND SUPPORTS TO ACHIEVE THE MAXIMUM LEVEL OF INDEPENDENCE



TO HAVE ACCESS AND AN UNDERSTANDABLE EXPLANATION OF ALL RULES, POLICIES, AND
PROCEDURES GOVERNING THE OPERATIONS OF THE DIVISION OF DD



WITHIN ONE'S FINANCIAL MEANS, TO HAVE A CHOICE WHERE TO LIVE AND CHOICE IF THEY WANT TO



LIVE WITH OTHERS



TO DIRECT ONE'S OWN PERSON CENTERED PLANNING PROCESS AND TO CHOOSE OTHERS TO BE
INCLUDED IN THAT PROCESS



TO PARTICIPATE FULLY IN THE COMMUNITY



TO COMMUNICATE IN ANY FORM AND HAVE PRIVACY WHEN DOING SO



TO ACCEPT OR DECLINE SUPPORTS AND SERVICES



TO HAVE FREEDOM OF CHOICE AMONG THE DIVISION OF DD APPROVED PROVIDERS



TO SEEK EMPLOYMENT AND WORK IN COMPETITIVE INTEGRATED



TO PARTICIPATE OR DECLINE IN ANY STUDY OR EXPERIMENT



TO CHOOSE IF AND WHERE THEY ATTEND CHURCH



TO HAVE RIGHTS, SERVICES, SUPPORTS AND CLINICAL RECORDS EXPLAINED IN A MANNER THAT
IS EASILY UNDERSTOOD



TO HAVE ALL RECORDS MAINTAINED IN A CONFIDENTIAL MANNER



TO REPORT ANY VIOLATION OF ONE'S RIGHTS FROM RETALIATION AND WITHOUT FEAR OF
RETALIATION



RETALIATION

TO BE INFORMED ON HOW TO MAKE AN INQUIRY, FILE A COMPLAINT, OR REPORT A VIOLATION OF
ONE'S RIGHTS, AND TO BE ASSISTED IN THESE PROCESS'S, IF REQUESTED



Human Rights and Dignity of Those We Serve



To be treated with respect and dignity as a human being



To have the same legal rights and responsibilities as any other person unless otherwise limited by law



To have the right to due process review when any limitation to rights is proposed or is alleged to have taken place



To receive services regardless of race, creed, color, age, religion, gender, sex, sexually orientation, gender identity, or expression, national origin, veteran status, disability, or gender information



To be free for physical, verbal, mental, and sexual abuse, neglect, financial exploitation, and retaliation



To receive appropriate humane and high-quality services and support as determined by the support team of the person served. which may include but no limited to the individual, parent, guardian, or authorized representative



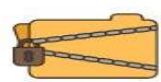
To receive these services and support in the most integrated setting appropriate for the needs of the person served



To have access to Targeted Case Management rules, policies, and procedures pertaining to Services and Supports



To have access to personal records which are maintained confidentially



To easily understand services, support, and personal records. A person served and his/her parents, guardian, or authorized representative shall be informed of the rights of the individual served in language that is easily explained.

Legal Rights of Citizens

Adults with developmental disabilities have the same rights as other adults citizens. These include the right to:

- 1. Life.**
- 2. Equal access to educational opportunities.**
- 3. Own and dispose of property**
- 4. Vote**
- 5. Liberty and the pursuit of happiness**
- 6. Express sexuality: including the right to marry and have children.**
- 7. Have personal property**
- 8. Wear their own clothes and to keep and use their own personal possessions**
- 9. Keep and be allowed to spend a reasonable sum of money for their expenses and small purchases**
- 10. Communicate by sealed mail or otherwise with persons**
- 11. Receive visitors of their own choosing at reasonable times**
- 12. Have reasonable access to a telephone, both to make and receive confidential calls**
- 13. Choose providers of personal care services and have access to their own mental and medical records**
- 14. Have the opportunities to have physical exercise and outdoor recreation.**
- 15. Have reasonable, prompt access to current newspapers, magazines, radio, and television programs**
- 16. Have necessary services and treatment in the least restrictive environment**
- 17. Have his or her own Individual Support Plan**
- 18. Have this plan explained to him/her clearly and understandably or to his/her parent, legal guardian, or protector**
- 19. Know the name of the Program Coordinator Manager.**
- 20. What medication has been prescribed for his/her, why, and the side effects, and to be free of unnecessary drugs.**
- 21. Participate, or have their parents, legal guardian, or protector participate in the planning process of ISP**
- 22. Receive prompt medical treatment**
- 23. Not be subject to any hazardous treatment or surgical procedure without consent unless such treatment or procedures are ordered by a court or legal guardian**
- 24. Be treated courteously and be free from verbal and physical abuse**
- 25. Take part in research when explained (with consent and the right to change his/her mind)**
- 26. Have any charges for Department of Mental Health or ADDS services fully explained.**
- 27. Be considered competent unless declared incapacitated or disabled by a court of law.**
- 28. Have information and records kept private and not to have any information released without their written consent or the written consent of the parent or legal guardian.**
- 29. Express their opinions, ideas, and grievances**
- 30. Receive visits from their own attorney, physicians, or clergyman in private and at reasonable times.**
- 31. Safe and Sanitary housing**
- 32. Not participate in non-therapeutic labor**
- 33. Attend or not attend religious services**
- 34. Have access to consultation with a private physician at own expense**
- 35. Accept or refuse services**

Individual Rights That Cannot Be Limited

- HUMAN CARE AND TREATMENT 
- SAFE AND SANITARY HOUSING 
- TO PARTICIPATE IN NON-THERAPEUTIC CARE 
- TO ATTEND OR NOT ATTEND RELIGIOUS SERVICES 
- TO BE TREATED WITH DIGNITY AND RESPECT 
- TO RECEIVE PROMPT EVALUATION AND CARE, TREATMENT, HABILITATION, AND REHABILITATION ABOUT WHICH THEY ARE INFORMED AS FAR AS THEY ARE CAPABLE OF UNDERSTANDING 
- TO NOT BE SUBJECT OF EXPERIMENTAL RESEARCH WITHOUT THEIR PRIOR WRITTEN AND INFORMED CONSENT OF THAT OF THEIR PARENT, IF A MINOR, OR THEIR GUARDIAN. 
- TO DECIDE NOT TO PARTICIPATE OR MAY WITHDRAW FROM ANY RESEARCH AT ANY TIME FOR ANY REASON 
- TO HAVE ACCESS TO CONSULTATION WITH A PRIVATE PHYSICIAN AT THEIR OWN EXPENSE 
- TO BE EVALUATED, TREATED, OR HABILITATED IN THE LEAST RESTRICTIVE ENVIRONMENT 
- TO A NOURISHING, WELL-BALANCED AND CARRIED DIET 
- TO BE FREE FROM VERBAL AND PHYSICAL ABUSE 
- TO NOT BE SUBJECTED TO ANY HAZARDOUS TREATMENT OF SURGICAL PROCEDURE UNLESS THEM, THEIR PARENT (IF THEY ARE A MINOR), OR THEIR GUARDIAN CONSENTS: OR UNLESS SUCH TREATMENT OR SURGICAL PROCEDURE IS ORDERED BY A COURT OF COMPETENT JURISDICTION 
- IN THE CASE OF A HAZARDOUS TREATMENT OR IRREVERSIBLE SURGICAL PROCEDURES, TO HAVE, UPON REQUEST, AN IMPARTIAL REVIEW PRIOR TO IMPLEMENTATION, EXCEPT IN THE CASE OF EMERGENCY PROCEDURES REQUIRED FOR THE PRESERVATION OF THEIR LIFE
- TO THE EXTENT THAT THE FACILITIES, EQUIPMENT, AND PERSONNEL ARE AVAILABLE TO MEDICAL CARE AND TREATMENT IN ACCORDANCE WITH THE HIGHEST STANDARDS ACCEPTED IN MEDICAL PRACTICE. 

Individuals Receiving Services from DMH are Guaranteed

THESE MAY BE LIMITED IF DETERMINED INCONSISTENT WITH THE PERSON'S THERAPEUTIC CARE, TREATMENT, HABILITATION, OR REHABILITATION AND THE SAFETY OF OTHER FACILITY OR PROGRAM CLIENTS AND PUBLIC SAFETY.

- TO WEAR THEIR OWN CLOTHES AND TO USE THEIR OWN PERSONAL POSSESSIONS. 
- TO KEEP AND BE ALLOWED TO SPEND A REASONABLE SUM OF THEIR OWN MONEY FOR CANTEEN EXPENSES AND SMALL PURCHASES. 
- TO RECEIVE VISITORS OF THEIR OWN CHOOSING AT REASONABLE TIMES 
- TO COMMUNICATE BY SEALED MAIL OR OTHERWISE WITH PERSONS INCLUDING AGENCIES INSIDE OR OUTSIDE THE FACILITY. 
- TO HAVE REASONABLE ACCESS TO A TELEPHONE BOTH TO MAKE AND RECEIVE CONFIDENTIAL CALLS 
- TO HAVE ACCESS TO THEIR MENTAL AND MEDICAL RECORDS 
- TO HAVE OPPORTUNITIES FOR PHYSICAL EXERCISE AND OUTDOOR RECREATIONS 
- TO HAVE REASONABLE, PROMPT ACCESS TO CURRENT NEWSPAPERS, MAGAZINES, RADIO, AND TELEVISION PROGRAMMING 

Home and Community Based Services (HCBS) Policy

HCBS is designed to provide services that meet unmet needs for adults with disabilities allow the individual to remain in their least restrictive environment. This includes the following:

- **Access to the Community:** ADDS will ensure all individuals served know about their community and will be supported in making choices related to accessing the community.
- **Employment:** ADDS will ensure that all individuals served who wish to work are supported in doing so. 
- **Money Management/ Personal Resources:** ADDS will assist and support individuals served in managing their own money and personal resources, whether they have a payee or are managing their own money. 
- **Community Resources:** ADDS will assist in educating and encouraging individuals served in providing their input on choices regarding the ways in which their needs are met, as well as accessing community services. 
- **Choice of Settings:** ADDS will help educate individuals served and their families/guardians. 
- **Restrictions/ Modifications:** No individual will have their rights restricted by ADDS except if detailed in their ISP or BSP and approved by the planning team. 
- **Due Process**
- **Privacy:** All individuals served will have privacy in their bedrooms; if individuals share a bedroom, individuals can request private space to meet with a visitor during the day. 
- **Housing Opportunities:** ADDS will work with individuals served who have the desire to live in the least restrictive environment and will receive information on affordable housing. 
- **Code of Conduct:** ADDS and all staff recognize the importance of treating individuals served with "dignity and respect" 
- **Grievance Policy:** Individuals served can talk to staff any time they are unhappy with staff or the services being provided and ADDS will try to resolve the issue. 
- **Freedom of Choice:** ADDS will support individuals served in their independent choices they make in their daily activities, how they spend their free time. 
- **Visitors:** Individuals served are encouraged to invite family and friends to visit the individuals home any time. 
- **Accessibility:** ADDS will ensure that all individuals served have access to their home and community. 
- **Services and Supports:** ADDS will seek input on the individual served preferences in staff and/supports or the type of staff that are the best fit. 
- **Rental Agreement:** ADDS individuals served that live in a home that is owned by ADDS but has a legally enforceable agreement or lease that offers the same protection from eviction that tenant have under landlord-tenant law of the state, county, city, or other designated entity have available. 

ADDS TIERED SUPPORTS C-A-R-E MATRIX

ADDS C-A-R-E MATRIX

(CARE, APPRECIATE, RESPECT, ENCOURAGE)

This decision matrix is designed to help you learn how to apply C-A-R-E at work, at home, during transportation, and in the community.

	WORK	HOME	TRANSPORTATION	COMMUNITY
CARE	- Maintain a clean work space - Actively listen when being spoken to - Positive and meaningful interactions	- Assist with all life skills - Assist with communication and advocacy - Treat property with care - Allow everyone their privacy and choices - Maintain personal hygiene	- Drive Responsibly - Wear your seatbelt - Use all safety and security measures - Pre-trip inspection	- Have a clean, presentable appearance - Treat everyone with kindness - Positive engagement with the community
APPRECIATE	- Complete tasks to the best of my ability - Let coworkers, supervisors, peers know that you appreciate their help - Be thankful for services provided	- Let coworkers, supervisors, peers know that you appreciate their help - Provide maintenance to home and contents - Everyone has their own unique qualities	- Keep vehicles in a clean and working order - Remove all personal item from vehicles	- Treat everyone with kindness - Say "Thank You" "You're Welcome," "Excuse Me" - Treat others with kindness - Volunteer in your community - Everyone has their own unique qualities
RESPECT	- Be on time - Maintain professionalism - Willing to assist others in additional duties - Meet deadlines - Work towards agency goals - Follow the Mission of ADDS	- Allow everyone their privacy - Ensure the dignity of others	- Follow all driving laws - Keeping your hands to yourself - Fill gas tank if below the half way mark prior to returning	- Follow all rules - Treat other people's property with kindness
ENCOURAGE	- Assist co-workers when needed - Advocate for yourself and others	Use praise when acknowledging other's good choices	- The proper use of seatbelts and equipment - To follow all safety protocols - Respect vehicles by keeping clean and well maintained	- Encourage positive interactions with community members - Introduce new places and activities to participate in

Community Partnerships and

Recent Funding Contributions

Children's Therapy and Early Education School
- Mexico, Missouri

Handi-Shop- Mexico, Missouri

Plunkett Park- Mexico, Missouri

Fairgrounds Aquatic Center- Mexico, Missouri

Tri-County Park- Vandalia, Missouri

Presser Arts Center- Mexico, Missouri



Testimonials

"ADDs gives my son a meaningful life and great care."

"ADDs Target Case Management is very helpful and gives us good information to help us."

"The staff are kind and courteous. They are like family."

Contact Us

Audrain Developmental Disability Services

Address : 222 East Jackson Street
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**AUDRAIN DEVELOPMENTAL
DISABILITY SERVICES**

*"Creating a Better Life for Audrain
County Citizens"*

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Services



Residential and Independent
Supported Living Services



Community Services



Natural Home Supports



Day Training Program



Target Case Management



Respite



Advocacy



Care
Appreciate
Respect
Encourage



About Us

Audrain Developmental Disability Services (ADDs) has dedicated over 45 years to supporting adults with intellectual and developmental disabilities in Audrain County.

ADDs is committed to the belief that every individual with a developmental disability deserves the right to self-determination, to live a fulfilling life, to learn and develop, to engage actively in their community, and to chase their personal aspirations.