

POLICY AND PROCEDURE MANUAL

MERCER RESIDENTIAL SERVICES, INC.



Revised 3/16

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Section I

MERCER RESIDENTIAL SERVICES

MISSION STATEMENT

MRSI's mission is to be the leader of quality and affordable housing and support services for people with cognitive disabilities in the communities of West Central Ohio.

DESCRIPTION

MRSI is a nonprofit organization established in 1977 by a group of parents and professionals as an alternative to the institutionalization of people with cognitive disabilities. We provide an array of services from group homes, adult day services, transportation, respite care, affordable housing, homemaker/personal care services, and social activities.

CORE VALUES

EXCELLENCE - We strive continually to learn and improve so that we may achieve the highest ideals of individualized service.

We encourage creativity, innovation, and vision so that we may achieve excellence as we fulfill the mission of MRSI. As caretakers of people with cognitive disabilities, we individually and collectively collaborate to be worthy of the trust given us by the individuals and families we serve.

INTEGRITY - We deal honestly and fairly with our customers and one another. We take responsibility for our actions and their consequences.

We do so in ways that are ethically based and represent the highest standards of service. Through our actions we aim to earn the trust of those we work with and serve. We are accountable to our customers and each other.

RESPECT - We embrace each other's differences so that we may enrich the well-being of everyone.

We value the ever-changing diversity of our employees and customers. We learn from each other's creativity and talents to become richer individuals. We base our actions on the principles of inclusion, empathy, and dignity.

SUCCESS – We will strive to encourage our team members and customer's to contribute at their full potential. Everyone can make a difference.

We understand our priorities and performance goals. We will strive to do our part every day. We will take action to find and correct problems. We will commend each other on a job well done. We will provide our team members and customers the necessary resources and training to maximize their full potential.

Services Provided

Licensed group home services emphasize daily living skills, social skills, improvement of adaptive behaviors, and specialized therapies if needed. MRSI provides well-trained staff members available twenty-four hours a day specializing in meeting the medical and health and wellbeing of each consumer.

Community support services such as personal care and transportation provide necessary supports, which enable individuals to live in their own homes. MRSI can provide assistance for individuals living on their own so that maximum independence is achieved. MRSI staff encourages and assists consumers to make decisions and choices, which affect their lives. All staff is certified in CPR and First Aid and is trained in delegated nursing procedures. A registered nurse is on-call 24 hours a day.

Adult Day Services are available to those individuals that are no longer eligible for educational services and are eligible for DD services. Under the Adult Day Services Waiver Rule, different programs exist. Adult Day Services are available for adults enrolled on Individual Options and Level One Medicaid Waivers administered by the Ohio Department of Developmental Disabilities (ODDD). The services include Adult Day Support, Vocational Habilitation, Supported Employment, and Non-Medical Transportation.

Respite Care Services are offered in both short term and extended stays. Short term Respite Care is less than 24 hours and is provided at our Adult Day Services facility in Celina, Ohio. Extended Respite Care Services include overnight stays and is provided in our licensed group home facilities.

Affordable housing- MRSI is the designated housing agency for the Tri-County Alcohol, Drug Addiction and Mental Health Services Board. As designated housing agency, it is our responsibility in assisting their clients in obtaining, safe, affordable housing in the community.

Cost of services

The Ohio Department of DD establishes the cost of services for individuals with Medicaid waivers. All private pay, Supported Living, Individual Resource Options, and Recreation/Leisure funds services are billed at our usual and customary rate.

Quality Assurance

The Ohio Department of DD, OHIO Department of Human Services, Ohio Department of Health and the County Board of DD, as well as local and state fire, sanitation, health and building inspectors regularly survey all phases of MRSI. Specific service quality levels, along with other criteria, must be routinely checked in order to maintain certification and licensing. Financial records are audited internally as well as by State and Federal sources. MRSI adheres to all civil rights compliance and is an equal opportunity employer.

Group home admissions

When a vacancy exists in a facility, the admissions team will select an eligible individual from the facilities waiting list. Preferences will be given to individuals in an emergency situation as defined in the Ohio Revised Code. Preference will be given to consumers needing emergency placement.

Group home eligibility requirements

1. The person must have a developmentally disabled as defined in the Ohio Revised Code.
2. They must be eighteen years of age or older.
3. They must be eligible to receive Medicaid.
4. They must be able to benefit from the services provided as exhibited by a comprehensive functional assessment and receive an ICF/IID level of care.
5. Homes cannot exceed licensed capacity unless a waiver is obtained through ODODD.

Rights of Individuals Served

The rights of persons with developmental disabilities and developmental disabilities include, but are not limited to, the following:

1. The right to be treated at all times with courtesy and respect and with full recognition of their dignity and individuality;
2. The right to an appropriate, safe, and sanitary living environment that complies with local, state, and federal standards and recognizes the persons' need for privacy and independence;
3. The right to food adequate to meet accepted standards of nutrition;
4. The right to practice the religion of their choice or to abstain from the practice of religion;
5. The right of timely access to appropriate medical or dental treatment;
6. The right of access to necessary ancillary services including, but not limited to, occupational therapy, physical therapy, speech therapy, and behavior modification and other psychological services;
7. The right to receive appropriate care and treatment in the least intrusive manner;
8. The right to privacy, including both periods of privacy and places of privacy;
9. The right to communicate freely with persons of their choice in any reasonable manner they choose;
10. The right to ownership and use of personal possessions so as to maintain individuality and personal dignity;
11. The right to social interaction with members of either sex;
12. The right of access to opportunities that enable individuals to develop their full human potential;
13. The right to pursue vocational opportunities that will promote and enhance economic independence;
14. The right to be treated equally as citizens under the law;
15. The right to be free from emotional, psychological, and physical abuse;
16. The right to participate in appropriate programs of education, training, social development, and habilitation and in programs of reasonable recreation;
17. The right to participate in decisions that affect their lives;
18. The right to select a parent or advocate to act on their behalf;
19. The right to manage their personal financial affairs, based on individual ability to do so;
20. The right to confidential treatment of all information in their personal and medical records except to the extent that disclosure or release of records is permitted under the Revised Code;
21. The right to voice grievances and recommend changes in policies and services without restraint, interference, coercion, discrimination, or reprisal;
22. The right to be free from unnecessary chemical or physical restraints;
23. The right to participate in the political process;

24. The right to refuse to participate in medical, psychological, or other research or experiments.

MRSI will provide a copy of the Consumers Rights, policies and procedures, addresses and telephone numbers of the county board, the Ohio Legal Rights Service, to each individual served and the custodian or parent(s) of the individual at the time of admission or upon request.

New staff members will review Consumers Rights with their supervisor upon employment. A Copy of this rule shall be maintained in the office in the residential facility for easy reference by staff. Acknowledgment of the review of this rule shall be maintained in each staff member's personnel file.

If the individual served is unable to read the list of rights, MRSI staff will communicate the contents of the list to the individual to the extent practicable in a manner that the individual understands. The individual served or the custodian or parent(s) of the individual is a minor, guardian or advocate of the individual shall sign an acknowledgment of the review and receipt of the materials referred to in paragraph (B) of this rule and this acknowledgment shall be served. The provider shall also be responsible for answering any questions and giving any explanations necessary to assist the individual served to understand the right identified in the rule.

Any individual served who believes that their rights as listed above have been violated may:

1. Bring the violation to the attention of the Chief Executive Officer of MRSI;
2. Report the violation to the County Service and Support Administrator or the Ohio Department of DD.
3. Take any other appropriate action to ensure compliance with the Ohio Revised Code, including the filing of legal action to enforce the rights or to recover damages of violation of the rights.

MRSI will not unlawfully discriminate in admission or in provision of services because of handicap, race, color, religion, national origin, ancestry, sex, or age.

Group homes discharge and transfer policies

MRSI will not transfer or discharge an individual from a facility unless:

- (a) The transfer or discharge is necessary for the individual's welfare and the individual's needs can no longer be met without imposing an undue hardship on the operation of the residential facility;
- (b) The individual no longer needs or wants the services provided by the facility or chooses to transfer within the agency;
- (c) The individual is creating an unreasonable risk of harm to himself/herself, other individuals, or staff in the residential facility;
- (d) Nonpayment for the stay in the facility, including nonpayment of Medicaid or other third party payer; or
- (e) The facility ceases to operate.

The transfer of discharge will be the decision of the majority of the interdisciplinary team and will be documented in the individual's plan. The Chief Executive Officer will notify the individual or authorized representative/guardian in writing at least thirty (30) days in advance of any transfer or discharge. Within seven (7) days of receipt of the written notice, the individual or representative/guardian may appeal the interdisciplinary team's decision to discharge or transfer in writing following appeals/grievance procedure. (See appeals/grievance procedure.)

Clothing and Personal Effects

Consumers who have been admitted into a MRSI home will be permitted to bring any personal items such as clothes, personal possessions, furniture, etc. provided that there is sufficient storage available. MRSI will provide the individual with his own closet, and drawer space. All personal possessions and clothing will be inventoried on admission. The inventory will be updated at the time of each acquisition or deletion and at the time of discharge. This requirement does not apply to an individual determined to be capable of self-management of his personal possessions and this capability has been recorded in the individual's plan. No clothing or personal possession will be discarded without the consent of the individual. If a consumer does not have an adequate amount of personal clothing in good repair, well-fitting and comparable style, MRSI will provide such clothing, keeping in mind the consumer's individual choice.

Policies and Procedures Regarding Confidentiality of Records

All information contained in a consumer's records shall be considered privileged and confidential. No information will be released outside the program without prior written permission. Forms will be provided at the central office to secure written permission.

Records pertaining to each consumer shall be maintained in secured storage. Records of each consumer shall include, but not be limited to the following:

1. Admission and referral records as required by admissions policy and including a photo of the consumer.
2. Records of accidents, injuries, seizures, and unusual incidents and the treatment of first aid measures administered for the same.
3. All medical and dental examination and immunization records.
4. Medication and treatment records which shall indicate the person who prescribed the medication and/or treatment and the personnel who administered the medication and/or treatment.
5. Records of consumer's absence from the facility for twenty-four hours or longer and a notation of the time of the consumer's return.
6. Individual habilitation plans and notations of the consumer's status and IPP progress on a monthly basis.
7. Accurate records of consumer monies and negotiable items received and expended and the purpose of the expenditures.
8. Discharge summaries prepared within seven (7) days following consumer's discharge.

All records will be maintained in locked storage for seven (7) years after discharge or transfer. After seven (7) years, old records will be destroyed.

Person Centered Service Plan

Each consumer will receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health

services, and related services that is directed toward the acquisition of the behaviors necessary for the consumer to function with as much self-determination and independence as possible, and the prevention or deceleration of regression or loss of current optimal functional status.

The plan will be developed by the interdisciplinary team within thirty (30) days of admission and updated annually thereafter for each consumer. The plan will include a functional assessment of the individual's status including personal preferences, and what works and don't work with the individual. The individual's representative/guardian shall be encouraged to participate in the development of the service plan. The plan will be reviewed by the interdisciplinary team as needed or upon request. The IP will be reviewed monthly. The individual may at any time withdraw agreement to participate in the IP or portions of it. Reasonable alternatives to the plan will be offered if the plan is rejected. The interdisciplinary team will approve a team leader to coordinate services. Copies of the plan will be made available to the team members and the individual representative or guardian upon written request.

PERSONAL THINGS/PERSONAL MONEY: SERVICE DELIVERY POLICY

Purpose:

The purpose of this policy is to provide a better understanding of helping someone when it has been decided, through assessment and placement in the Individual Service Plan that MRSI staff will be responsible for or will assist the individual with handling his or her things and/or money:

Process:

Personal Things:

When it has been decided through assessment that MRSI staff will help the individual with taking care of their things, staff shall:

1. Help make sure that each individual has enough personal clothing in good repair, well fitting, and comparable in style to that worn by same-aged friends in the community and if he/she does not, make the team aware of the need.
2. Help make sure that each individual has appropriate furniture that is in good repair, safe, and meets the needs of the individual and if he/she does not, make the team aware of the need.
3. Help make sure that each individual has appropriate household goods that are in good repair, safe, and meet the needs of the individual and if he/she does not, make the team aware of the need.
4. Every year, keep an up-to-date list of the individual's things that cost more than \$50.00 which includes a full description of the item (brand name, color, size, serial number, etc.).
5. Help make sure that any item that costs more than \$50.00 is added to the list when it's bought.
6. Throw away, with the individual or guardian's permission, any item that is no longer in good repair, unsafe, or no longer meets the needs of the individual and update the individual's list to show the item was thrown away. (Staff must get the individual or guardian's written okay when the item thrown away costs \$50.00 or more).
7. Financial Records will be kept for ten (10) years.
8. Staff shall not purchase items from individuals unless the transaction is authorized in writing in advance by the team.
9. Staff shall not sell items to individuals unless the transaction is authorized in writing in advance by the team.

10. Staff shall not borrow or use items belonging to individuals.

Personal Money Policy:

1. The individual's money belongs to the individual so he/she can buy things they want. The individual has access to his or her personal funds upon request, but no later than three calendar days from the date of request.
2. An individual doesn't have to use his or her money to purchase items that can be paid for in other ways.
3. An individual doesn't have to use his or her money to pay the difference between the costs of goods and services and the amount of payment received from any insurance or Medicaid.
4. MRSI staff, friends or family members shall not borrow money from the individual, sell things to the individual, or buy things from the individual unless the transaction is authorized in writing in advance by the team.
5. MRSI policy prohibits use of an individual's funds to supplement or replace the personal funds of another individual on a temporary or permanent basis except in situations where a practical arrangement (e.g., individuals take turns purchasing household supplies) is agreed upon and documented in writing.
6. An individual's money cannot be co-mingled with MRSI's funds.
7. An individual has the right to manage his/her money unless otherwise specified in the ISP.
8. When the plan indicates that MRSI staff is responsible for managing the individual's money, that the individual can help as much as possible.
9. MRSI staff will track and record all money funds and gift cards, as required by the individual service plan by using MRSI's Account Transaction Record form.

For all accounts, for which MRSI is responsible as identified in the individual service plan, MRSI will protect the individuals' money by:

1. For checking and savings accounts, the account balance must be equal to the most recent bank statement.
2. In settings of 2 or more individuals, the cash account balance of each individual in the home must be equal to the actual cash balance at the change of each shift or whenever the staff person responsible for the cash changes.
3. MRSI will make sure that all accounts are counted by a person other than the person who handles the money at least once every 60 days. Documentation of counting the money must include:
 1. Date the money was counted.
 2. Signature of person who counted the money.
 3. An explanation any time the money doesn't equal what it should.
4. When money is received for the individual, MRSI will make the money available to the individual within 5 (five) working days.
5. When MRSI is the Payee for the individual, MRSI staff will complete all reports, forms, and documentation required by the Social Security Administration.
6. When MRSI is not the Payee for the individual, MRSI will make all money records available to the Payee for review.
7. When the individual has a guardian of the estate (money guardian), MRSI will make all money record's available to the guardian for review.

8. For all money spent by MRSI for the individual, there will be a receipt or other proof of purchase unless otherwise specified in the ISP.
9. When money is given to the individual, parent, or guardian to spend for the individual, the money taken and spent will be listed on the Account Transaction Record and signed by the person taking the money. A receipt is required for any item, with a purchase price of \$50.00 or more unless otherwise specified in the ISP.
10. Individual accounts are counted and checked on a routine basis by either an independent accounting company, or by an agency employee who has no involvement in the management and use of the individuals' money, the results of which shall be made available to the County Board and DODD upon request.
11. Any problems found during a compliance review or audit which results in a loss of money to the individual shall result in MRSI paying back the individual unless it is decided to be an MUI. In the event that it is decided to be an MUI, payback will be decided and listed in the prevention plan.
12. Any required paybacks shall be set up with the team and a re-payment plan outlined in the ISP in order to make sure that the payback does not result in an individual going over the amount of money needed for Medicaid eligibility.
13. MRSI staff will ensure that the team is notified when:
 1. An individual's funds exceed the maximum amount allowed for the individual to maintain eligibility for Medicaid, supplemental security income, or social security disability insurance.
 2. An individual receives a lump sum payment (e.g., benefits back payment) or inheritance.
14. Each staff person responsible for managing an individual's personal funds will be trained in the requirements of the Personal Funds rule and MRSI's written policy regarding management of individuals' funds.

POSITIVE SUPPORT CULTURE

Purpose

This policy governs the use of methods in support plans and in crisis intervention which, because of the restricting effects they have on the individual, require close oversight to ensure protection of the individual's health, safety, welfare, and civil and human rights. This policy and related procedures, including administrative resolution procedures in accordance with the Ohio Administrative Code shall be available to all staff, and individuals receiving services. Legal guardians are encouraged to provide input into the policies and procedures. All relevant local, state and federal statutes and regulations shall be adhered to.

Principles

The purpose of positive support shall be to promote the growth, development and independence of individuals being served and to promote individual choice in daily decision-making, emphasizing self-determination and self-management.

Behavior positive support methods shall be proactive and preventive in nature. The preferred mode of behavior support is positive reinforcement with a focus on positive teaching and support strategies encouraging the use of the least restrictive environment and least instructive forms of services.

Methods that restrict an individual's freedom and self-direction are to be used as a last resort and shall be employed with sufficient safeguards and supervision to ensure that the safety, welfare, due process, and civil and human rights of individuals receiving services are adequately protected. Positive Support Strategies and less aversive/restrictive teaching and support strategies shall have been demonstrated to be effective prior to the consideration and use of more intrusive and restrictive strategies.

Support methods are to never be used for disciplinary purposes, for staff convenience, or as a substitute for an active treatment program (interdisciplinary team developed and approved per individual plans). Standing or as needed programs for the control of behavior is prohibited. Individuals shall not discipline other individuals, except as part of an organized system of self-government as set forth in policy.

Medication for behavior control shall not be used unless it is prescribed by and under the supervision of a licensed physician or Psychiatrist who is involved in the interdisciplinary planning process.

The climate for positive support shall be characterized by:

1. Interactions and speech that reflect respect, dignity, and a positive regard for the individual;
2. The setting of acceptable limits for the individual;
3. The absence of group punishment;
4. The absence of demeaning, belittling or degrading speech or punishment;
5. Staff speech that is even-toned made in positive and personal terms and void of threatening overtones or coercion;
6. Conversations with the individual rather than about the individual when in their presence;
7. Respectful of the individual's privacy by not discussing the individual with someone who has no right to the information;
8. The use of people-first language instead of referring to the individual by trait, behavior, or disability.

Prohibited Methods

The following actions are prohibited, and shall be reported as major unusual incidents per applicable policy and rules:

1. Any physical abuse of an individual such as striking, spitting on, scratching, shoving, paddling, spanking, and corporal punishment or any action to inflict pain.
2. Any sexual abuse of an individual.
3. Medically or psychologically contraindicated procedures.
4. Any psychological/verbal abuse such as threatening, ridiculing, or using abusive or demeaning language.
5. Total elimination of room illumination.
6. Subjecting the individual to damaging or painful sound.
7. Denial of breakfast, lunch or dinner.
8. Squirting an individual with any substance as a consequence for an identified behavior.
9. Time out in a time-out room exceeding Ohio Department of Developmental Disabilities rules. Emergency placement of an individual in a time-out room is not allowable.

Positive Support Planning

Assessments shall be completed prior to implementation of any written positive support plan to help identify the cause for a behavior and to determine the most appropriate teaching and support strategies. The assessment shall include medical factors to be considered in the development of the support plan. Positive Culture Support is the primary method to be utilized to assist consumers. A positive culture is an intentional way of supporting all people within our communities that focuses on creating healthy relationships and acknowledging the unique gifts that each brings to those relationships. It is about making the shift in thinking away from power, control and coercion in language and actions, and toward affirmation, unconditional acceptance and encouragement.

Informed Consent – Prior written informed consent and at least an annual update of consent shall be obtained from the individual receiving services (or the guardian) for any behavior support plan or revisions. The facts made available to obtain such consent shall include information about the risks and benefits of the action, treatment or service; acceptable alternatives to such action, treatment or service; and the right to refuse such action, treatment or service. The behavior plan shall be presented in a manner that can be understood by the person or parent or guardian. Behavior support plans must be reviewed and approved by the Behavior Support Committee and the Human Rights committee.

Individual Support Plan Integration – Positive behavior support methods shall be integrated into an individual plan and designed to provide a systematic approach to helping the individual learn new, positive behaviors while reducing undesirable behaviors. When integrated into the individual plan, the Positive Support Plan shall include case history (including medical information), results of the assessment, baseline data, behaviors to be increased and decreased, procedures to be used, and persons responsible for implementation, review guidelines and signature/date blocks including space for dissenting opinions.

As part of the individual support plan, a regular review of all positive support plans shall be held at least in conjunction with individualized plan updates. Aversive plans shall be reviewed as determined by the interdisciplinary team but at least every thirty days. Status reports on an aversive plan shall be provided to the person receiving services, or parent or guardian. Training and experience required for staff that develops positive support plans and for staff implementing plans shall be specified in the plan and required training shall also be documented.

Restraint and Time Out – Restraint and time out are only used with behaviors that are destructive to self or others and only when all other requirements of this policy are met. Restraint or time out shall be discontinued if it results in serious harm or injury to the individual or if it does not result in a reduction in the frequency and/or intensity of the identified behavior. Any use of restraint or time out in an unapproved manner; without obtaining required consent, approval, or oversight; or which result in injury that meets the definition of a major unusual incident shall be reported as a major unusual incident per applicable policy and rules. Only staffs that have been trained in Together Everyone Achieve More (TEAM) or other specially trained procedure may restrain a consumer for any reason.

Systematic, planned intervention using manual, mechanical or chemical restraint shall not be used except when necessary to protect health, safety and property and only when all other conditions of this policy are met.

Within five working days after approval of a positive behavior plan using restraint or time out, the Department of DD shall be notified using a format prescribed by the Department. Upon request by the Department, follow-up information shall be provided.

Review Processes

Prior to proposed implementation, the Positive Behavior Support committee shall review and approve or reject all support plans. This committee shall review ongoing support plans. The committee shall include persons knowledgeable in behavior management procedures, including administrators and direct service providers, but not those directly involved with the plan being reviewed. The author of the support plan shall be encouraged to attend committee meetings to provide information to facilitate incorporation of suggested changes.

Prior to proposed implementation, the Human Rights Committee shall also review and approve or reject all support plans and other procedures that involve potential risks to the individual's rights and protections. The Human Rights Committee shall ensure that the rights of individuals are protected. The Committee shall include, at least, one parent or guardian of a person eligible to receive services, at least one staff member, a person receiving services from a County Board of DD, qualified persons who have either experience or training in contemporary practices to support behaviors of persons with developmental disabilities, and a least one member with no direct involvement in programs.

There may be one multi-purpose committee to fulfill all functions of the Behavior Support Committee and the Human Rights Committee.

In the case of behavior modifying drugs, given that the services offered do not include the prescription of medication treatment and that no licensed medical professional is employed or retained by MRSI, the interdisciplinary team shall be notified with 24 hours of knowledge of prescription, and a review of a behavior support/integration program made by the Positive Support and Human Rights committees within 30 days of documented knowledge or prescription.

Definitions

The following are applicable to the consideration of behavior support initiatives and, notwithstanding definitions contained in applicable rules and regulations, shall guide the implementation of this policy:

ABUSE means any act that can be reasonably expected to result in physical harm or serious physical harm to an individual.

CHEMICAL RESTRAINT means a prescribed medication for the purpose of modifying, diminishing, controlling, or altering a specific behavior and does not include the following:

1. Medication prescribed for the treatment of a diagnosed thought disorder or mood disorder as found in the current version of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM);
2. Medications prescribed for treatment of a seizure disorder.

Policy for Handling Incidents of Injurious/Destructive Behavior

1. De-escalate the situation by talking to the person in a calming manner.
2. Remove or separate all parties involved from each other.
3. Contact immediate supervisor. If that person cannot be reached, contact the next person according to Table of Organization.
4. Contact Service and Support Administrator and inform of the situation.
5. Contact RN or physician if an injury has occurred.

The following General Intervention Strategies may be used to eliminate behaviors that have not been targeted by the Interdisciplinary Team:

1. Planned ignoring (extinction) of specific behaviors (not of the individual, or for long periods of time) combined with the reinforcement of other alternative or incompatible behaviors. Planned ignoring shall not be used with behaviors that are dangerous to the individual or others.
2. Arranging the environment (including people) prior to the occurrence of the behavior to prevent the occurrence of the targeted behavior.
3. Verbal or Gestural instruction to the individual designed to prevent the behavior from occurring.
4. Verbal or Gestural indication that a particular behavior which has just occurred is undesirable or should not occur again.
5. Removal of reinforcing objects, activities, people, etc. in order to redirect the individual to some desired behavior.
6. Physical, gestural, and verbal cues or prompts to direct a person to a desirable behavior, which is then reinforced.
7. "Natural consequences" which do not violate consumer rights. Natural consequences must be written in the consumer's IP.

INCIDENT REPORTING

Major Unusual Incidents (MUI)

Major unusual incident" means the alleged, suspected, or actual occurrence of an incident when there is reason to believe the health or welfare of an individual may be adversely affected or an individual may be placed at a likely risk of harm, if such individual is receiving services through the developmental disabilities service delivery system or will be receiving such services as a result of the incident. There are three categories of major unusual incidents.

Category A:

Accidental or Suspicious Death – "Accidental or Suspicious Death" means the death of an individual resulting from an accident or suspicious circumstances.

Exploitation – "Exploitation" means the unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit, profit, or gain.

Failure to Report – "Failure to Report" means that a person, who is required to report pursuant to section 5123.61 of the Revised Code, has reason to believe that an individual has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse, misappropriation, or exploitation that results in a risk to health and

welfare or neglect of that individual, and such person does not immediately report such information to a law enforcement agency, a county board, or, in the case of an individual living in a developmental center, either to law enforcement or the department. Pursuant to division (C) (1) of section 5123.61 of the Revised Code.

Misappropriation – "Misappropriation" means depriving, defrauding, or otherwise obtaining the real or personal property of an individual by any means prohibited by the Revised Code, including Chapters 2911. and 2913. of the Revised Code. (v) Neglect. "Neglect" means when there is a duty to do so, failing to provide an individual with any treatment, care, goods, supervision, or services necessary to maintain the health or welfare of the individual.

Peer-to-Peer Act – "Peer-to-Peer Act" means one of the following incidents involving two individuals served: (a) Exploitation which means the unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit, profit, or gain. (b) Theft which means intentionally depriving another individual of real or personal property valued at twenty dollars or more or property of significant personal value to the individual. (c) Physical act that occurs when an individual is targeting, or firmly fixed on another individual such that the act is not accidental or random and the act results in an injury that is treated by a physician, physician assistant, or nurse practitioner. Allegations of one individual choking another or any head or neck injuries such as a bloody nose, a bloody lip, a black eye, or other injury to the eye, shall be considered major unusual incidents. Minor injuries such as scratches or reddened areas not involving the head or neck shall be considered unusual incidents and shall require immediate action, a review to uncover possible cause/contributing factors, and prevention measures.(d) Sexual act which means sexual conduct and/or contact for the purposes of sexual gratification without the consent of the other individual.

Verbal act which means the use of words, gestures, or other communicative means to purposefully threaten, coerce, or intimidate the other individual when there is the opportunity and ability to carry out the threat.

Physical Abuse – "Physical Abuse" means the use of physical force that can reasonably be expected to result in physical harm or 5123:2-17-02 4 serious physical harm as those terms are defined in section 2901.01 of the Revised Code. Such force may include, but is not limited to, hitting, slapping, pushing, or throwing objects at an individual.

Prohibited Sexual Relations – "Prohibited Sexual Relations" means a developmental disabilities employee engaging in consensual sexual conduct or having consensual sexual contact with an individual who is not the employee's spouse, and for whom the developmental disabilities employee was employed or under contract to provide care or supervise the provision of care at the time of the incident.

Rights Code Violation – "Rights Code Violation" means any violation of the rights enumerated in section 5123.62 of the Revised Code that creates a likely risk of harm to the health or welfare of an individual.

Sexual Abuse – "Sexual Abuse" means unlawful sexual conduct or sexual contact as those terms are defined in section 2907.01 of the Revised Code and the commission of any act prohibited by Chapter 2907 of the Revised Code (e.g., public indecency, importuning, and voyeurism).

Verbal Abuse – "Verbal Abuse" means the use of words, gestures, or other communicative means to purposefully threaten, coerce, intimidate, harass, or humiliate an individual.

Category B:

Attempted Suicide - "Attempted Suicide" means a physical attempt by an individual that result in emergency room treatment, in-patient observation, or hospital admission.

Death other than Accidental or Suspicious Death – "Death other than Accidental or Suspicious Death" means the death of an individual by natural cause without suspicious circumstances.

Medical Emergency - "Medical Emergency" means an incident where emergency medical intervention is required to save an individual's life (e.g., choking relief techniques such as back blows or cardiopulmonary resuscitation, epinephrine auto injector usage, or intravenous for dehydration).

Missing Individual - "Missing Individual" means an incident that is not considered neglect and an individual's whereabouts, after immediate measures taken, are unknown and the individual is believed to be at or pose an imminent risk of harm to self or others. An incident when an individual's whereabouts are unknown for longer than the period of time specified in the individual service plan that does not result in imminent risk of harm to self or others shall be investigated as an unusual incident.

Significant Injury - "Significant Injury" means an injury of known or unknown cause that is not considered abuse or neglect and that results in concussion, broken bone, dislocation, second or third degree burns or that requires immobilization, casting, or five or more sutures. Significant injuries shall be designated in the incident tracking system as either known or unknown cause.

Category C:

Law Enforcement - "Law Enforcement" means any incident that results in the individual served being arrested, charged, or incarcerated.

Unapproved Behavior Support - "Unapproved Behavior Support" means the use of an aversive strategy or intervention prohibited by paragraph (J) of rule 5123:2-1-02 of the Administrative Code or an aversive strategy implemented without approval by the human rights committee or behavior support committee or without informed consent, that results in a likely risk to the individual's health and welfare.

Unscheduled Hospitalization - "Unscheduled Hospitalization" means any hospital admission that is not scheduled unless the hospital admission is due to a pre-existing condition that is specified in the individual service plan indicating the specific symptoms and criteria that require hospitalization.

Primary person involved" means the person alleged to have committed or to have been responsible for the accidental or suspicious death, exploitation, failure to report, misappropriation, neglect, physical abuse, prohibited sexual relations, rights code violation,

sexual abuse, or verbal abuse.

Any employee who suspects a consumer has been abused or neglected shall report the occurrence to his/her supervisor immediately. The supervisor will contact the County Board immediately by phone and fill out an MUI incident report form and submit it to the Chief Executive Officer of MRSI, Guardian or other person whom the individual has identified as a representative, Service and Support Administrator (SSA) serving the individual, Staff or family living at the individual's residence who have responsibility for the individual's care, and Support Broker.

For all major unusual incidents, staff shall submit a written incident report to the county board contact or designee no later than three p.m. the next working day following initial knowledge of a potential or determined major unusual incident. All notifications or efforts to notify shall be documented on the MUI form.

The supervisor shall insure and document that a report is made to the law enforcement entity having jurisdiction of the location where the incident occurred, any allegation of exploitation, failure to report, misappropriation, neglect, peer-to-peer act, physical abuse, sexual abuse, or verbal abuse which may constitute a criminal act. Staff shall document the time, date, and name of person notified of the alleged criminal act.

Any employee who makes a report of this nature shall be immune from any civil or criminal liability, including loss of job, unless the employee had acted in bad faith or with malicious purpose.

Any employee of MRSI alleged to be involved in suspected abuse or neglect of an individual(s), shall be removed from direct contact of all individuals until completion of the investigation. MRSI reserves the right to conduct their own investigation into any MUI and submit its report to the County Board within 14 days of receipt of a MUI. In the event the allegations are against the Chief Executive Officer, the Executive Committee shall investigate the allegations. All investigations will be completed within thirty (30) days of such report. If there is substantial evidence that the employee has abused or neglected an individual(s), the employee will be subjected to termination and/or criminal prosecution.

MRSI will provide all support staff training in the identification of Major Unusual and Unusual Incidents upon first employment and annually thereafter.

Unusual Incidents (UI)

"Unusual incident" means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual's care or individual service plan, but is not a major unusual incident. Unusual incident includes, but is not limited to, dental injuries; falls; an injury that is not a significant injury; medication errors without a likely risk to health and welfare; overnight relocation of an individual due to a fire, natural disaster, or mechanical failure; an incident involving two individuals served that is not a peer-to-peer act major unusual incident; and rights code violations or unapproved behavior supports without a likely risk to health and welfare.

MRSI staff will review the patterns and trends of all MUI, UI, and Injury reports on a monthly

basis. A report will be submitted to the County Board of MR/DD demonstrating actions that have been taken in response to the identified patterns and trends, and still focus on both the individual and the living arrangement as a whole.

MRSI shall analyze MUIs to identify trends and patterns monthly. A semi-annual and annual analysis shall be sent to each county Board of Developmental Disabilities SSA office by June 30, and December 31 every year.

If any incident that is initially reported as an unusual incident is subsequently determined to be a major unusual incident reporting and notification requirements for major unusual incidents shall be satisfied.

Serious/Major Unusual Incident Reports

ACTIONS

- ANYONE WHO BECOMES AWARE OF AN UNUSUAL INCIDENT IS RESPONSIBLE FOR REPORTING PER ESTABLISHED PROCEDURES.
- RESPOND IMMEDIATELY: Take whatever action is necessary to prevent/de-escalate or control the risk to the individual/self/others or property. Immediately contact emergency personnel, fire, police or other appropriate service professionals to resolve the incident. Immediately following emergency action, agency reporting procedures must be initiated.
- STAFF MUST MAKE IMMEDIATE Direct VERBAL CONTACT WITH THE Area Coordinator. (The emergency contact phone is to be utilized.) NOTE: Incidents must be reported immediately! But not later than four hours. If the Area Coordinator cannot be reached, staff must continue to contact via supervisory channels until an agency administrator has been contacted. (Home Coordinator, Shift Supervisor, on-call Supervisor or the Chief Executive Officer)
- A WRITTEN REPORT DELTAILING THE INCIDENT MUST BE SUBMITTED BY 3:00 PM TO THE COUNTY BOARD THE NEXT WORKING DAY AFTER THE INITIAL OCCURRENCE.

DON'T DELAY documentation! The sooner you document, the more complete and accurate the report is. The written report should be specific detailed and objective (free of judgment or personal opinion) – including but not limited to:

- Name, address, guardian, etc. of person involved.
- Identify antecedents to incident-actions and events leading up to incident such as whom said what to whom, what was going on, what was the individual doing. Antecedents may also include events which are considered “distant antecedents” – occurrences the night before, in the morning, at work, on the

bus, etc. Physical antecedents must also be considered (i.e. sick, hungry, tired, medication changes, distracted, etc.); as well as environmental considerations – noisy, busy, privacy, etc.

- Behavior or event constituting incident – be specific, describe what the individual did and do so in chronological order so that a reader can easily determine the sequence of events. Include the duration and intensity (severity of event – danger, risks to others, self, property, etc.).
- Consequences – What happened immediately as a result of the incident or injury. A specific description of the injury including size, location, number and color of all injuries is required.
- Describe actions taken to prevent, de-escalate or intervene in the incident.
- The individual's reaction to the intervention. (In peer on peer cases, both individual's reactions.)
- Who was notified and when – specify what information was communicated. Who depending on circumstance, should include significant others, guardians, CSBMR/DD service coordination, caregivers, medical professionals, housing, family, workshop, day-care, transportation, etc.).
- Planned action to resolve the incident – what did you do physically, verbally modeling, etc.
- Corrective and/or preventive action to take in future – programming to be implemented) behavior/skill), change in physical environment, team referral, etc.
- Incidents are legal documents that can be used in a court of law.

Notation: when there is more than one (1) individual – SEPARATE reports should be written!

Administration of Medication

The administration of medications is defined as the acts of:

1. Removal of an individual dose from previously dispensed, properly labeled container.
2. Verification of drug dose with physician's order.
3. Properly identifying the consumer before giving the individual dose.
4. Properly recording the time and dose given in the consumer's MAR.

The attending physician will sign standing orders and PRN orders. They are to be reviewed at least every 3 months. The RN will implement such orders, as she deems appropriate.

Medication orders will be either written by the physician or given verbally to the RN in person or by phone. Only a RN may take a verbal order. The physician will sign the verbal order within 7 days.

Medication reactions should be reported following the same procedure. If the RN cannot be

reached, than the physician is to be notified.

The RN will assess the ramifications of the error, determine the need for a direct assessment of the consumer, and determine the need to contact the physician, and document such judgment and actions.

Medication is considered as given on time when administered one hour either side of the ordered time.

An MRSI staff who administers medication will be certified and delegated by the RN in accordance to the Ohio Board of Nursing and Ohio Department of Developmental Disabilities rules.

A medication error means a breach of one or more of the following:

1. Giving the right medication to the right individual in the right dose at the right time through the right route with or without any adverse effect to the individual!

The RN will complete a medication error report and reasons for medication errors. The report will be submitted to the Chief Executive Officer. All medication errors will be documented in the consumer's medical record and shall be reported as an unusual incident or MUI in accordance with rules.

Medication shall be stored in a secure location.

Medication that is outdated discontinued, or container labels unreadable are to be disposed of by the RN. They are to be flushed down the commode. A witness must sign the disposal record in addition to the RN.

A physician is the only person who prescribes medication, determining dosage and route of administration. This must be in writing. The physician may write an order for the consumers to take their own medication. The physician may also dispense medication.

The pharmacist fills prescriptions and provides information about medication to the caregivers responsible for maintaining the drug profile. He also communicates to the physician and the nurse any potential adverse drug interactions.

The RN has the responsibility for safe and accurate medication administration. The RN will assess the appropriateness of the medication administration through documented monthly medication reviews, and observe consumers for effects of medication. The RN will assess the competency of individuals performing medication tasks on a routine basis and has authority to prohibit a person from administering medications, if not done properly. The RN will provide on-going training to include new medications and revised procedures. The RN will determine exceptions to reporting missed doses of medication to physicians.

Consumers who are self-medicating may receive short-term assistance with medications from staff during an illness which may keep the consumer at home in bed, i.e., the flu. The physician will write an order to cover this situation.

Fire Safety Training

1. Each staff member and consumer of each home shall receive initial training in fire safety and evacuation procedures. The College of Direct Support Program: Safety at Home or in the Community – Fire Safety or another approved program will be used to train consumers and staff.
2. Ongoing training will be completed after each fire drill. The consumers and staff will meet to evaluate how well they did in evacuating in a timely manner. A written evaluation will be prepared by staff indicating how the evaluation procedures and time can be improved in the case of a real fire emergency.
3. Each consumer and each staff member shall participate in an annual review of The College of Direct Support Program: Safety at Home or in the Community – Fire Safety or another approved program.
4. All sprinkler systems, fire alarms, smoke detectors, extinguishing equipment and other safety equipment are properly maintained. A fire extinguisher(s) approved by the state/local authorities are located throughout each home in the natural path of escape from a fire, and readily accessible at visual points which are not obstructed.
5. Training for each client shall be appropriate to their individual functioning level and needs based on the results of an assessment indicated in the client's plan.

Fire Safety and Emergency Relocation plan

POLICY:

It is MRSI's goal to ensure the safety and care of all clients, visitors, and staff during emergency situations. This policy will be available in all appropriate policy manuals throughout MRSI.

In the event that any of these situations occur, the Supervisor on duty is the person in charge, unless otherwise notified by the CEO. The Supervisor in Charge (SIC) will consult with all appropriate parties involved and arrive at a decision that best suits the safety and well-being of clients, staff, and volunteers. After taking all the facts into consideration, the Supervisor in Charge will make the final decision. If the Supervisor in Charge is uncertain in making the decision, the appropriate CEO will be notified. This policy applies to all MRSI employees.

SECTION I: FIRE PLAN

I. FIRE PROCEDURES

Fire safety precautions should be observed (staff smoking is prohibited, client smoking only in designated areas, safe disposal of cigarette butts, appropriate storage and disposal of combustible materials, unobstructed exits, etc.).

Group Homes

This procedure is to be followed every time the alarm sounds. Respond to alarms and drills as if they were a real fire unless otherwise announced by maintenance (equipment testing, etc.).

A. REPORTING A FIRE

1. Any person seeing, smelling, or suspecting a fire is to remove resident(s) from immediate danger.
2. Be sure to isolate fire or smoke from clients by closing doors to the problem areas.
3. Locate the nearest pull station. Pull lever to sound alarm
4. Make the evacuation announcement.
5. The alarm automatically rings into the alarm company monitoring system and they contact the Fire Department.
6. The Alarm Company calls the facility to indicate that they have dispatched the fire department or that they are here.
7. Meet the fire department outside and direct them into the building.
8. Make a final check to make sure everyone is out of the area, and the evacuation is complete.

B. THE EVACUATION

1. Clients in immediate danger are to be moved away from smoke or fire.
2. The Supervisor in Charge (SIC) is responsible for overseeing the evacuation. The SIC is to report to the evacuation area, as soon as possible, to:
 - a) Determine the exact location of the fire.
 - b) Instruct workers to evacuate that area first, and then direct workers to the next area nearest the fire.
 - c) Move obstructions that are interfering with the flow of traffic.
 - d) Help with any problems in the lobbies or halls during evacuation.
 - e) Check with room staff regarding head count.
 - f) Take a final head count of clients and staff to ensure that all people is accounted for.
 - g) Report head count of clients and staff to fireman.
3. Staff in the room, will oversee evacuation from the room by:
 - a) Aiding and instructing other workers on lifting and transporting clients.
 - b) Evacuating clients in seating equipment, as is.
 - c) Instructing workers where to take clients, by following the evacuation diagram near the exit.
 - d) For an outside exit, most clients could best be evacuated by being carried, by wheelchair, or if necessary, by a blanket pull.
4. DSP's will be responsible for necessary medical equipment.
5. Keep groups together. **ALWAYS TAKE A HEAD COUNT!** One person is to remain at the meeting place until all clients and staff are evacuated, then follow the last resident to the evacuation destination, take a head count, and notify the SIC that the room is evacuated.

C. ALL CLEAR

1. When the situation is under control and the SIC has determined there is no danger, they will instruct staff to:
 - a) Announce "All Clear" loudly over 60, repeating twice. It will be necessary for the Operational Specialist to notify any groups that may be outside the building of the "All Clear".
 - b) Reset alarm panel.
 - c) Call Alarm Company to tell them we are back in service.

2. The Fire Plan Drill Worksheet must be completed by the SIC/MIC and kept on file (this must be done in cases of false alarm as well).

D. FIRE EVACUATION PROCEDURES FOR STAFF

1. All employees of MRSI are to take part in evacuations.
2. **GENERAL STAFF RESPONSES**
 - a) When the alarm sounds, staff and clients are to remain “on alert” in their designated areas until the evacuation announcement is made by the nurse. Radios and TVs are to be turned off and silence is to be maintained. Clients in bathrooms should be prepared for evacuation. Be prepared to assist evacuees coming into your area.
 - b) After the evacuation announcement is made:
 - 1) One DSP staff is to remain in each group.
 - 2) All workers are to report to evacuation area.

E. UNTRAINED STAFF AND VOLUNTEERS ASSISTING IN EVACUATION OF CLIENTS

1. For those **NON-DIRECT CARE STAFF** working 6:00 a.m. to 9:00 p.m., or those who are out on the floor when the alarm goes off, these procedures should be followed:
 - a) Go to the area being evacuated and assist.
 - b) Hold doors open for those being evacuated.
 - c) Remove obstructions that interfere with the evacuation.
 - d) Help lift clients into wheelchairs as instructed.
 - e) Wheel or lead clients to the evacuation destination.

F. FIRE EVACUATION REQUIREMENTS

1. Licensure and Medicaid regulations permit inside evacuations to the exit door or a designated area if at least one evacuation per year is a complete evacuation to the outside.
2. Drills should be held at the required frequencies, documented, and evaluated. Ongoing modifications in approach should be made to address refusals/resistance to improve safety responses.

G. ADULT DAY SERVICES AND ADMINISTRATIVE BUILDING

1. When the alarm rings immediately gather all clients, together and go nearest exit.
2. Proceeded to car wash building

H. CALLS FOR OUTSIDE HELP IN SEQUENCE

1. Should an actual fire occur, the SIC will call the following personnel, in order. Phone numbers will be located in all Supervisors, Supervisors and Directors offices.
 - a) Fire Department, 911.
 - b) CEO.
 - c) All other supervisors.

I. REQUIRED NOTIFICATIONS

1. If a fire caused or posed the risk of causing substantial damage, the following are

to be notified (See All Agency Policy on Incidents Adversely Affecting Health & Safety):

- a) State Fire Marshall.
- b) Regional Medicaid Office (Ohio Department of Health).
- c) Regional Licensure Office (Ohio Department of DD) – within one working day any fire responded to by the local fire department or any emergency requiring relocation.
- d) Complete an MUI form and contact the County Board

J. Fire Watch Procedure (For facilities equipped with fire alarm system and/or sprinkler systems)

1. Purpose: A plan of action should the fire alarm system and/or sprinkler system fail to work properly so, as to not provide continuous facility-wide fire detection and alarm capabilities.
2. Access: Available in writing in staff office and comprehended by training of all facility staff.
3. Staff: Facility staff trained in Rescue, Alarm, Contain, and Extinguish/Evacuate (RACE) and the implementation of facility-wide fire watch.
4. Documentation: Each tour is recorded with findings noting date time, and staff initials. A fire watch tour is a periodic walking tour of the entire facility by one or more assigned and trained staff. The tour monitors the facility through direct observation of all room for possible signs of fire.
5. Occurrences: Fire alarm system outages can occur during construction maintenance, renovation, electrical storms or other unplanned events which eliminate part or all of the fire alarm system.
 - a) Contact the on call supervisor when any problems are encountered with the fire alarm system.
 - b) Contact the fire alarm company should the on call supervisor be unable to correct the problem. Fire Alarm Company shall be on site or on contract until system is repaired, replaced or reinitialized and working.
 - c) Notify the fire department that the fire alarm system is not working correctly.
 - d) If the alarm system is inoperable for a time period of four (4) hours or more, notify the Ohio Department of Health District Office. They can be contacted at (419) 245-2840.
 - e) Fire watch procedure shall designate facility tours designating wing, floor, or building identifier.
 - f) Fire watch tours shall occur at ¼ hour intervals, 24 hours a day.
 - g) Fire watch shall be performed by personnel solely dedicated to the fire watch and no other facility-related activities or events.
 - h) A fire watch should check and document the following in all rooms including:
 - 1) Resident rooms (remove smoking materials and extension cords);
 - 2) Dietary and Laundry rooms (remove lint from dryers and soiled
 - 3) Mechanical and Electrical rooms (remove combustible/flammable materials);
 - 4) Fire department access to the facility (remove snow and ice from exits);
 - 5) Fire department access to hydrants, sprinkler connections, standpipes, and fire extinguisher;
 - 6) Exit access, exits and exit discharge are unobstructed;

- 7) Storage of combustible or flammable materials shall be in approved containers or designated storage areas;
 - 8) Identify temporary heating devices and have them removed;
 - 9) Fire and Smoke doors closed properly;
 - 10) Machinery unnecessary to be running continuously is turned off;
 - 11) Sprinkler valves shall be open and sealed, gauges indicate normal pressures, and sprinkler heads shall be unobstructed;
 - 12) Construction or renovation work areas shall be monitored continuously.
- i) Maintenance staff shall be available on site or on call for equipment emergency shut down situations.
 - j) Additional fire extinguishers shall be distributed facility-wide and staff shall be informed of locations.

ALL OTHER DEPARTMENTS

K. FIRE EVACUATION PROCEDURES

1. This procedure is to be followed every time the alarm sounds. Clients will be evacuated at every sounding of the fire alarm/smoke detector (unless instructed otherwise by management (due to episode of repeated malfunction, etc.).
2. Any person seeing, smelling, or suspecting a fire is to remove client(s) from immediate danger.
3. If the building has an integrated alarm system, activate the nearest pull station and alert all clients and staff. If there is no integrated system, sound an alarm verbally.
4. Isolate fire or smoke by closing doors between the fire area and people.
5. Evacuate all clients and staff to the designated area.
6. Take heads count to ensure everyone is accounted for.
7. Notify the fire department (911).
8. Options:
 - a) In the event that there does not appear to be a fire, staff may re-enter the building to check the source of alarm.
 - 1) If an integrated system: look at the fire panel to determine the location of the activated smoke detector or alarm pull station and check that area.
 - b) If staff determine that the cause of the alarm was accidental (e.g., burnt toast, an individual tampering with a pull station, malfunction of a smoke detector, etc.), and that the building is safe, they may announce an "All Clear" and allow clients to re-enter.
 - 1) If there is a malfunction in the integrated system or they are unable to reset the alarm, staff should contact their supervisor, CEO or the fire system Service Company to investigate the problem. Ensure any necessary safety precautions are in place (fire watch, etc.) until system is functioning properly.
 - c) If there is an actual fire, no one should re-enter the building until the fire department determines it is safe.
9. Notify the Supervisor/Manager On-Call and follow any additional instructions they provide.
10. Record the incident on the Fire Drill & Evaluation Record and write an incident report.

11. If the fire caused or posed the risk of causing substantial damage, the Supervisor/Manager On-Call it will be reported to:
 - a) The County Board.
 - b) Licensed facilities must notify ODDD's Regional Field Office for Licensure within one working day (for any fire the local fire department responded to).
 - c) Medicaid facilities must notify the Regional Medicaid Office, Ohio Department of Health.

L. FIRE DRILL PROCEDURES

1. Licensure and Medicaid regulations permit inside evacuations to the exit door or a designated area (behind a fire door in a sprinkled facility) if at least one evacuation per year is a complete evacuation to the outside.
2. Drills should be held at the required frequencies, documented, and evaluated. Ongoing modifications in approach should be made to address refusals/resistance to improve safety responses as required in licensed facilities.

SECTION II: TORNADO WATCHES AND WARNINGS

II. TORNADO PROCEDURE:

In the case of a tornado watch or warning, the SIC will verify the information through the weather radio or local television, and make the appropriate announcement. All employees and visitors are expected to take the necessary precautions and appropriate actions, to provide for the safety of clients, staff, and visitors. A drill will be held and documented at least once every twelve months as required by Licensure.

A. Tornado Watch

Weather conditions are right for a tornado. All normal activities in and out of the building can go on, as planned but contingency plans should be made in the event the watch turns into a warning.

1. When a Tornado Watch is announced:
 - a) Review procedures.
 - b) Close curtains.
 - c) Gather pillows, blankets and emergency kit (flashlight, batteries, etc.) and place in the bathroom, the designated tornado shelter.
 - d) Turn on television or radio for further information.
2. Listen for further instructions, in the event the watch turns into a warning.

B. Tornado Warning

A tornado has been sighted nearby. All clients and staff must come inside. All out trips will be canceled until the warning has been lifted, or changed to a watch. Clients will not leave the home during a warning.

3. Clients will go to the designated location in their home (innermost room without windows).
4. Clients whose beds have wheels and are near windows will be moved away from the windows to an interior wall. Non-ambulatory clients whose beds do not have wheels and are near windows will be transferred to their wheelchairs and moved away from the windows (in the bedroom, to the bathroom or the common area). Ambulatory clients whose beds are near windows will be moved away from the windows (in the bedroom, to the bathroom or living room). Beds are to be

lowered to their lowest positions and the clients are to be covered with blankets, except for their faces. The clients are to be positioned on their side with their backs towards the windows (follow specific positioning guidelines for those who cannot go on their sides).

- C. If a Tornado Watch or Warning is in process during a change of shift, workers are required to remain on duty until the replacement staff for the next shift arrives.
 - 5. When your replacement arrives, or your shift is terminated, you may leave if you desire to do so.
- D. Non-Resident Areas:
 - 6. It is important to remember that in any tornado warning, staff, clients, and visitors should take cover in the nearest innermost room without windows.
 - 7. Employees and visitors are expected to take the necessary precautions and appropriate actions, to provide for the safety of clients, staff, and visitors. Contact the Supervisor/Manager On-Call if necessary. In licensed facilities, a drill will be held and documented at least once every twelve months as required.

E. Tornado Watch

Weather conditions are right for a tornado. All normal activities in and out of the building can go on, as planned but contingency plans should be made in the event the watch turns into a warning.

- 7. When a Tornado Watch is announced:
 - a) Review procedures.
 - b) Close curtains.
 - c) Gather pillows, blankets and emergency kit (flashlight, batteries, etc.) and place in the designated tornado shelter per the graphic evacuation plan (a room on the lowest floor with all inside walls and no windows such as a bathroom, basement, etc.)
 - d) Turn on television or radio for further information.
- 8. Listen for further developments and be prepared in the event the watch turns into a warning.

F. Tornado Warning

A tornado has been sighted in the area. All clients and staff must come inside. All out trips should be canceled until the warning has been lifted, or changed to a watch. Clients shall not leave during a warning.

- 1. Evacuate to the designated tornado shelter per the graphic evacuation plan (a room on the lowest floor with all inside walls and no windows such as a bathroom, basement, etc.) with the emergency kit (flashlight, batteries, etc.).
 - a) ADS to use bathrooms.
- 2. Listen to the radio for further developments.
- 3. If a Tornado Watch or Warning is in process during a change of shift, workers are required to remain on duty until the replacement staff for the next shift arrives.

SECTION III: SNOW PLAN

III.SNOW PLAN – MRSI staff are exempted from driving prohibitions during all levels of snow emergencies as they are considered “essential staff” and must plan to work during these

conditions.

- A. If weather conditions and/or reports are such that it is apparent there will be a severe storm or blizzard; the following procedures should be implemented.
 - 1. The Supervisor in Charge on duty at the time will decide, based on weather conditions, road conditions, and call-ins, whether or not the emergency snow plan should go into effect. The plan should go into effect when it has become apparent that there would not be adequate staff to take care of the needs of the clients and essential Facilities.
 - 2. When the decision is made to implement the snow plan, the S.I.C. or their designee will call the supervisors and inform them that it has become necessary to implement the Emergency Snow Plan and to be alert for further instructions. **The S.I.C. will also inform staff that they are not to leave until there is adequate building staffing.** All staff will be on duty until the S.I.C. releases them in person.
 - 3. Supervisors should plan to arrive at the Home as soon as possible. Transportation will be provided, if possible.
 - 4. Vehicles should be grounded (except snow removal equipment) and users notified by the supervisors.
- B. **Expected Inclement Weather**
 - 1. The S.I.C. will be responsible for monitoring winter weather /storm situations. The supervisors will stay in contact with the S.I.C. to make necessary staffing decisions.
 - 2. Should the long term forecast indicate an impending snowstorm, the S.I.C. will make an announcement asking for volunteers to spend the night. These volunteers would be expected to work the next shift if the clients were kept home from ADS, or if the Emergency Snow Plan had to be put into effect.

ALL OTHER DIRECT SERVICE DEPARTMENTS:

- C. If weather conditions and/or reports are such that it is apparent there will be a severe storm or blizzard; the following procedures should be implemented.
 - 1. Staff is not to leave until their relief person arrives (or in non-twenty four-hour sites, the Manager On-Call has approved).
 - 2. A first in, first out system will be used to relieve employees.
 - 3. Contact the Supervisor/Manager On-Call if necessary.
 - 4. Clients and vehicles are grounded unless approved by Manager On-Call.
 - 5. When ADS center is closed due to weather, staff are expected to contact their supervisor for instructions about their alternative work assignment

SECTION IV: ELECTRICAL STORMS AND SEVERE WEATHER PLANS

IV. ELECTRICAL STORMS AND SEVERE WEATHER

- A. In an electrical storm, normal daily activities should continue, if possible, including all in-house activities, such as bathing.
- B. If at all possible, all out trips should continue as planned, taking the following items into consideration:

1. Severity of storm/high winds.
 2. Nature of trip.
 3. Long term weather forecast.
 4. Medical/physical needs of clients.
- C.** If there is a question whether an out trip should continue as planned, contact the Supervisor, or S.I.C.
- D.** If you are on an out trip and an electrical storm occurs:
1. If you are inside a building, stay there until the storm passes.
 2. If you are outside and an electrical storm occurs:
 - a) Get clients into a building or shelter.
 - b) Get clients into a van.
 3. If you are on the road and the storm is severe, stop if necessary. In all cases, use good judgment to protect the safety of all involved.

ALL OTHER DIRECT SERVICE DEPARTMENTS:

- E.** In an electrical storm, normal daily activities should continue, except bathing, swimming, and whirlpools.
- F.** If at all possible, all out trips should continue as planned, taking the following items into consideration:
1. Severity of storm/high winds.
 2. Nature of trip.
 3. Long term weather forecast.
 4. Medical/physical needs of clients.
- G.** If there is a question whether an out trip should continue, contact the Supervisor/Manager On-Call.
- H.** If you are on an out trip and an electrical storm occurs:
1. If you are inside a building, stay there until the storm passes.
 2. If you are outside and an electrical storm occurs:
 - a) Get clients into a building or shelter.
 - b) Get clients into a van.
 3. If you are on the road and the storm is severe, stop if necessary. In all cases, use good judgment to protect the safety of all involved.

SECTION V: LOSS OF BASIC SERVICES/POWER OUTAGE PLAN

V. LOSS OF BASIC SERVICES/POWER OUTAGES

- A.** If the public utility is cut off, a generator may provide a second source of electrical power. The local power utility should be called immediately in regards to the situation by the S.I.C.
1. Power will be supplied for the phones, kitchen cooking equipment, the exhaust hood, fire alarm panel, lights for halls and resident areas.
 2. Maintenance will check the generator monthly.
- B.** If a failure of a basic service occurs (furnace, air conditioner, water, sewer, etc.) The supervisor or designee will assess the expected duration, whether alternatives in place (portable heaters, air conditioners, fans, etc.) would meet client needs in the interim, or if the relocation plan should be implemented.

ALL OTHER DIRECT SERVICE DEPARTMENTS:

- C. Contact the Supervisor/Manager On-Call to determine whether clients should relocate (see Relocation Section). The following things should be considered in assessing how client needs can be met:
 - 1. Expected duration of outage - if relocation is not deemed necessary initially, identify times to re-assess conditions.
 - 2. Time of day or night - will clients be awake or asleep; will they require meals, medications, bathing, sleeping, etc.?
 - 3. Access to water and toilet facilities.
 - 4. Temperature - can a safe temperature range be maintained? Do clients have any medical conditions or medications that would increase their temperature sensitivity or risk?
 - 5. Food – if over mealtime, are there nutritious alternatives that wouldn't require refrigeration, cooking, etc. or can the meal be obtained elsewhere?
 - 6. Additional Supports - evaluate what supports are needed to manage the situation whether they relocate or stay. Are additional staff hours, number of staff, awake, needed? Are more frequent client checks, increased supervision levels, temperature checks, or other monitoring needed?
- D. Vocational sites, Community Recreation, or other programs that are not the primary care taker, follow above listed steps but may choose to cancel services and make arrangements for transport.
- E. Community Support Program: MRSI is not responsible for housing and related services in Community Support Program. To the extent we are able, we will attempt to assist clients who do not have adequate housing or related services by contacting the county board so they can determine what supports may be needed and coordinate them (housing, utilities, natural supports, financial resources, etc.).

SECTION VI: EXTREME CLIMATE CONDITIONS

VI. EXTREME CLIMATE CONDITIONS

- A. In extreme weather conditions, staff should take general precautions to maintain health and safety for the clients they serve. Staff should be mindful of the medical conditions and medications for the clients they serve that may increase their sensitivity or risk (to heat, cold, air quality, etc.).
 - 1. Consider whether activities outside the home/facility should continue or not.
 - 2. Consider possible needs to monitor clients' and conditions inside for relocation (i.e.: extreme heat with no air conditioning).
 - 3. Consider additional supports individuals may need to stay warm or keep cool (clothing, equipment, etc.).
- B. The SIC/MIC will confer with nursing about any additional concerns (beyond existing orders and protocols) and advise staff.

ALL OTHER DIRECT SERVICE DEPARTMENTS:

- C. Staff should contact the supervisor on-call to consult about any concerns.
 - 1. Community Support Program: MRSI is not responsible for housing and related services in the Community Support Program. To the extent we are able, we will attempt to assist clients who do not have adequate climate control during

extreme weather conditions by contacting the County Board so they can determine what supports may be needed and coordinate them (housing, utilities, natural supports, financial resources, etc.).

SECTION VII: MISSING PERSON PLAN

VII. MISSING PERSON

- A. When a missing person occurs from a group or program area, the following procedure should be initiated.
 - 1. All staff should make an immediate search of their area. One staff person should remain with each group of clients.
- B. At this time, all available staff should respond to the area. The S.I.C. will coordinate a search of the immediate area.
- C. If after searching the immediate area, the resident is not found, the S.I.C. will mobilize other staff to help with the search, assigning persons to particular areas. The search should include indoors, outdoors, areas of interest to the resident, etc.
- D. If the resident is found, immediately, announce that the resident has been found. Staff searching outdoors should be called back. The person who found the resident should help return the resident to their living area.
- E. If the resident is not found on the property within twenty minutes, the S.I.C. should contact local law enforcement to assist in the search. Give the name of person missing, clothes he/she was wearing, physical description, and any medical concerns.
- F. The S.I.C. should call, or assign someone to call, the supervisor and inform him or her of the situation.
- G. Reference the Reporting Major Unusual Incidents Policy for follow-up actions needed to be taken. It is not a MUI if staff were aware of where the resident was, if the resident was lost in the building for a limited time, or if the resident was briefly left unattended.
- H. When a missing person occurs in the community:
 - 1. A preliminary search of the immediate area will be made.
 - 2. Staff will notify the SIC/MIC and follow their instructions.
 - 3. The police, CB/DD, and the parent/guardian will be notified by the SIC/MIC or designee if the individual is not found after a thorough search of the area has been made.

ALL OTHER DIRECT SERVICE DEPARTMENTS:

- I. When two or more staff members are working at the site:
 - 1. All available staff members will search the site, immediate grounds, and surrounding area (ensuring adequate supervision to any remaining clients).
 - 2. Staff will notify the Supervisor/Manager On-Call and follow their instructions.
 - 3. If necessary, the Supervisor/Manager On-Call will send additional staff to assist in the search.
 - 4. If the individual is not found after a basic search of the neighborhood has been conducted, the police, county board, and the parent or guardian will be notified by the Supervisor/Manager On-Call.
- J. When one staff member is working at the site:
 - 1. The staff member will search the site and immediate grounds.
 - 2. Staff will notify the Supervisor On-Call and follow their instructions.

3. If necessary, the Supervisor On-Call will send additional staff to assist in the search.
 4. If other clients require supervision, staff must ensure there supervision in any continued search (take them with them if possible while searching the surrounding neighborhood or wait for help). **NOTE:** If everyone leaves the site, leave the doors open so the client can get in if they return in the meantime.
 5. If the individual is still not located, the police, county board, and parent or guardian will be notified by the Supervisor On-Call. Give the name of resident missing, clothes he/she was wearing, physical description, and any medical concerns.
 6. The search will continue while additional staff supervises the remaining individuals.
- K.** When an individual is missing on an out trip:
1. A preliminary search of the immediate area will be made.
 2. Staff will notify the Supervisor On-Call and follow their instructions.
 3. If applicable, staff will notify security personnel in the area that the individual is missing.
 4. The police, county board, and parent or guardian will be notified by the Supervisor On-Call if the individual is not found after a thorough search of the area has been made. Give the name of resident missing, clothes he/she was wearing, physical description, and any medical concerns.

SECTION VIII: BOMB THREAT PLAN

VIII. BOMB THREAT

Group Homes

- A.** Receiving a threat.
1. The recipient of the call should:
 - a) Learn as much as possible from the caller.
 - 1) Location and type of bomb.
 - 2) Detonation time.
 - 3) Reason and persons responsible for placing.
 - 4) Identification of caller, (man, woman, speech, any background noise).
 2. Supervisor in charge will notify County Sheriff, 911.
- B.** The Plan of Action will be put into effect by the SIC.
1. The SIC will announce a whole building outside evacuation.
 2. The Supervisor in Charge should notify the Facilities Director/designee to determine if any other actions are needed.
 3. Re-entry into the building will only occur if the bomb squad gives an "All Clear".

ALL OTHER DEPARTMENTS:

- C.** Receiving a threat.
1. The recipient of the call should:
 - a) Learn as much as possible from the caller.
 - 1) Location and type of bomb.
 - 2) Detonation time.
 - 3) Reason and persons responsible for placing.
 - 4) Identification of caller, (man, woman, speech, any background noise).

2. Staff evacuates clients according to the Relocation Section of this policy and call 911.
3. **Never touch** any suspicious object. A slight movement might set off a bomb.
4. Notify the Supervisor/Manager/Director On-Call.

SECTION IX: CHEMICAL SPILLS PLAN

IX. CHEMICALS SPILLS

Group Homes

- A. When a chemical spill occurs in the vicinity the SIC/supervisor will:
 1. Move clients, staff and visitors to the farthest point of the building from the spill.
 2. Make sure all doors and windows are closed tightly. Give instructions and assign someone to check doors and windows in the part of the building being used for assembly of the clients, staff and visitors.
 3. Shut off air circulating equipment:
 - a) All furnaces.
 - b) For Dietary area:
 - 1) Shut off hood fan.
 4. Contact the Sheriff's office at 911, for assistance and notify them of:
 - a) The exact location of the spill.
 - b) The nature of the chemical, if known.
 - c) The status of the situation (Is the wind blowing fumes toward the building or is the spill located in such a way that the facility is cut off from the road).
 5. Contact Supervisors and CEO.
- B. If fumes are coming toward the facility or if the Sheriff's office advises immediate evacuation, put "Relocation Plan" into effect. (See Section IX)
 1. All vehicles will go in the opposite direction of the chemical spill. Or if hospitalization is necessary, they will go well around the contaminated area to nearest hospital.

ALL OTHER DEPARTMENTS:

- C. When a chemical spill occurs in the vicinity:
 1. If fumes are coming toward the facility or if the Sheriff's office advises immediate evacuation, put "Relocation Plan" into effect. (See Section IX).
 2. If clients or staff have been exposed to fumes that are having serious effects, seek medical attention via 911, the nearest hospital emergency room, or where directed by civil authorities.
 3. Notify the Supervisor/Manager On-Call.

SECTION X: RELOCATION PLAN

X. RELOCATION PLAN

Group Homes

When a disaster or other situations occur requiring relocation, the supervisor, and CEO should be consulted to determine the best course of action. If it is not possible to reach these individuals during non-business hours (due to communication systems out of commission, etc.), the SIC/MIC will determine if it is necessary to relocate or obtain additional supports.

- A. If a determination is made that relocation is necessary, the following tasks should be assigned by the SIC/MIC as applicable.
 1. In the case of very localized issues, determine if clients can be relocated to another building(s).
 2. Contact all of the following people who may not be present: Directors, Program Directors, and Supervisors, to inform them (this can be done by designating one to call the others so resources on-site can assist with relocation).
 3. Contact the rescue squad and ambulance services, etc., for help in transporting any injured clients and/or staff to Hospital if necessary.
 4. Assess staffing needs, to obtain necessary coverage.
 5. Notify the Mercer County Home (419-586-5513) and/or the county board, with which we have agreements, that an emergency exists and that MRSI is transporting clients and staff to their facility(s).
 6. Establish a single area/phone number to answer questions for families/guardians, staff, other agencies, etc.
 7. Contact the local Red Cross for assistance in relocation if necessary.
- B. Emergency Medical Records will be taken to the relocation point.
- C. Once relocation has been completed, the SIC/MIC will do a thorough check to ensure that all clients and staff are accounted for.
- D. The appropriate manager or designee will contact the medical director and families/guardians of clients as soon as possible after crucial arrangements have been made (and provide them a contact number).
- E. Management will inform all appropriate agencies regarding the situation, within one working day of the emergency transfer (County Board, ODJFS, etc.).

ALL OTHER DEPARTMENTS:

- F. Contact the Supervisor/Manager On-Call for your department who will notify any additional personnel required for assistance (maintenance, staff coverage, nurse, etc.).
- G. Contact the rescue squad and ambulance services, etc., for help in transporting any injured clients and/or staff to hospital if necessary.
- H. Many times relocation to a hotel is preferable but in some cases client needs, volume, or hotel availability may necessitate use of the Mercer County Home or the local County Board of DD. If one of these facilities will be used, alert them that an emergency exists.
- I. Establish a single area/phone number to answer questions for families, staff, other agencies, etc.
- J. Contact the local Red Cross for assistance in relocation if necessary.
- K. Emergency Medical Records will be taken to the relocation point.
- L. Once relocation has been completed, staff should do a thorough check to ensure that all clients and staff are accounted for.
- M. The On-Call or designee will contact the medical director and families/guardians of clients' staff as soon as possible after crucial arrangements have been made (and provide them a contact number).
- N. Management will inform all appropriate agencies regarding the situation, within one working day of the emergency transfer (County Board, ODJFS if a Medicaid facility, etc.).

SECTION XI: EMERGENCY EVACUATION AND ALL CLEAR ANNOUNCEMENTS

XI. EMERGENCY EVACUATION

Group Homes/ADS

Instructions to Announce the Outside Evacuation:

- A. This announcement will be made by the S.I.C. or designee.
- B. The Announcement will be worded as follows:
“Attention all staff, clients, office personnel and visitors. Please listen carefully to the following instructions:
 1. This is a total building evacuation, including clients, staff, visitors and office personnel.
 2. Exit the building and go to the evacuation area.
 3. Wait for further instructions at the evacuation sites.”
- C. You will need to announce this information twice.

Instructions to Announce an All Clear:

- D. The SIC/designee will make this announcement on all shifts.
- E. The following safety requirements must be met to make an announcement authorizing anyone back into the building after an evacuation:
 1. The head count needs to be finished by the SIC and Supervisors on duty in all evacuation areas. Document the head count on the evacuation form.
 2. Staff will confirm that the building is empty and safe. This must be communicated to the SIC in charge.
 3. The announcement for returning to the building will be made when everyone is safely outside and gathered for a head count.

XII: HANDLING SUSPICIOUS MAIL AND PACKAGES

XII. HANDLING SUSPICIOUS MAIL AND PACKAGES

- A. All staff involved in handling, delivering, and opening mail or packages should be aware of the following guidelines for handling suspicious packages or envelopes at your respective location. It is extremely important to remain calm and follow the steps listed below when suspicious materials are encountered. The steps outlined below address potential explosives and potential biological or chemical threats:
 1. Handle with care. Don't shake it or bump it.
 2. Isolate the item and look for indicators – Excessive postage, foreign postmark, misspelled words, incorrect title, no return address, restrictive markings (personal or confidential), strange odors, oily stains, discoloration, crystallization on envelope, excess tape, or protruding wires.
 3. Don't open, smell, or taste it.
 4. If indicators are present, leave the item alone and isolate the work area to prevent further possible contamination. Treat the area like a crime scene.
 5. Call your immediate supervisor and/or On-Call supervisor.
 6. All personnel who handled the suspect item should wash their hands with soap and warm water.
- B. If you have opened an item and identified a threat (bomb material or suspicious powder) take immediate steps to limit further exposure or risk:

BOMB

Follow bomb threats protocols.
Evacuate the area.
Call 911.

BIOLOGICAL/CHEMICAL

Isolate the item, don't handle it, and evacuate the immediate area to limit exposure
Wash hands with soap and warm water.
Call 911.

C. Responding law enforcement authorities will treat incidents as criminal investigations. Investigators may collect clothing, samples of the suspicious substance, and the original envelope or box. Investigators and Facility Administrators will work in consultation with local health departments and local fire departments in determining when to release work areas for use and how to decontaminate work areas that may have been exposed.

Storage of Hazardous Materials

Hazardous materials shall be defined as any flammable liquid, poisonous materials, cleaning solvents, paints, acids, saturated dressing, used hypodermic needles, etc.

Flammable substances shall not be stored on any level within the home. This includes, but is not limited to, gasoline (in gasoline can or in lawn mower), paint, paint remover, or thinner. Such substances may be stored in the storage shed, if not adversely affected by freezing temperature.

All non-flammable hazardous materials will be stored in locked cupboards in the laundry room or basement and shall be used by staff members or consumers under staff supervision.

Disposal of Hazardous Materials

- A. POLICY: MRSI requires all employees having anticipated contact with blood and body fluids in the routine or non-routine course of their job, to practice "Universal Precautions" in accordance with the Ohio EPA State Law and OSHA requirements. The purpose of this policy is to ensure a safe working environment or MRSI employees.
- B. SCOPE: All employees and volunteers.
- C. POLICY STATEMENTS:
 - 1. Universal precautions refer to the use of barrier precautions to prevent exposure to blood and body fluids of consumers.
 - 2. All employees are expected to understand and practice Universal Precautions in their daily job routine.
 - 3. Supervisors are expected to understand and practice Universal Precautions in their work area.
 - 4. Failure to comply with Universal Precautions practices will result in corrective action, which can be up to, or including dismissal.
 - 5. Supervisors must ensure that adequate personal protective equipment must be made available to employees in Category I or II jobs/tasks.
- D. RESPONSIBILITY: MRSI is responsible for the consistent application of this policy throughout the facility.
- E. EXCEPTIONS: the Mercer Residential Services Board must approve Exceptions to this policy.

SEXUALITY POLICY

Philosophy/Purpose

Our philosophy is based on the principle that developmentally disabled citizens have the same

human rights as all citizens and will be encouraged and assisted to carry out these rights according to their ability. In order to exercise these rights, consumers will be provided with sex education commensurate with their ability to understand such information. This information will include personal health and hygiene, identification of body parts, gender identity, social relationships, and appropriate sexual behavior, consistent with current social standards.

General Definitions

Sexuality: Sexuality is not just erotic behavior or genital expression. Sexuality begins from the moment of birth and includes everything that pertains to the individual as male or female. Sexuality is a pervasive aspect of personality. It is expressed verbally and nonverbal in a person's daily interactions.

Social-Sexual Development: Pertains to a broad spectrum of behaviors ranging from social skills to overt sexual expression. A person may need training and education in one or several aspects. A proper course of training emphasizes the connection between the expression of sexuality and interpersonal communication skills. Social skill development may alleviate problematic sexual behavior by the teaching of more appropriate interpersonal skills.

Private: A situation in which it is highly unlikely that the setting will encounter others. The following areas in homes are considered private:

1. The bathroom when the door is closed.
2. The bedroom when the door is closed and other people are not present.
3. The bedroom if the person is alone in his/her own bed, under the covers and the lights are out, or if visual barriers are present, such as screens or room dividers.

Consent: Clear evidence of choice (verbal and/or behavioral) about one's activities. Special care must be taken to ensure that those who need guidance are not denied the liberty to exercise their abilities to make choices to the extent that they are able. The Interdisciplinary Team shall be the forum for the discussion and facilitation of consent for each individual.

Sex/Life Education: The preparation for personal relationships by providing appropriate educational opportunities designed to assist the individual in developing understanding, acceptance, respect, and trust for oneself and others. Sex Education includes the knowledge of physical, emotional, social growth, maturation, and understanding of individual needs.

Counseling: Provided by a psychiatrist, psychologist, clinical social worker, or other professionally-trained counselor, counseling involved either proactive, situational conflict resolution or a long-term therapeutic relationship using psychodynamic techniques.

Training (a) The uses of techniques to strengthen appropriate behaviors and decrease inappropriate behaviors; (b) any other techniques used to teach new skills that are effective, acceptable, and no abusive.

Adult: Individuals 18 years of age or older.

Minor: Under 18 years of age.

The purpose of sex education will be, when appropriate:

1. To provide instruction for consumers in the area of sex education geared to the individual consumer's functioning level.

2. To provide reasonable opportunities for normalized social interaction between consumers.
3. To provide opportunities for privacy.
4. To provide supportive counseling for consumer's with sexual concerns.
5. To refer consumer's for medical consultations as indicated.

Guidelines for areas of responsibility

Utilizing the interdisciplinary approach, an assessment of each individual consumer's sex/life education will be completed by the Interdisciplinary Team. Respective team members, according to their particular departmental expertise, will manage specific aspects of this sex/life education including sexually related behaviors. Information sharing, cooperation, and referrals among team members are essential components of this process.

- A. Sex/life educational programs will be provided only by personnel qualified or trained specifically in this area. The Chief Executive Officer of MRSI will determine what qualifications are necessary.

Guidelines and procedures

If any staff suspects or observes a consumer's behavior that is sexual in nature, the following steps must be followed:

1. To the best of staff ability, determine if the act is consensual by talking to all parties involved and assessing the environment in which the behavior is occurring.
2. Determine if the behavior is age appropriate and the level of functioning of all individuals involved is similar.
3. Ensure the consumers involved are observing all social rules of privacy.

These guidelines will be referred to as the C.A.P. procedures.

Sexual abuse and exploitation

Sexual abuse (sexual exploitation) is any sexual act, which occurs as a result of coercion, physical force, or taking advantage of an individual's disabilities, or sexual act committed with a minor child (under 18 years).

Guidelines and procedures

If staff observes or suspects an act of sexual abuse/exploitation, the staff will:

1. Stop the behavior in a non-punitive manner, if possible, and separate the people immediately. Provide supervision as necessary.
2. Instruct the individuals to dress in original clothing.
3. Notify nurse and supervisor.
4. Preserve all evidence in the room by making sure that nothing in the room is touched or moved.
5. Document in writing the behavior, actions taken, and complete an MUI report.

The nurse shall:

1. Assess for any evidence of physical injury and accompany consumer(s) to emergency room, if necessary or requested.

The supervisor shall:

1. Notify the Chief Executive Officer of incident immediately.

2. Call Service and Support Administrator.
3. Call police or sheriff's department and make a report. If a minor child (under 18) was involved in the incident, also make report to Child Protective Services (Ohio Job and Family Services).
4. In consultation with the Chief Executive Officer, provide for the notification of parent/guardian of all consumers involved in the incident.
5. Provide for the continued protection of the victim from subsequent abuse through physical separation or supervision.
6. Provide a protected situation for the alleged perpetrator through supervision and/or private room until completion of police investigation and follow-up by the Interdisciplinary Team.

The Interdisciplinary Team shall:

1. Refer to policy on abuse/neglect. Determine pattern of the behavior. Assess need for follow-up (e.g., training, counseling, and/or education.)

The Interdisciplinary Team of the Abuser shall:

1. Review the reported behavior and, if indicated, develop a program plan that will appropriately address the behavior.

The Interdisciplinary Team of the Victim shall:

1. Review the reported incident and, if indicated, develop a program plan to prevent further abuse.

When a consumer reports an incident of sexual abuse (unwitnessed): The staff shall:

1. Consult plans addressing this issue, if any.
2. Contact supervisor immediately.
3. Document the behavior and the actions taken, including completing the MUI report.
4. Provide emotional support, as appropriate, to the individual(s) prior to, during and following all investigations and examination.

The supervisor shall:

1. Notify the Chief Executive Officer of incident.
2. In consultation with the Chief Executive Officer, determine a course of action. Call police or sheriff's department unless there is clear evidence that the incident could not have occurred. Document all investigations and findings on the MUI form.
3. If a determination is made to call police, follow the procedures listed for "When witnessed or suspected."

Individual's Satisfaction

MRSI strives to provide the best quality of individualized services. Periodically, MRSI will survey its consumers to insure that the individual is satisfied with the services, supports, and activities in which he or she receives. Consumers who are not satisfied with the person who provides the services can request a replacement staff. MRSI encourages consumers to be free to express his or her desire to change the services, supports, and activities on their Individual Support Plan. MRSI will advocate on the consumer's behalf with the county board to respond to his choices for services, supports, and activities.

Section II

PERSONNEL POLICY

Employment Relationship

Each employee of MRSI is employed "at will", meaning that MRSI is free to terminate the employment of any employee at any time, for any reason, with or without cause or prior notice. Similarly, an "at will" employee may resign at any time and for any reason.

MRSI provides to its employees certain privileges and benefits. They are provided at MRSI's discretion, and are not to be considered as contractual terms or conditions of employment. Therefore, subject to applicable laws, privileges and benefits may be reduced, changed, or eliminated.

MISCELLANEOUS PROVISIONS

Definitions

The words "Chief Executive Officer", "President", and "Executive Committee": shall be synonymous with their definition in the Corporate Bylaws. MRSI shall mean Mercer Residential Services, Inc., Board, a not-for-profit Ohio corporation. The term "employee": shall refer to all full time and part time employees of MRSI.

Employment Status

Full-time employment is defined as regularly working at least 72 hours per pay period. Part-time employment is defined as regularly working less than 30 hours per week. All employees that have direct contact with individuals receiving services must be at least 18 years of age.

Non-Discrimination in Employment Policy

MRSI is an equal opportunity employer and shall not take any action regarding employment that is discriminatory on the basis of race, color, national origin, religion, age, sex, or handicap as regards to hiring, rate of pay, promotion, lay-off, rehiring, terminations, or employment benefits and opportunities.

Employment policies, practices, and procedures will be based on essential job-related standards of ability, experience, education, training, past performance, and other relevant factors affecting performance for the position in question.

Employees who believe that they have been treated in a discriminatory manner should file a verbal or written complaint with the Equal Opportunity Officer who is the Chief Executive Officer and who can be reached at the following address and telephone number:

420 S. Sugar Street
P.O. Box 603
Celina, OH 45822
(419)-586-4709

Accommodations for Disabilities

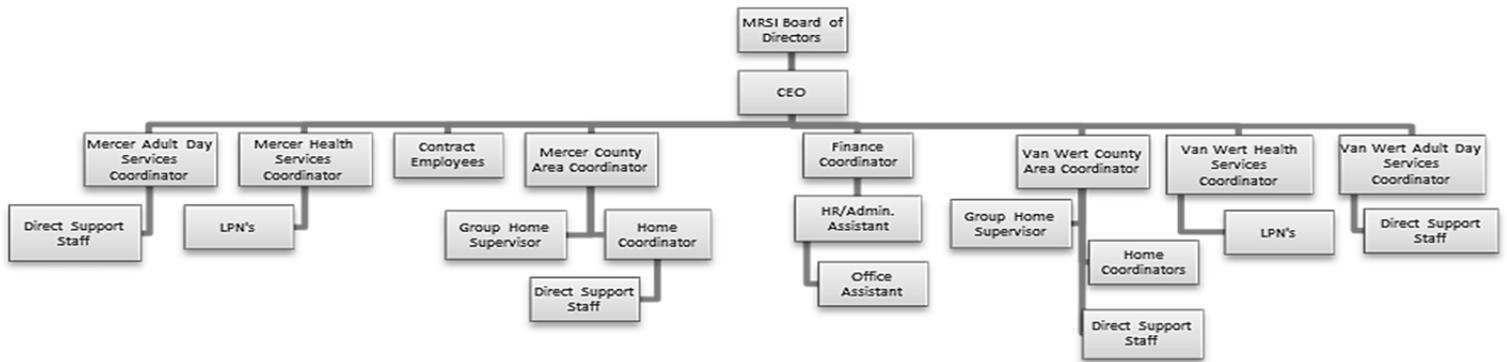
If you have a disability that affects your ability to perform your job duties, please contact your supervisor to discuss the appropriate accommodations we can make for you to safely and effectively perform your job. A statement from your physician describing the extent of your disability and limitations may be necessary in order for us to make the proper accommodations.

Resolving Discrimination Complaints Policy

1. Any qualified employee who believes that he or she has been the subject of discrimination because of his or her race, color, national origin, religion, age, sex, or handicap, has the right to file a discrimination complaint with MRSI and to have the complaint heard by an appropriate authority of the agency, i.e., the Chief Executive Officer or the equal employment opportunity officer of the agency.
2. The hearing of employee complaints of discrimination shall follow procedures set forth by the Ohio Department of Administrative Services and shall be conducted by MRSI.
3. Handicapped complainants will be provided such auxiliary aids as are necessary to offer an equal opportunity to participate in the complaint process. This includes, but is not limited to, holding meetings in an accessible place and the provision of interpreters for the hearing impaired (if that is their preferred method of communication) at no cost to the handicapped participant.

Employee Reasonable Accommodation Policy

1. It is the policy of MRSI that no qualified, handicapped person shall be subject of discrimination in employment.
2. It is the policy of MRSI to provide reasonable accommodation for the known physical or mental handicaps of otherwise qualified applicants for employment and employees, unless the accommodation would cause undue hardship to the employer.
3. A handicapped individual is any person who has a physical or mental impairment that substantially limits one or more of the person's major life activities, or a person who has a record of such impairment.
4. Handicapped applicants will be interviewed regarding their background and experience for the job in question, using the same interview format as is used for non-handicapped applicants. Pre-employment medical examination or pre-employment inquiry into the nature and severity of an applicant's handicap is not practiced unless it is practiced for all applicants. However, inquiry into the person's ability to perform job-related functions is permitted after the applicant's other qualifications for the position has been established.
5. Reasonable accommodation to a known handicap will be made on a case-by-case basis and may include job re-structuring, part-time or modified work schedules, use of modified or assisted equipment, and the use of readers or interpreters, making facilities that are used by the handicapped employee accessible or similar accommodations that will not impose an undue hardship on the employer.



Channels of Authority and Communication

1. To be effective, the channels must be followed as indicated in both upward and downward actions. All personnel involved must be informed of actions taken or recommended.
2. Communications must be returned through the same channel in which they were initially processed.
3. In the absence of the Chief Executive Officer, the Finance Coordinator will be designated as executive authority.

Immigration Reform and Control

MRSI intends to comply with the Immigration Reform and Control Act of 1986 and applicable rules and regulations. In general, MRSI does not knowingly hire, recruit, or continue employment of any alien, without substantiating that person's identity and eligibility to work in the United States. Therefore, as a condition of employment, MRSI verifies the identity and employment eligibility of each newly hired employee and maintains a record keeping system to document compliance with the Act.

Conflict of Interest

No employee of MRSI shall accept supplemental employment, which would result in a conflict of interest between his/her responsibilities with MRSI and the supplemental employer. MRSI recognizes that supplemental employment is acceptable, but in order to assure that no conflict of interest exists, the employee must notify the Chief Executive Officer, or in the case of Chief Executive Officer, the President, of any outside employment within five (5) working days of accepting such employment.

Payroll Deductions

Paycheck deductions are made as required by law, in accordance with employee benefit plans, or in certain cases, as requested by the employee. These deductions are itemized on the pay statements that accompany the biweekly paychecks. Deductions may include Social Security, Federal, State and Local income tax withholdings, insurance, garnishments, child support, etc.

MRSI may refuse to make deductions if they are:

1. Not required by law
2. Below certain prescribed minimum amounts
3. At irregular intervals
4. Not in the best interest of MRSI

Every payroll deduction request must be presented to the Chief Executive Officer for authorization.

Financial Authority

No employee shall enter into any contract or other legal agreement on behalf of MRSI without the prior approval of the Chief Executive Officer and/or Finance Coordinator.

General Authority

The Chief Executive Officer shall generally be charged with administering the provisions of these guidelines except where noted otherwise. In matters of a significant nature he/she may confer with the President or the Executive Committee.

Revisions to these Guidelines

MRSI retains the right to revise any policies contained in this manual at any time. Any revisions will be communicated to employees in writing. The Policy Manual is available for review on-line.

Attendance and Tardiness

Each employee serves a vital role in MRSI's efforts to provide quality services. The success with which services are delivered is directly dependent upon the dedication and reliability of each employee.

Employment with MRSI requires that employees conform to certain standards, including dependable attendance. Each employee has a personal responsibility to report to work on time and to continue to work until the end of the workday, unless relieved from duty pursuant to an approved leave of absence. In addition, an employee's attendance record is a significant factor affecting the employee's performance evaluation rating.

All non-exempt (i.e. hourly) employees who report late for their shift for **any** reason will receive progressive disciplinary action. The level of discipline will be determined by the previous 90 days of the most recent offense.

MRSI recognizes that there are times when employees are unable to work because of illness, injury, weather emergencies, or other reasons. The employee shall report all sick leave, vacation, and other absences from work to their immediate supervisor in accordance with notification and approval requirements. Abuse of leave is prohibited.

If an employee must be absent due to illness or for other unexpected, but legitimate reason(s), he/she is to telephone their immediate supervisor no less than four (4) hours before scheduled shift, and is to call daily thereafter until he/she is able to return to work.

If an employee is habitually absent from duty, or is absent for three (3) days or more, consecutively scheduled workdays without leave or without acceptable notice of the reason(s) for such absence, he/she shall be considered as having resigned effective the last day he/she actually worked.

Smoking Policy

MRSI encourages staff and consumers to be smoke free. Smoking is permitted in the designated areas only. Smoking is not permitted at any time in the homes or vehicles. Smoking is not permitted in an employee's vehicle when a resident is present.

Alcohol and Drug Abuse

MRSI wants to provide a safe, comfortable, and productive working environment for its employees. Alcohol, illegal drugs, and even some prescribed drugs, can have a negative effect on work and job safety. Therefore, employees are prohibited from:

1. Reporting to work intoxicated: If an employee comes to work intoxicated, or appears to be intoxicated, the employee will normally be released from work for that day, without pay. The employee will be escorted home, or MRSI will provide a taxi, or other suitable transportation to ensure the employee's safety and the safety of others.
2. Using alcoholic beverages or illicit drugs on MRSI's premises: This includes use during both working and non-working hours.
3. Distributing, possessing or manufacturing illegal drugs on MRSI's premises:
4. Working under the influence of any legal or prescription drug which impairs the ability to perform the job safely or properly; or which affects the safety of others: When taking a legal or prescribed drug, or when an intoxicated state is due to medical reasons, the employee must give to their immediate supervisor, before starting work, a written statement from the employee's medical practitioner which indicates any job restrictions. When the medical condition or drug treatment impairs job performance or safety, the employee may be required to take available sick leave, vacation, disability leave, or leave without pay until he/she submits a statement from his/her medical practitioner which indicates the employees ability to perform his/her job effectively and safely.

Even if an employee does not use alcohol or illicit drugs on the MRSI premises, or come into work under the influence, an alcoholism or drug abuse problem can interfere with job performance, present a threat to the safety of others or property, or can be harmful to the reputation of MRSI. MRSI recognizes alcoholism and other drug abuse a treatable disease, and encourages any employee experiencing an alcohol or other drug problem to seek professional treatment before it impacts upon his/her job. If it does affect his/her work, the employee may be subject to disciplinary action; or if

MRSI is aware of the problem; it may refer the employee for substance abuse diagnosis counseling, and rehabilitation services. MRSI reserves the right to request a drug test if there is reasonable suspicion that an employee is under the influence of illegal drugs.

Failure to comply with MRSI's request, or a failure to respond to treatment, will be handled in the same manner as any performance, safety, or other problem.

Initial Staff Training and Orientation

All support staff, including those persons working through a temporary agency who work directly with individuals, will receive training prior to assuming their duties. The training shall include, but is not limited to, the following: (a) The rights of individuals (b) The prevention, identification, and reporting of major unusual and unusual incidents (c) An overview of the nature and needs of individuals with developmental disabilities/developmental disabilities; and (d) The organization's philosophy, organizational structure, programs, services, and goals.

In addition all Direct Support staff shall receive the following training prior to assuming responsibility for the delivery of services to an individual: (a) Training in the programs and techniques necessary to appropriately develop and implement the services of each individual for whom they are responsible as described in the individual's plan. (b) Training that focuses on the skills and competencies needed by staff to meet the needs of the individual(s) for whom they are

responsible. All Staff will receive training in first aid and CPR to comply with the requirements established by the Ohio Department of Disabilities.

All professional staff, including those persons working through temporary agencies or under contract with the licensee, and provide services directly to individuals, will provide those services in a competent manner in order to meet the health and welfare needs of the individuals for whom they are responsible as described in the individual's plan. "Professional staff" refers to staff licensed, certified, or registered, as applicable by the state, to provide professional services in the field in which they practice.

Supervisory Staff Orientation

Supervisory staff shall complete, within the first ninety days of employment as a supervisor, training that includes, but is not limited to, the rules, regulations, and laws applicable to voluntary sector organizations including employment standards, human rights, Medicaid, Ohio Department of Developmental Disabilities, occupational health and safety, etc. as they relate to the supervisor's job responsibilities.

Continuing Education/Training

Following the initial year of employment and during each subsequent year of employment, each staff person will receive continuing training/ as required by Ohio Department of Developmental Disabilities and in areas designed to enhance the skills and competencies of staff relevant to their job responsibilities. Continuing training shall address the changing needs of the individual as described in the individual's plan. Training and educational activities that raise the competence of staff and/or enhance the quality of life for individuals shall be considered staff training.

Orientation Periods

All newly hired employees shall serve an orientation period of six months commencing with the first day of employment. The purpose of the orientation periods is to allow sufficient time to assess the employee's suitability for the position for which hired.

The employee shall receive appropriate and sufficient performance evaluations during the orientation period so that he/she is aware of any deficiencies. Should the employee's performance be found unsatisfactory, the employee may be removed at any time during the orientation period, without right of appeal or access to MRSI's grievance procedure. The employee shall be sent a letter advising him/her that his/her employment is being terminated for unsatisfactory performance.

Similarly, every employee shall serve an orientation period of three (3) months upon promotion to a higher position in order to assess the employee's suitability for the higher level.

PERFORMANCE EVALUATION

Chief Executive Officer Evaluation

A systematic evaluation of the Chief Executive Officer's job performance will be made at regular intervals. The Executive Committee will conduct evaluation of the Chief Executive Officer.

When a new Chief Executive Officer is hired, a performance evaluation will be conducted at six months. Thereafter, evaluations will be conducted on an annual basis.

Evaluations will include input from each member of the Executive Committee, and an assessment of the Chief Executive Officers' accomplishments and progress toward achieving previously established goals and objectives.

Employee Evaluations

All newly hired employees in orientation status are to be rated twice during the orientation period. The first rating is to be made at the end of the first half of the orientation period (three months), and the final rating is to be made prior to the end of the orientation period (six months). All employees having been promoted to a higher position shall be evaluated prior to the end of their orientation period (three months).

All employees who are not on orientation status are to be rated at least once a year. The rating should cover the employee's performance since the last evaluation. Additional performance ratings may be made at any time as warranted at the discretion of the Chief Executive Officer.

After completing an Employee Performance Merit Evaluation form, the Supervisor or Chief Executive Officer will review the form with the individual. Upon completion of the Employee Performance Evaluation review, the employee and reviewer shall sign the evaluation form, acknowledging that the review has been conducted. The Chief Executive Officer or his/her designee shall develop the form to be used and procedures to be followed. All personnel evaluation forms shall be maintained in the employee's personnel file.

Compensation Plan

MRSI shall compare salaries offered for jobs in the organization to salaries offered for comparable jobs in our market. A systematic review of the compensation plan shall be made annually by the Chief Executive Officer. Consistent with the resources available, MRSI will attempt to maintain a competitive compensation system.

The annual budget plan for salaries and benefits shall require approval by the Executive Committee. Administration of the compensation plan shall be the responsibility of the Chief Executive Officer.

Salaries shall be reviewed annually and may be adjusted at the discretion of the Executive Committee and Chief Executive Officer, and may include such considerations as inflation, changing market conditions, and performance incentive. The Executive Committee shall set the compensation for the Chief Executive Officer. The Chief Executive Officer shall set the compensation for employees.

Personnel Grievance Procedures

In order to provide an effective and acceptable means for employees to bring problems and complaints concerning their well-being at work to the attention of administration, the following Grievance Procedure is established. This procedure enables employees to seek solutions to work-related problems or to appeal management decisions, which they believe to be unjust, inequitable, or a hindrance to effective operation. This channel should be open to all employees and consumers without fear of recrimination.

General Procedure

1. The employee shall present a Statement of Grievance to the Chief Executive Officer, or in the case of the Chief Executive Officer, to the President, in writing within five (5) working days of the precipitating event.

2. The Chief Executive Officer/President shall schedule and conduct an informal discussion within five (5) working days of receiving a written Statement of Grievance.
3. If an acceptable solution is not reached through informal discussion with the Chief Executive Officer/President, the employee may request in writing within three (3) working days of the conclusion of step (2) that the grievance be heard by the elected officers of the Executive committee. Such hearing shall be conducted within fourteen (14) working days of the receipt of written request.

THE DECISION OF THE EXECUTIVE COMMITTEE SHALL BE FINAL.

The results of all discussions and hearings shall be documented in writing and signed by both the employee and the Chief Executive Officer/President. These documents will become a part of the employee's permanent record.

Orientation removals and orientation reductions are made at the discretion of the Chief Executive Officer/President and are not subject to the appeals process outlined above. (See "Orientation Period" Section of Guidelines)

Grievance Procedure Relating to Sexual Harassment

It is the policy of MRSI to provide a positive, discrimination-free work environment. Sexual harassment in the work place is an unacceptable form of conduct and will not be tolerated. For the purpose of these Guidelines, sexual harassment is defined as any unsolicited, unwanted, or unwelcome sexual overtures that are deliberate and repetitive in nature, which include but are not limited to leering, pinching, patting, blatant or subtle pressure for sexual activity, sexually suggestive objects or pictures, sexually offensive or suggestive remarks or jokes, unwanted body contact, attempted rape or rape.

Sexual harassment may be based upon two types of misconduct:

1. Harassment that involves the conditioning of employment and/or employment benefits on sexual favors.
2. Harassment that, while not affecting economic benefits, creates an intimidating, hostile, or offensive working environment.

Perceived violations of this policy should be reported promptly to the Chief Executive Officer who will be responsible for assuring that any such complaints will be subjected to thorough investigation. In the event the Chief Executive Officer is involved in the violation; the affected employee(s) shall report the violation to the Executive Committee, which will investigate the complaint. Every effort will be made to assure confidentiality until the preliminary investigation is completed. At the conclusion of the preliminary investigation, the employee(s) lodging the complaint shall be advised of the level of merit found in the complaint and the steps to be taken. At that point, the employee(s) should be advised if confidentiality cannot be assured as the process moves forward into the formal disciplinary procedure of MRSI. (See "Disciplinary Actions" Section of Guidelines)

The Chief Executive Officer and/or the Executive Committee shall maintain records of the investigation of all sexual harassment complaints.

Employees reporting incidents of sexual harassment should be assured that there would be no retaliation, for reporting such incidents.

Disciplinary Action

Employees are employed "at will"; meaning MRSI is free to terminate the employment of any employee at any time, for any reason, with or without cause or prior notice.

When determining the appropriate disciplinary action, the Chief Executive Officer, or in the case of the Chief Executive Officer, the President may in addition to other considerations, take into account the best interests of MRSI, the nature of the misconduct or inadequate performance, the employee's record of prior discipline, and his/her record of prior performance, conduct and service. Depending on the circumstances, the Chief Executive Officer/President may choose to apply discipline in a corrective, progressive, and uniform manner.

This policy serves as a guide for the uniform administration of discipline. It is not, however; to be construed as a delegation of, or a limitation upon, MRSI statutory rights or its inherent management rights.

The Chief Executive Officer or immediate supervisor shall be responsible for administering discipline. Disciplinary action will normally be taken as soon as it is practical to do so. Depending on the situation, disciplinary action may involve application of one (1) of the disciplinary levels listed below. Nothing in this policy; however, shall be construed as preventing the Chief Executive Officer or immediate supervisor from omitting, skipping, or repeating any of these levels, depending upon the circumstances involved or the severity of the offense.

Progressive Disciplinary Levels

Level 1 - Corrective Counseling Session:

When a performance or conduct problem is first identified it may be brought to the attention of the employee by their immediate supervisor during a Corrective Counseling Session. During this session, the immediate supervisor and employee normally will discuss the problem, applicable policies, if any, expected standards, extenuating circumstances and any other pertinent matters.

A notation of this counseling will be included in the employee's personnel file, reflecting the specific nature of the problem, as well as the date, time, place, and content of the counseling. The employee must sign a Disciplinary Form that will be placed in his/her personnel file.

Level 2 - Written Reprimand:

The immediate supervisor may choose to meet with the employee to issue a written reprimand, outlining the specific actions the employee is expected to take to active satisfactory performance or correct the misconduct. The employee must next review the written reprimand, and, he/she may then enter comments therein. After signing and dating the reprimand, the immediate supervisor will give a copy to the employee, who is required to acknowledge receipt by signing the original, which is placed in the employee's personnel file. The Employee is given a copy of the Written Reprimand.

Level 3 - Suspension:

The Chief Executive Officer, or in the case of the Chief Executive Officer, the President, may choose to suspend the employee, either with or without pay. A suspension will be documented on the Disciplinary Action form, which is signed by the Chief Executive Officer or immediate supervisor and employee and placed in the employee's personnel file. The employee will be given a copy of this order.

Level 4 - Involuntary Separation:

An employee may be involuntarily separated from employment, at any time, for any reason, with or without cause or prior notice. If the Chief Executive Officer, or in the case of the Chief Executive Officer, the President, determines that an involuntary separation is appropriate, the separation will be documented on the involuntary separation form signed by the Chief Executive Officer or President and placed in the employees personnel file.

Prior to ordering a suspension without pay, or involuntary separation, the Chief Executive Officer, or in the case of the Chief Executive Officer, the President will schedule a pre-disciplinary conference. Following the conference, the Chief Executive Officer/President will determine the appropriate disciplinary action to be taken, if any.

Employees may appeal any disciplinary action through MRSI's Personnel Grievance Procedure.

VOLUNTARY SEPARATION

MRSI urges a person leaving its employment to provide adequate notice and information to help the agency understand the reason(s) for separation.

Nonexempt Staff Responsibilities

Nonexempt staff who wishes to resign must provide written notification of resignation to their immediate supervisor, with copies to the main office, no later than 14 days prior to the last day of employment. Failure to provide timely written notification will result in the loss of accrued vacation time.

Exempt Staff

Exempt staff who do not plan to continue their employment shall provide the C.E.O. written notification of resignation no later than 30 days prior to the last day of employment. Failure to provide timely written notification will result in the loss of accrued vacation time.

All employees must work out the remaining notice period. It is MRSI's discretion as to whether the employee will be required/permitted to work throughout the notice period. Any employee who fails to give proper notice will automatically forfeit any remaining vacation and/or bonus money due to them that they have accrued.

The written notice shall include:

- The expected last day of work
- The reason for resignation

Upon termination of employment and proper written notice and the return of all MRSI property including Policies and Procedure Manual, keys, and any and all other MRSI equipment and materials in their possession, employees will be paid their regular hourly rate for any unused vacation hours. No time off will be approved during this time. Unused sick leave hours will not be paid.

Contents to the Access to Personnel File

Personnel files shall be maintained for all employees. Files may include the following:

- Application for employment
- Letters of reference and related documentation
- Resume
- Results of any tests given the applicant

- Related correspondence
- Letter of employment
- Position description
- Performance appraisals and supporting attachments
- Documentation of disciplinary actions
- All status and position changes and accompanying materials
- Answers to grievances initiated by the employee

All employees are allowed access to their own personnel file at any reasonable time, upon request to the Chief Executive Officer. Employees are not allowed access to another employee's personnel file except when completing an employee's performance appraisals, a supervisor may request to see previous appraisals, even if they were completed by a different supervisor.

“Personal and confidential information that is not required to be submitted to the County Board of DD or any other regulatory inspector, surveyors or authorized agency or representative will be removed before being released.”

It is the employee's responsibility to keep MRSI updated with regard to changes in address, name, or any other personal information pertinent to their employment. Employees are required to notify the home office as soon as possible, in writing, regarding such changes.

HOURS OF WORK

Work Schedules

A standard work period of 72 hours a pay period is established for all full-time employees. A standard work period of less than 72 hours a pay period is established for part-time employees. Exempt employee's standard work week is 40 hours. Time spent in staff meetings, conferences, and other meetings in which the employee acts as a representative of MRSI and preparation required for the adequate performance of the job are considered part of the work week.

It is the responsibility of their immediate supervisor to ensure that employees are meeting the minimum hour per week standard.

Because of the job responsibilities of exempt personnel, they may be required to attend meetings or other activities, which may extend beyond the normal working day. These exempt employees are allowed some additional flexibility of hours in the current pay period, and by no means represent approval for working less than 80 hours per pay period.

Overtime

The workweek extends from 12:01 a.m. Monday to midnight the following Sunday.

A non-exempt employee may work more than forty (40) hours in a given work week, in which case the employee will be paid at a blended rate of pay (regular + sleep shifts) for time actually worked in excess of forty (40) hours. Administrative, Executive and Professional (i.e., exempt) employees are salaried and excluded from payment of overtime worked over 40 hours per week.

Only hours actually worked are counted as time worked for the purpose of calculating overtime. Time spent on sick leave, holidays, vacation, and other leaves is not counted.

If an employee is assigned or scheduled to work overtime, he/she is expected to report at the

requested or scheduled time. Failure to do so may subject the employee to disciplinary action. No employee will be compensated for scheduled overtime that is later canceled.

The immediate supervisor may re-schedule an employee' hours of work so that the employee does not work more than forty (40) hours during the applicable workweek.

Non-exempt employees are not to begin work early or perform work beyond the scheduled quitting time without their immediate supervisor's approval.

Nothing contained in this guideline shall be construed as a guarantee of overtime or as preventing the immediate supervisor from re-structuring the normal workday or week or revising any work schedule.

LEAVES OF ABSENCE

Family and Medical Leave

A leave of absence of up to 12 weeks in a 12-month period will be granted to eligible employees for the following purposes:

- The birth of an employee's child or to care for the child.
- The placement of a child with the employee for adoption or foster care.
- To care for a spouse, child, or parent who has a serious health condition (i.e., an illness, injury, impairment or physical or mental condition that involves inpatient care or continuing treatment by a health care provider).
- The existence of a serious health condition rendering the employee unable to perform the functions of his or her position.

The 12-month entitlement period is a rolling period measured backward from the date an employee uses any FMLA leave

To be eligible, an employee must have been employed for at least 12-months and must have worked for at least 1,250 hours during the previous 12-month period. In all cases, any unused accrued vacation time will be applied and paid accordingly. In the event of a personal serious health condition, any unused sick time will also be applied and paid accordingly. The balance of the leave will be unpaid. Coverage under the existing group insurance plan will be continued during the leave of absence at the same level as when the leave began. The employee must continue co-payment of premiums as applicable. Upon return from the leave of absence within 12 weeks, the employee will be restored to the position held immediately prior to the commencement of the leave or to an equivalent position with equivalent pay, benefits, and terms and conditions of employment.

A leave of absence due to the serious health condition of the employee or an immediate family member will require the certification of the appropriate health care provider. Additionally, it may be necessary to submit to medical examination by a physician of the Company's choosing to verify the need for the leave or fitness to return to work. Appropriate documentation may also be required for non-medical leaves.

In case of a serious health condition, the leave may be taken on an intermittent or reduced schedule basis, upon presentation of a certification from a physician documenting the necessity of intermittent leave. To better accommodate an intermittent leave, the employee, at the

Company's option, may be temporarily transferred to another position for which he or she is qualified.

The request for leave must be made to the Supervisor at least 30 days before the leave is to begin, unless the need for the leave was unforeseeable. In that event, the request is to be made at the earliest possible time.

If an employee fails to return to work on his or her first scheduled day of work after the expiration of a leave of absence, the employee will be deemed to have voluntarily quit.

Employees who need to take a leave of absence, but are not eligible based on the guidelines of this policy, should contact their supervisor to determine whether or not any leave time may be available under the circumstances.

Bereavement Leave

An employee may be granted up to three (3) paid working days off to attend to matters surrounding the death of an immediate family member as defined under the sick leave policy. Bereavement Leave hours will be deducted from the employee's sick leave bank. Additional time may be taken as sick leave with approval from your immediate supervisor.

Jury Duty Leave

When a staff member is called to jury duty, he/she is excused from work up to 10 working days with full pay during such duty and shall receive a regular salary, less the amount received from jury duty.

Military Leave

Employees who are members of the U.S. Military Reserve or National Guard are eligible for leave for reserve training or emergency military duty. A long-term leave of absence will be granted to employees who enter active full-time military service, up to the limits provided by law.

Disability Leave

A physically or mentally incapacitated employee, who has exhausted his/her accumulated sick and/or vacation leave, may request up to four (4) months of unpaid disability leave, provided he/she can present evidence as to the probable date of which he/she will be able to return to the same or similar position. This request must be submitted to the Chief Executive Officer, or in the case of the Chief Executive Officer, the President, in writing, with supporting evidence attached.

A disability leave may be granted when an employee is:

1. Hospitalized or institutionalized.
2. On a period of convalescence following hospitalization or institutionalization, as authorized by a physician at the hospital or institution.
3. Declared physically or mentally incapable of performing the duties of his/her position after being examined by a licensed physician. At his/her option, the Chief Executive Officer/President may require the employee to be examined by a licensed physician designated and paid for by MRSI.

Any appointment made to a position vacated by disability leave will be on an interim basis, and the appointed employee must be made fully aware, in writing, of the interim nature of his/her appointment. However, if the employee returning from disability leave is reinstated to another position, the interim appointment may be made permanent. When an employee returns from disability leave, he/she will be reinstated to the same position within thirty (30) calendar days after making written application and passing a medical examination showing full qualification to perform the duties of the position. The employee's physician designated by MRSI shall conduct the examination. If continuing disability precludes reinstatement, the employee will be considered to have resigned.

Leave without Pay

Upon written request, the immediate supervisor may approve leave without pay. However, granting of leave without pay is absolutely discretionary and each application shall specify the reason(s) for requested leave, and will be considered upon its own merits. Consequently, approval of any leave without pay application will not create a precedent or establish any practice.

Leave without pay may be granted for a maximum of ninety (90) calendar days for personal reason(s) of the employee, and it may be renewed or extended. Leave without pay may also be granted for a maximum of two (2) years for purposes of education or training that benefits MRSI.

Except for emergencies, leave without pay must be requested at least three (3) calendar days prior to the requested starting date.

Using leave without pay for any reason(s), other than the specified and approved reason(s), may result in its cancellation by the Chief Executive Officer/Finance Coordinator, notification to immediately report to work, and disciplinary action.

Upon his/her timely return from leave without pay, an employee will be reinstated to his/her most previously occupied position, unless it has been abolished. Any interim replacement will be removed from the position upon reinstatement of the employee. If qualified, the removed employee may be considered for other vacancies.

An employee may return to work before the scheduled expiration of leave without pay, provided his/her written request to return early is approved by the Chief Executive Officer/Finance Coordinator.

If an employee fails to return to work at the expiration of his/her leave without pay, he/she will be considered to have resigned effective on the day such leave expired.

An employee on an approved leave without pay does not earn sick leave or vacation credit. However, the time spent on authorized leave without pay is counted in determining length of service for purposes of extending vacation eligibility.

Absence Without Leave

An employee absent from duty without authorization is in violation of MRSI's policies and subject to disciplinary action. No sick leave or vacation accruals shall be accumulated during any such absence. An employee who fails to return to work after an authorized absence shall be considered absent without leave. A person absent without leave for more than three (3) consecutive days shall be considered to have voluntarily resigned.

Extended Absence

If you are absent from employment with the company for a period of more than 6 months, your employment will be automatically terminated. The foregoing policy applies regardless of whether the absence otherwise is excused by your personal situation, your medical condition, or due to a work-related or non-work related injury.

EMPLOYEE BENEFITS

Sick Leave

An employee may request sick leave for the following reasons:

1. Illness or injury of the employee or a member of his/her family.
2. Exposure to a contagious disease that could be communicated to and/or jeopardize the health of other employees and consumers.
3. Medical, dental, optical examinations, or treatment of the employee or a member of his/her immediate family that cannot be scheduled during non-work hours. The employees should make every effort to schedule appointments at times that cause the least disruption to their work responsibilities.
4. Pregnancy, childbirth and/or related medical conditions.
5. Child care leave (sick leave usage limited to six (6) consecutive work weeks for this purpose.)

For purpose of this policy, "immediate family" is defined only as an employee's: mother, father, sister, brother, child, stepchild, grandchild, grandparent, current spouse, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law, legal guardian, or other person who stands in the place of a parent.

All regular full-time employees earn 1.85 days of Sick Leave for each pay period worked. All regular part-time employees earn 1.85 days of Sick Leave for each pay period worked after one (1) year of employment. Credit is earned on all time in active pay status, including paid vacation and sick leave. Active pay status does not include time spent on leaves without pay, suspension without pay, or layoff. An employee may accumulate up to a maximum of 720 hours of sick leave.

Sick leave is charged in minimum units of one-quarter (1/4) hours.

While on sick leave, employees are paid at the same basic hourly, daily, or bi-weekly rate as when they are working.

An employee is charged for sick leave only for those days when he/she would have been regularly scheduled to work.

An employee requesting sick leave for the purpose of medical, dental or optical examination or appointment shall notify their immediate supervisor as far in advance as possible. If sick leave is requested for other purposes, the employee shall inform the immediate supervisor of the reason before the employee's scheduled starting time and each day thereafter. Failure to do so may result in denial of sick leave for the period of absence and may subject the employee to disciplinary action. In the case of prolonged illness requiring the extended use of sick leave, the employee is not required to report daily to their immediate supervisor, but he/she must advise the immediate supervisor, in writing, of his/her new anticipated return date. This procedure shall be

followed until the employee does, in fact, return to work. Full-time employees who require time off but have exhausted all sick leave will be charged vacation time to meet the 72-hour a pay period requirement.

If an employee exhausts all sick leave and accrued vacation, but remains unable to return to work due to his/her medical condition, he/she may, at the discretion of the Chief Executive Officer, be granted a leave of absence for a period not to exceed four (4) months. However, in the case of female employees who are temporarily precluded from returning to work due to pregnancy or childbearing, such leave of absence may be extended for a reasonable period of time, and shall accommodate the employee's individual capacities and her medical status.

The Chief Executive Officer or supervisor may investigate any employee's absence, and may require a physician's statement as a condition of approving sick leave. Failure to comply with sick leave and regulations will disqualify an employee from sick leave. Application for sick leave with intent to defraud, or falsification of a physician's statement, shall result in disciplinary action and refund of sick leave pay.

While an employee is on an extended leave without pay, extended sick leave or disability leave, the employee does not accrue any vacation or sick leave hours.

Personal Day Leave

Full-time employees may take up to 16 hours of personal time per year if they have at least 100 hours of sick leave accrued. Part-time employees may take up to 16 hours personal time per year if they have accrued at least 50 hours of sick leave. Employees will follow the same procedure to request personal days as they do for vacation days. Personal days will not carry over from year to year. Personal days will be counted as sick leave.

Attendance Incentive Program/Sick Leave Cash Out

In December of each year, and at no other time, full-time employee whose year-end compensable sick leave balance exceeds 120 hours (15 days) may choose to convert sick leave hours earned in the previous calendar year, minus those used during the year, to monetary compensation.

In December of each year, and at no other time, part-time employee may choose to convert sick leave hours earned in the previous calendar year, minus those used during the year, to monetary compensation. No minimum balance is required for part-time employees.

1. The maximum amount of sick leave any employee can cash in will be thirty-two (32) hours.
2. All converted hours will be deducted from the employee's compensable sick leave balance.

Holidays

MRSI currently observes six (6) holidays per year for which employees are presently paid:

New Year's Day.....	January 1st
Memorial Day.....	Last Monday in May
Independence Day.....	July 4th
Labor Day.....	1st Monday in September
Thanksgiving Day.....	4th Thursday in November
Christmas.....	December 25th

If a non-exempt employee is required to work on a holiday listed previously, he/she will be paid for all hours actually worked at his/her usual straight-time hourly rate of pay, and he/she will also receive payment for the holiday.

A non-exempt employee, on vacation when a holiday is observed, will not have the day charged against his/her vacation.

Except when excused by the Chief Executive Officer, all exempt employees are not eligible for holiday pay if they don't work BOTH their last full scheduled work day immediately preceding the holiday AND their NEXT full scheduled work day immediately following the holiday. Scheduled vacation leave and authorized sick leave are considered time worked for holiday eligibility pay purposes.

Time off for religious holidays observed by the employee may be granted, at the discretion of the Chief Executive Officer, or in the case of the Chief Executive Officer, the President. Every reasonable effort will be made to accommodate the religious preference of the employee.

Vacation

MRSI provides vacation leave to recognize the employee's length of service and to give the employee time away from the job.

Vacation leave is granted to all employees, based upon length of service, in accordance with the following schedule:

Full – Time Employee		Part – Time Employee	
Service Years	Accrual	Service Years	Accrual
1-4	80 hours	1-4	40 hours
5-9	120 hours	5-9	60 hours
10 years or more	160 hours	10 years or more	80 hours

- Full-time employees begin accruing vacation hours immediately but cannot use until after one year of service.
- Part-time employees begin accruing vacation hours after one year of service.

For example employees who work 80 hours in one pay period with 1-4 years of service would accrue 80 hours of vacation in one year. Part-time employees with 1-4 years of service would accrue 40 hours in one year. Advancement through this schedule shall occur at the beginning of the pay period, which includes the employee's anniversary date following completion of the required length of service.

Time spent on an authorized leave of absence is counted in determining length of service for the purpose of determining vacation eligibility. Time spent on an unauthorized leave of absence without pay, or suspension without pay, is not counted in determining length of service for the purpose of determining vacation eligibility.

Employees shall be paid their regular hourly or bi-weekly rate for all time spent on approved vacation leave.

Three working days advance notice is required when requesting up to one day of vacation leave. Ten (10) working days advance notice is required when requesting more than one and less than five days; and twenty (20) working days advance notice is required when requesting five or more days. Exceptions to these vacation request time frames may be granted by the Chief Executive Officer, on a case-by-case basis, for extraordinary circumstances.

All vacation leave requests must be signed and approved by the immediate supervisor before commencement of the vacation leave; otherwise, the vacation leave request will be denied, and the employee will receive no pay for the period of his/her unauthorized absence. Any vacation leave request may be denied based upon MRSI operational needs and workload requirements. An employee may normally not take more than three (3) consecutive weeks of vacation.

Employees will be allowed to carry over no more vacation leave than the amount earned in two years of service at the applicable rate. Any benefits carried over in excess of that amount will be eliminated from the employee's vacation leave balance. For example: An employee eligible for two weeks (10 days) of vacation per year may carry over up to four weeks (20 days) of vacation. In this example, any amount carried over in excess of 4 weeks (20 days) would be eliminated and lost to the employee.

Employees may elect to cash in sixteen (16) hours of vacation at the end of the year, as long as the employee will have a remaining balance of at least 80 hours of vacation leave.

Employees who separate from service will be paid, at their current rate of pay, for any earned but unused vacation leave with proper notice.

Safe Work Rules and Practices

Safety is the responsibility of everyone employed at Mercer Residential Services, Inc. All staff play an important role in ensuring safety to consumers and staff. Necessary protective steps should be taken at all times to avoid unnecessary accidents and needless health hazards.

1. It is the responsibility of all employees to conduct themselves in the safest possible manner at all times abiding by the following safety rules of MRSI.
2. All accidents are to be reported immediately to the immediate supervisor and First Report of Injury form filled out and submitted to the main office. Neglect of minor cuts and bruises may result in infections and other problems. First aid treatment is to be provided as necessary. Employees with more serious injuries should seek proper medical care.
3. The use by staff of illegal substances and alcoholic beverages are forbidden on the premises of MRSI.
4. Unsafe behavior such as running, scuffling, horseplay, refusing to assist other employees in lifting, using unsafe equipment, interfering with the safety of other employees, or failure to follow safety procedures of MRSI shall be forbidden.
5. Employees who are not trained or authorized are not permitted to do any task requiring such training and authorization, such as CPR, first aid, TEAM, etc.
6. Employees should receive education and information regarding proper techniques to be used in staff/resident intervention.
7. Proper lifting techniques should be used at all times.
8. Kitchen appliances are to be unplugged when not in use.
9. All knives and sharp kitchen utensils are to be locked up when not in use.
10. Spills are to be cleaned up immediately.
11. Proper kitchen safety should be maintained at all times including but not limited to,

- not leaving food cooking unattended on the stove and cleaning spills on the stove and in the oven immediately. After putting new foil on the drips pan, the pans, heating elements and outer ring should be replaced properly to avoid spillage.
12. All household chemicals and cleaning agents should be locked up when not being used. Chemicals should never be mixed.
 13. Ladders and step stools should be used properly.
 14. Staff will supervise the consumers when using power tools and equipment.
 15. Traffic areas should be open, free from clutter and debris. Emergency exits and traffic areas in consumers' bedrooms should be clear at all times as well.
 16. Frayed electrical cords should be disposed of properly and reported to the home supervisor.
 17. Smoking is permitted only in designated areas.
 18. Medical supplies and other equipment are not to be left unattended and should be locked up when not in use.
 19. Gloves are to be worn in situations where body fluids are involved.
 20. Caution should be exhibited when handling and disposing of sharps and syringes.
 21. Staff should be informed about the proper use of fire extinguishers and of their locations.

Proof of valid driver's license

1. All employees who provide transportation must have a valid driver's license as specified in Ohio law.
2. Any employee who has more than six points on their driver's record is not permitted to drive MRSI vehicles or transport clients.
3. All employees shall provide immediate notification to the main office, in writing, of any driver's license suspension or revocation.

Proof of insurance coverage

1. All employees shall submit to the main office proof of insurance coverage as specified under Ohio State Revised Code.

Personal Business and Telephone Calls

Personal business is to be kept to a minimum. As a business, deadlines and performance standards must be met on a daily basis. Due to the fact that telephone usage is a major aspect of the Company's business, use of the phones for personal reasons must be held to a minimum. Personal calls should be limited to the employee's free period. Employees should use prepaid calling cards for long distance phone calls. Restitution is required for all personal long distance phone calls. Employees shall refrain from using clients' phones for personal phone calls. Excessive use of phone lines for personal business will be viewed as behavior requiring disciplinary action.

A safety committee will meet twice a year. The committee will determine the necessity of having a safety in-service with all staff.

If an employee is injured during the course of employment with MRSI, he/she will notify their immediate supervisor, as soon as it is practical to do so. The employee must then complete a First Report of Injury form. This report must be completed and submitted to the main office the next business day regardless of the apparent seriousness of the injury or whether medical attention is required.

NOTE: Refer also to the Worker's Compensation section of this policy manual in regards to staff's responsibility when filing a Worker's Compensation claim due to a work related injury.

Worker's Compensation

Every employee is eligible for workers compensation for injuries or occupational illnesses arising out of or in the course of his/her employment. MRSI contributes a certain amount (determined by the State Bureau of Workers Compensation) to the Workers Compensation Insurance Fund.

If an employee is injured during the course of employment with MRSI, he/she shall notify their immediate supervisor as soon as it is practical to do so. The employee must then complete a First Report of Injury form. This report must be completed, regardless of the apparent seriousness of the injury or whether medical attention is required. The employee shall submit this report to their immediate supervisor within one (1) workday following the date of the injury unless the employee's condition prevents him/her from doing so.

If an employee's injury requires medical attention, he/she must provide a statement, completed by the attending physician, explaining his/her findings. This report should be forwarded to the Chief Executive Officer/President at the earliest possible date. In the event of a serious injury, the Chief Executive Officer/President shall immediately initiate an investigation into the nature and cause of the incident and the extent of the employee's injury.

The Chief Executive Officer/Finance Coordinator or designee shall complete workers compensation claim forms for the purposes of initiating compensation claims for injured employees who require medical treatment. Except in cases of extreme incapacitation, the injured employee is expected to meet with the Chief Executive Officer/Finance Coordinator or designee, at a mutually agreeable time, to assist in completing the form.

The Chief Executive Officer/Finance Coordinator must be advised and continually updated if an employee continues to be absent due to a work-related injury. Employees are responsible for advising the Chief Executive Officer/Finance Coordinator, in writing, of their expected date of return.

Any documents received from injured employee, his/her physician, hospital, or the State Bureau of Workers Compensation must be immediately forwarded to the Chief Executive Officer/Finance Coordinator.

If an employee is injured in the line of duty and must leave work before his/her scheduled quitting time, he/she is paid for the remainder of the day, with no share being made against his/her sick leave. However, if a physician releases him, he/she must return to work for the remainder of the workday.

No sick leave payment will be made to an employee while the employee is receiving payment from workers compensation. However, an injured employee may elect to use accrued sick leave and vacation leave prior to receiving payments from workers compensation. Employees shall reimburse such payment upon receipts of their initial workers compensation check. Employees who have work restrictions will be expected to work light duty assignments unless excused from all work by a physician. MRSI reserves the right to obtain a second opinion from its own physician at its own costs.

Retirement Plan Contributions

All permanent employees are eligible for enrollment in the company 401k plan. An employee must be 21 years of age and have at least six months of employment with MRSI to participate. MRSI contributes to the employee's plan. The Board of Directors determines the percentage contributed annually.

Hospitalization and Medical Insurance

All employees working a minimum of 72 hours a pay period will be eligible for enrollment in a dental, group life, short-term disability and insurance program. The reimbursement rate and level of coverage will be reviewed and approved annually by the Executive Committee of MRSI. Eligibility for insurance is three months after your hire date. For the single coverage, an employee will pay 15% of the cost of the insurance, with MRSI paying for 85% of the cost of coverage. If an employee opts for family coverage, the employee will pay 50% of the coverage with MRSI paying the additional 50% of the coverage. The window for enrollment change will be at renewal time. Contact the home office for an exact date. Contributions to your health insurance plan will be automatically deducted from your paycheck on a Pre-Tax Basis.

If you should cease active work because of a disability, termination of employment or for any other reason, you should immediately contact the home office to find out what arrangements can be made to continue your insurance benefits in force. By doing so, you will be in a position to exercise any rights you may have under the various plans coverages and group insurance policies.

Other Employee Benefits

Other benefit programs may be offered to employees at the discretion of the Executive Committee. In such instances, all employees will be given sufficient information and notice as to make an informed decision regarding participation in such benefit programs.

Reimbursable Expenses

Actual and necessary expenses incurred by staff for authorized activity related to MRSI work will be reimbursed. Reimbursements must be made in accordance with the provisions established by MRSI.

Reimbursable expenses shall include lodging, transportation to and from meetings, parking, registration fees, etc. When it is necessary for an employee to use his/her personal automobile for MRSI business, mileage will be paid by MRSI, providing such automobile use is authorized and providing employee carries automobile insurance in the amount required by State law. The Chief Executive Officer shall set, and as necessary, revise the rate at which mileage will be reimbursed.

An expense report must be completed by the employee and approved by the Chief Executive Officer.

Tuition Reimbursement

An employee who takes a job-related course, or course of study, at an approved educational institution may be reimbursed for tuition expense.

Employees with at least two years of service with MRSI are eligible to apply for this benefit. A full time employee may qualify for reimbursement of out of pocket tuition expenses (excluding all other fees i.e. registration fee, parking fee, books, lab fees, uniforms, and educational materials. Individuals receiving financial assistance, grants, and scholarships, will be eligible for tuition reimbursement only after such financial assistance has been used and deducted from

tuition expenses. Any remaining unpaid tuition costs will then considered under this program. Part time employees may qualify for reimbursement of this same expense. Reimbursement will be paid according to the employee status at the time of class completion.

The education course or program must be related to present or future promotional employment opportunities within MRSI. Assistance is limited to eight hours per school term with a maximum of \$5,000 per calendar year for full time employees and \$2,500 per calendar year for part-time employees. Assistance must be formally requested, and approved, prior to the beginning of the school term for which assistance is requested. The Application for Tuition Reimbursement will be reviewed for approval, or denial, of the request. The employee will be notified of the decision within two weeks of when the application is submitted.

Assistance is paid only upon evidence that the employee has passed the course with a grade of "B" or better. When payment is requested, the employee must provide proof of payment, cost breakdown and grade. Any employee who receives the benefit will be required to work one year beyond the end of each school term or be required to payback MRSI expenses on a pro-rated basis. If a full time or part time employee drops down to casual status, this is considered a termination and rehire and payback of reimbursement will be required if it occurs below the one year requirement. A Tuition agreement must be signed before any assistance is received.

Solicitations and Contributions

Persons who are not employees of MRSI will not be permitted to come upon or remain on the premises for the purpose of making solicitations or posting or distributing card, notices or any other material of any kind.

This rule is not intended to prevent MRSI from carrying on its normal community relations/employee relations programs or activities, which may, from time to time, necessitate management approval and direction of distributions and solicitations on the Company's premises.

Carrying a Concealed Weapons Policy

Firearms and other deadly weapons of any kind are strictly forbidden on the premises of MRSI. The term "premises" includes all buildings owned or leased by MRSI and all other buildings that are operated as part of MRSI. In addition, no employee may carry a concealed weapon while operating any motor vehicle owned or leased by MRSI. Employees are prohibited from concealing a firearm in their own motor vehicle that is parked on any MRSI property or premises.

MRSI intends to prosecute all violators of this policy. This policy applies to everyone, including staff, visitors, volunteers, vendors, and any other persons entering any MRSI facility for any reason.

CONFLICT OF INTEREST

The purpose of the following policy and procedures is to complement Mercer Residential Services bylaws to prevent the personal interest of staff members, board members, and volunteers from interfering with the performance of their duties to, or result in personal financial, professional, or political gain on the part of such persons at the expense of or its Members, supporters, and other stakeholders.

Definitions: Conflict of Interest (also Conflict) means a conflict, or the appearance of a conflict,

between the private interests and official responsibilities of a person in a position of trust. Persons in a position of trust include staff members, officers, and board members of. *Board* means the Board of Directors. *Officer* means an officer of the Board of Directors. *Volunteer* means a person -- other than a board member -- who does not receive compensation for services and expertise provided to and retains a significant independent decision-making authority to commit resources of the organization. *Staff Member* means a person who receives all or part of her/his income from the payroll of. *Member* means a Member of which shall be a state association of nonprofit organizations that represent a statewide and multi-sector or subsection 501 (c) (3) constituency with a diverse range of corporate identities, or a regional association of nonprofit organizations that represent a specific region within a state or multi-state geographic area and a multi-sector or subsection constituency with a diverse range of corporate identities. *Supporter* means corporations, foundations, individuals, 501 (c) (3) nonprofits, and other nonprofit organizations who contribute to.

POLICY AND PRACTICES

1. Full disclosure, by notice in writing, shall be made by the interested parties to the full Board of Directors in all conflicts of interest, including but not limited to the following:
 - a. A board member is related to another board member or staff member by blood, marriage or domestic partnership.
 - b. A staff member in a supervisory capacity is related to another staff member whom she/he supervises.
 - c. A board member or their organization stands to benefit from an transaction or staff member of such organization receives payment from for any subcontract, goods, or services other than as part of her/his regular job responsibilities or as reimbursement for reasonable expenses incurred as provided in the bylaws and board policy.
 - d. A board member's organization receives grant funding from.
 - e. A board member or staff member is a member of the governing body of a contributor to.
 - f. A volunteer working on behalf of who meets any of the situations or criteria listed above.
2. Following full disclosure of a possible conflict of interest or any condition listed above, the Board of Directors or its designee shall determine whether a conflict of interest exists and, if so the Board shall vote to authorize or reject the transaction or take any other action deemed necessary to address the conflict and protect its best interests. Both votes shall be by a majority vote without counting the vote of any interested director, even if the disinterested directors are less than a quorum provided that at least one consenting director is disinterested.
3. A Board member or Committee member who is formally considering employment with must take a temporary leave of absence until the position is filled. Such a leave will be taken within the Board member's elected term, which will not be extended because of the leave. A Board member or Committee member who is formally considering employment with must submit a written request for a temporary leave of absence to the Secretary of the Board, c/o the office, indicating the time period of the leave. The Secretary of will inform the Chair of the Board of such a request. The Chair will bring the request to the Board for action. The request and any action taken shall be reflected in the official minutes of the Board meeting.
4. An interested Board member, officer, or staff member shall not participate in any discussion or debate of the Board of Directors, or of any committee or subcommittee thereof in which the subject of discussion is a contract, transaction, or situation in which there may be a

perceived or actual conflict of interest. However, they may be present to provide clarifying information in such a discussion or debate unless objected to by any present board or committee member.

5. Anyone in a position to make decisions about spending 's resources (i.e., transactions such as purchases contracts) – who also stands to benefit from that decision – has a duty to disclose that conflict as soon as it arises (or becomes apparent); s/he should not participate in any final decisions.

WHISTLEBLOWER POLICY

General

Mercer Residential Service's Code of Ethics and Conduct ("Code") required directors, officers and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of the Organization, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

Reporting Responsibility

It is the responsibility of all directors, officers and employees to comply with the Code and to report violations or suspected violations in accordance with the Whistleblower Policy.

No Retaliation

No director, officer or employee who in good faith reports a violation of the Code shall suffer harassment, retaliation or adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns within the Organization prior to seeking resolution outside the Organization.

Reporting Violations

The Code addresses the Organization's open door policy and suggests that employees share their questions, concerns, suggestions or complaints with someone who can address them properly. In most cases, an employee's supervisor is in the best position to address an area of concern. However, if you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor's response, you are encouraged to speak with someone in management whom you are comfortable in approaching. Supervisors and managers are required to report suspected violations of the Code of Conduct to the Organization's Compliance Officer, who has specific and exclusive responsibility to investigate all reported violations. For suspected fraud, or when you are not satisfied or uncomfortable with following the Organization's open door policy, individuals should contact the Organization's Compliance Officer directly.

Compliance Officer

The Organization's Compliance Officer is responsible for investigating and resolving all reported complaints and allegations concerning violations of the Code and, at his discretion, shall advise the C.E.O. and/or the audit committee. The Compliance Officer has direct access to the audit committee of the board of directors and is required to report to the audit committee at least annually on compliance activity. The Organization's Compliance Officer is the chair of the policy committee.

Accounting and Auditing Matters

The policy committee of the board of directors shall address all reported concerns or complaints

regarding corporate accounting practices, internal controls or auditing. The Compliance Officer shall immediately notify the audit committee of any such complaint and work with the committee until the matter is resolved.

Acting in Good Faith

Anyone filing a complaint concerning a violation or suspected violation of the Code must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the Code. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

Confidentiality

Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Handling of Reported Violations

The Compliance Officer will notify the sender and acknowledge receipt of the reported violation or suspected violation within five business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

RECORD RETENTION POLICY

The purposes of this document retention policy are for Mercer Residential Services, Inc. (the “Organization”) to enhance compliance with the Sarbanes-Oxley Act and to promote the proper treatment of corporate records of the Organization.

Section 1 **General Guidelines**

Records should not be kept if they are no longer needed for the operation of the business or required by law. Unnecessary records should be eliminated from the files. The cost of maintaining records is an expense which can grow unreasonably if good housekeeping is not performed. A mass of records also makes it more difficult to find pertinent records.

From time to time, the Organization may establish retention or destruction policies or schedules for specific categories of records in order to ensure legal compliance, and also to accomplish other objectives, such as preserving intellectual property and cost management. Several categories of documents that warrant special consideration are identified below. While minimum retention periods are established, the retention of the documents identified below and of documents not included in the identified categories should be determined primarily by the application of the general guidelines affecting document retention, as well as the exception for litigation relevant documents and any other pertinent factors

Section 2 **Exception for Litigation Relevant Documents**

The Organization expects all officers, directors, and employees to comply fully with any published records retention or destruction policies and schedules, provided that all officers, directors, and employees should note the following general exception to any stated destruction schedule: If you believe, or the Organization informs you, that Organization records are relevant to litigation, or potential litigation (i.e., a dispute that could result in litigation), then you must preserve those records until it is determined that the records are no longer needed. That exception supersedes any previously or subsequently established destruction schedule for those records.

Section 3 **Minimum Retention Periods for Specific Categories**

(a) **Organizational Documents.** Organizational records include the Organization's articles of incorporation, by-laws and IRS Form 1023, Application for Exemption. Organizational records should be retained permanently. IRS regulations require that the Form 1023 be available for public inspection upon request.

(b) **Tax Records.** Tax records include, but may not be limited to, documents concerning payroll, expenses, proof of contributions made by donors, accounting procedures, and other documents concerning the Organization's revenues. Tax records should be retained for at least seven years from the date of filing the applicable return.

(c) **Employment Records/Personnel Records.**

State and federal statutes require the Organization to keep certain recruitment, employment and personnel information. The Organization should also keep personnel files that reflect performance reviews and any complaints brought against the Organization or individual employees under applicable state and federal statutes. The Organization should also keep in the employee's personnel file all final memoranda and correspondence reflecting performance reviews and actions taken by or against personnel. Employment applications should be retained for three years. Retirement and pension records should be kept permanently. Other employment and personnel records should be retained for seven years.

(d) **Board and Board Committee Materials.**

Meeting minutes should be retained in perpetuity in the Organization's minute book. A clean copy of all other Board and Board Committee materials should be kept for no less than three years by the Organization.

(e) **Press Releases/Public Filings.**

The Organization should retain permanent copies of all press releases and publicly filed documents under the theory that the Organization should have its own copy to test the accuracy of any document a member of the public can theoretically produce against the Organization.

(f) **Legal Files.**

Legal counsel should be consulted to determine the retention period of particular documents, but legal documents should generally be maintained for a period of ten years.

(g) **Marketing and Sales Documents.**

The Organization should keep final copies of marketing and sales documents for the same period of time it keeps other corporate files, generally three years.

An exception to the three-year policy may be sales invoices, contracts, leases, licenses, and other legal documentation. These documents should be kept for at least three years beyond the life of the agreement.

(h) **Development/Intellectual Property and Trade Secrets.**

Development documents are often subject to intellectual property protection in their final form (e.g., patents and copyrights). The documents detailing the development process are often also of value to the Organization and are protected as a trade secret where the Organization:

- Derives independent economic value from the secrecy of the information
- Has taken affirmative steps to keep the information confidential.

The Organization should keep all documents designated as containing trade secret information for at least the life of the trade secret.

(i) Contracts

Final, execution copies of all contracts entered into by the Organization should be retained. The Organization should retain copies of the final contracts for at least three years beyond the life of the agreement, and longer in the case of publicly filed contracts.

(j) Correspondence.

Unless correspondence falls under another category listed elsewhere in this policy, correspondence should generally be saved for two years.

(k) Banking and Accounting.

Accounts payable ledgers and schedules should be kept for seven years. Bank reconciliations, bank statements, deposit slips and checks (unless for important payments and purchases) should be kept for three years. Any inventories of products, materials, and supplies and any invoices should be kept for seven years.

(l) Insurance.

Expired insurance policies, insurance records, accident reports, claims, etc. should be kept permanently.

(m) Audit Records.

External audit reports should be kept permanently. Internal audit reports should be kept for three years.

Section 4 **Electronic Mail**

E-mail that needs to be saved should be either:

- Printed in hard copy and kept in the appropriate file; or
- Downloaded to a computer file and kept electronically or on disk as a separate file.

The retention period depends upon the subject matter of the e-mail, as covered elsewhere in this policy.

SOCIAL MEDIA POLICY & PROCEDURES

PURPOSE

The purpose of this policy is to provide guidelines for sharing information with the public via Mercer Residential Services (MRSI) social networking sites. The policy protects the confidentiality of MRSI consumers and their families and adheres to federal Health Insurance Portability and Accountability (HIPAA) regulations.

MRSI takes no position on your decision to start or maintain a blog or participate in other social networking activities. However, it is the right and duty of the company to protect itself from unauthorized disclosure of information. MRSI's social networking policy includes rules and guidelines for company-authorized social networking and personal social networking and applies to all executive officers, board members, management and staff.

POLICY

The administrative office staff at MRSI maintains and monitors all social media applications. Additional staff may be designated as approved contributors. This enables staff to make informed decisions about the growth and development of online resources.

Definition of Social Media - A form of media based on online conversations and interactions utilizing digital words, sounds and images typically shared via the internet. Examples include: Facebook ©, YouTube ©, Twitter ©, LinkedIn ©, blogs and Flickr ©.

PROCEDURE

A. Content

1. All content posted on MRSI social media sites will be developed by the administrative office staff. The information must be appropriate and relevant to MRSI's mission, vision and strategic initiatives.
2. Content contributors for MRSI's social media sites are appointed by the administrative office staff. Access is intended for business purposes only.
3. All content contributors will ensure that content is accurate, current and appropriate. Inappropriate content regardless of the source will be removed. The administrative office staff will determine if content on any social media site is appropriate.
4. Posting personal, political or religious content is not allowed.
5. Content contributors will respond appropriately to messages and postings.
6. Content contributors are not permitted to respond with confidential or proprietary information regarding MRSI or its consumers.
7. Content contributors are not permitted to respond to media inquiries without prior written approval from the administrative office staff.
8. If there is a negative posting that requires attention, please notify the administrative office staff immediately.
9. MRSI social media sites are monitored by the administrative office staff for inappropriate content and inappropriate friends/followers. Friends/followers may be blocked at any time by MRSI if deemed to be in MRSI's best interest.

B. Release of Consumer Information

1. Prior to posting any pictures, videos, or consumer information on any MRSI social media site, the contributor must obtain and file a signed media authorization form with the marketing/public relations department (forms must be obtained from the administrative office).

C. Ownership

1. MRSI has created and owns the following social media sites. Contributors are appointed by the marketing/public relations department to manage and monitor the individual sites to build the MRSI brand.
 - <http://www.facebook.com/pages/Mercer-Residential-Services-Inc/177607057107>
2. MRSI reserves the right to monitor employees' use of the internet during working hours. Access to the above sites is limited and is intended for business use only.

D. Other Social Media Applications

1. Technology is constantly changing. New social media platforms are always becoming available. Any new ideas should be directed to the administrative office for consideration.

2. Questions regarding this policy should be directed to the administrative office.
3. Strategic direction for social media is set by the administrative office.

COMMENT POLICY

Mercer Residential Services (MRSI) encourages your comments on our social media platforms and hopes you will find value in connecting with our company through these means of communication. We can't respond to every comment, particularly those that deal with individual cases and issues. When posting comments, we expect a basic level of civility; disagreements are fine, but mutual respect is a must, and profanity or abusive language is forbidden.

Examples of general responses to messages and postings:

1. If a consumer or family member posts a negative comment about his/her experience with MRSI, we will respond to the post with a message such as, "Thank you for contacting Mercer Residential Services. We appreciate your feedback and are very sorry you had an unpleasant experience. The administrative team has been notified."
2. If a consumer or family member posts a positive comment about his/her experience with MRSI, we will respond to the post with a message such as, "Thank you for contacting MRSI. We appreciate your positive feedback. Our goal is to provide quality care to all consumers."

By posting comments on MRSI social media sites, you agree that you will not:

1. Post material that infringes on the rights of any third party, including intellectual property, privacy or publicity rights.
2. Post material that is unlawful, obscene, defamatory, threatening, harassing, abusive, slanderous, hateful or embarrassing to any other person or entity as determined by MRSI.
3. Post advertisements or solicitations of business.
4. Post chain letters or pyramids schemes.
5. Impersonate another person.
6. Post the same note more than once or "spam."

Mercer Residential Services reserves the right to:

1. Remove communications that are abusive, illegal, disruptive, defamatory, harassing, or that otherwise fail to conform to this policy.
2. Block a user's access to a MRSI social media site upon breach of this policy.

Personal Blogs and Social Networking Sites

MRSI respects the right of employees to write blogs and use social networking sites and does not want to discourage employees from self-publishing and self-expression. Employees are expected to follow the guidelines and policies set forth to provide a clear line between you as the individual and you as the employee.

1. Bloggers and commenters are personally responsible for their commentary on blogs and social networking sites. Bloggers and commenters can be held personally liable for commentary that is considered defamatory, obscene, proprietary or libelous by any offended party, not just MRSI.
2. Employees cannot use employer-owned equipment, including computers, company-licensed software or other electronic equipment, nor facilities or company time, to conduct personal blogging or social networking activities.
3. Employees cannot use blogs or social networking sites to harass, threaten, discriminate or disparage against employees or anyone associated with or doing business with MRSI.

4. If you choose to identify yourself as a MRSI employee, please understand that some readers may view you as a spokesperson for MRSI. Because of this possibility, we ask that you state that your views expressed in your blog or social networking area are your own and not those of the company, nor of any person or organization affiliated or doing business with MRSI.
5. Employees cannot post on personal blogs or other sites the name, trademark or logo of MRSI or any business with a connection to MRSI. Employees cannot post company-privileged information, including copyrighted information or company-issued documents.
6. Employees cannot post on personal blogs or social networking sites photographs of other employees, clients, vendors or suppliers, nor can employees post photographs of persons engaged in company business or at company events.
7. Employees cannot post on personal blogs and social networking sites any advertisements or photographs of company services.
8. Employees cannot link from a personal blog or social networking site to MRSI's internal or external web site.

Section III

PRIVACY POLICY

General Statement

MRSI complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the privacy regulations to protect the confidentiality and integrity of confidential protected health information as required by law, professional ethics, and accreditation requirements.

Core Principles

All MRSI officers, employees, and agents shall preserve the integrity and the confidentiality of individually identifiable health information (IIHI) pertaining to each consumer. This IIHI is protected health information (PHI) and shall be safeguarded to the highest degree possible in compliance with the requirements of the security and privacy rules and standards established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

MRSI will not tolerate violations of HIPAA statutory requirements nor its policies and procedures in place to uphold them. Any violation of HIPAA rules or agency policy and procedures shall constitute grounds for disciplinary action up to and including termination, professional discipline and criminal prosecution.

Any officer, employee or agent of MRSI who believes another officer, employee or agent of MRSI has breached MRSI's privacy or security policies and/or procedures or otherwise breached the integrity or confidentiality of consumer or other sensitive information shall immediately report such breach to his or her superior or to the Privacy/Security Officer.

At the discretion of management, MRSI may terminate an employee for the first breach of MRSI's privacy or security policies if the seriousness of the offense warrants such action.

MRSI will not retaliate against nor permit reprisals against any employee who reports a breach to the integrity or confidentiality of consumer or other sensitive information.

All officers, employees, and agents of MRSI are expected to comply and cooperate with MRSI's administration of this Policy.

Workforce Access to PHI

MRSI's privacy officer determines the individual(s), or classes, of the workforce entitled to access a consumer's PHI, as necessary, to accomplish their job duties. Those members of the workforce for MRSI are Executive Director, Area Coordinators, Nursing, Program Coordinators, Direct Service Professionals, Dietary. All other person not fitting under any of these categories, or not granted specific permission by the Privacy Officer, are prohibited from accessing a consumer's PHI.

Business Associate Access

The Privacy Officer determines the individual/entities acting as business associates for

MRSI. Those business associates are permitted to access PHI, as necessary, to accomplish their responsibilities.

PRIVACY OFFICER JOB DESCRIPTION

Purpose of Position

The purpose of the privacy officer position is to assist MRSI in achieving compliance with all health information privacy-related laws and regulations by planning, designing, implementing, enforcing and maintaining privacy policies and procedures for MRSI; and promoting awareness and understanding of the privacy standards and requirements set forth under Federal and State law.

Qualifications

1. Education. Bachelor's Degree or higher level of education.
2. Experience. Two years working in the health care field.
3. Knowledge/Skills. The privacy officer must possess:
 - a. A strong knowledge of the Federal and State laws and regulations governing the privacy of personal health information.
 - b. Strong oral and written communication, planning and problem solving skills.
 - c. An attention to detail, and a high level of motivation, professionalism, trustworthiness, and ethics.

Job Responsibilities

1. Developing, and then distributing to all employees, written privacy policies and procedures that document all areas required by law.
2. Overseeing the implementation of all written privacy policies and procedures.
3. Developing, coordinating, and participating in multifaceted educational and training programs that focus on MRSI's written privacy policies and procedures, and seeking to ensure that all appropriate employees and management are knowledgeable and comply with all aspects of the privacy policies and procedures, as well as pertinent Federal and State standards.
4. Reporting on a regular basis to MRSI's governing body and CEO on the progress of implementation of the written privacy policies and procedures.
5. Periodically revising the written privacy policies and procedures if such changes are warranted by interpretations of or changes in the law.
6. Enforcing compliance with all written privacy policies and procedures even after the initial time of implementation through the use of appropriate sanctions, and other mechanisms.
7. Assisting in determinations regarding whether particular information is subject to Federal protection as "protected health information."

8. Overseeing and monitoring the internal use and external disclosure of personally identifiable health information to ensure that such use or disclosure is done in accordance with all applicable laws and regulations.
9. Assisting in determinations regarding what amount of information constitutes the "minimum amount necessary" with regard to a particular use, disclosure or request.
10. Overseeing and monitoring MRSI's procedure for verifying and authenticating the identity of individuals/entities to whom personally identifiable health information is disclosed.
11. Overseeing and monitoring MRSI's accounting procedures with regard to disclosures of protected health information to ensure that the accounting is comprehensive and maintained accurately.
12. Overseeing and monitoring the distribution of accounting records to ensure that accounting information is provided to individuals within a reasonable time after a request is made by such individuals.
13. Overseeing and monitoring the distribution of written notices to individual consumers to ensure that the notices contain all required information, and are provided timely.
14. Overseeing and monitoring the distribution of written consents to individual consumers to ensure that the consents contain all required information, and are provided timely.
15. Overseeing and monitoring MRSI's procedures with regard to the amending or correcting of personal health information to ensure compliance with all applicable laws and regulations.
16. Reviewing, investigating, and acting on, if necessary, individual complaints regarding any aspect of MRSI's privacy practices.
17. Independently investigating and acting on matters related to health information privacy, including the flexibility to design and coordinate internal investigations (e.g., responding to reports of problems or suspected violations) and any resulting corrective action (e.g., making necessary improvements to MRSI's policies and practices, taking appropriate disciplinary action, etc.).
18. Ensuring that a contract exists between MRSI and each of its business associates, and that such contract contains all provisions required by law.
19. Periodically reviewing documents, contracts and other information that is relevant to health information privacy to ensure compliance.
20. Assisting with the implementation of administrative, technical and physical safeguards to protect the privacy of personal health information.
21. Overseeing and monitoring MRSI's employees and agents in their day-to-day

activities to check that such individuals are acting in accordance with MRST's various policies, procedures and protocols that pertain to the privacy of health information.

I have read the above job description. I fully understand the conditions set forth therein, and I agree to abide by the description and perform the job accordingly.

Signature

Date

Print Name

Privacy Officer

PRIVACY OFFICER & CONTACT PERSON

MRSI designates its Executive Director as its privacy officer who is responsible for the development and implementation of the privacy policies and procedures of MRSI.

Contact Person

MRSI designates home office secretary as its contact person who is responsible for receiving complaints under this section and who is able to provide further information about matters covered by the notice required by 45 C.P.R. § 164.520.

TRAINING

General Requirement

MRSI trains all members of its workforce on the policies and procedures with respect to protected health information required by this subpart, as necessary and appropriate for the members of the workforce to carry out their function within MRSI, as follows:

1. to each member of MRSI's workforce by no later than the compliance date;
2. Thereafter, to each new member of the workforce within a reasonable period of time after the person joins MRSI's workforce; and
3. To each member of MRSI's workforce whose functions are affected by a material change in the policies or procedures within a reasonable period of time after the material change becomes effective.

Documentation

MRSI documents that the training has been provided.

ADMINISTRATIVE REQUIREMENTS

Safeguards

MRSI effects appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information that are designed to reasonably protect information from any intention or unintentional use or disclosure that is in violation of the Privacy Rule. These efforts include reasonably safeguarding health information to limit incidental uses or disclosures made pursuant to an otherwise permitted or required use or disclosure.

Complaints to MRSI

1. MRSI provides a process for consumers to make complaints concerning its privacy policies and procedures or its compliance with such policies and procedures or the requirements of the Privacy Rule.
2. MRSI documents all complaints received, and their disposition, if any.

Sanctions

MRSI applies appropriate sanctions against members of its workforce who fail to comply with the privacy policies and procedures of MRSI or the requirements of the Privacy Rule.

This standard does not apply to a member of MRSI's workforce with respect to actions that are covered by and that meet the conditions of whistleblowing or taking any of the actions noted in the section on retaliation discrimination below.

1. MRSI documents the sanctions that are applied, if any.

Mitigation

MRSI mitigates, to the extent practicable, any harmful effect that is known to MRSI of a use or disclosure of protected health information in violation of its policies and procedures or the requirements of the Privacy Rule by MRSI or its business associates.

Refraining from Intimidating or Retaliatory Acts

MRSI does not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against

1. *Individuals*. Any individual for the exercise by the individual of any right under, or for participation by the individual in any process established by the Privacy Rule, including the filing of a complaint;
2. *Individuals and others*. Any individual or other person for:
 - a) Filing of a complaint with the Secretary;
 - b) Testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing; or
 - c) Opposing any act or practice made unlawful by this subpart, provided the individual or person has a good faith belief that the practice opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of protected health information in violation of this subpart.

Waiver of Rights

MRSI does not require individuals to waive their rights under the Privacy Rule as a condition of the provision of treatment.

Policies and Procedures

Implementing policies and procedures.

1. MRSI implements policies and procedures with respect to protected health information that are designed to comply with the standards, implementation specifications, or other requirements of the Privacy Rule.
2. MRSI's policies and procedures are reasonably designed, taking into account the size of and the type of activities that relate to protected health information undertaken by MRSI, to ensure such compliance.

Changing policies and procedures.

MRSI will change its policies and procedures as necessary and appropriate to comply with changes in the law.

1. Whenever there is a change in law that necessitates a change to MRSI's policies or procedures, MRSI documents and implements the revised policy or procedure.
2. If the change in law materially affects the content of the Notice of Information Practices, MRSI makes the appropriate revisions to the notice.
3. When MRSI changes a privacy practice that is stated in the Notice of Information Practices, and makes corresponding changes to its policies and procedures, it makes the changes effective for protected health information that it created or received prior to the effective date of the notice revision, as MRSI has included in the notice a statement reserving its right to make such a change in its privacy practices.

Documentation

General Requirements

MRSI:

1. maintains the policies and procedures noted above in written or electronic form;
2. If a communication is required by the Privacy Rule to be in writing, it maintains such writing, or an electronic copy, as documentation; and
3. If an action, activity, or designation is required by the Privacy Rule to be documented, maintains a written or electronic record of such action, activity, or designation.

Retention Policy

MRSI retains the documentation for six (6) years from the date of its creation or the date when it last was in effect, whichever is later. The documents retained under this policy include:

1. All policies and procedures created with the purpose of complying with the Privacy Rule, whether in written or electronic form, including any updates, revisions, or changes made to policies and procedures.
2. A consumer's request for restrictions on the use or disclosure of his or her health information, and any written agreements made pursuant to such requests.
3. Business associate agreements.
4. Consent forms.
5. Authorization forms.
6. Samples of all written notices, memoranda, and letters that are issued regarding MRSI's privacy policies.
7. Communications and disclosures such as court orders, subpoenas, administrative orders, etc., whether in written or electronic form, that provide the basis for a

disclosure.

8. An accounting of all disclosures of health information, and any written accountings of health care disclosures that are provided to individuals upon their request
9. Documents relating to requests for amendment and/or correction of health information, and if appropriate, denials of such requests and the reasons supporting such determinations, as well as any subsequent documentation relating to such requests.
10. Complaint, received and any written responses thereto.
11. All of its privacy forms

USE & DISCLOSURE OF HEALTH INFORMATION

MRSI respects the importance of its consumers' personal privacy, and understands the sensitive nature of its consumers' health information. MRSI also recognizes that Federal and State laws require that individually identifiable health information must be safeguarded against improper use or disclosure. It is MRSI's policy not to use or disclose a consumer's health information except as permitted by law, and to adopt safeguards to protect the confidentiality of its consumers' health information.

Definitions

Health Information. As used in this policy, "health information" shall mean information that is created or received by MRSI that (1) relates to the past, present, or future physical or mental health or condition of a consumer; the provision of health care to a consumer; or the past, present, or future payment for the provision of health care to a consumer; and (2) that identifies the consumer, or with respect to which there is a reasonable basis to believe that information can be used to identify the consumer.

Disclosure. The release, transfer, provision of access to, or divulging in any other manner of health information outside of MRSI.

Use. The sharing, employment, application, utilization, examination, or analysis of consumer health information within MRSI.

Treatment. The provision, coordination, or management of health care and related services by MRSI, including the coordination or management of health care by MRSI with a third party; consultation with other health care providers relating to a consumer; or the referral of a consumer for health care between MRSI and another health care provider.

Payment. The activities undertaken by MRSI to obtain reimbursement for the provision of health care.

Health Care Operations. Any of the following activities of MRSI:

1. Conducting quality assessment and improvement activities, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; protocol development, case management and care

coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;

2. Reviewing the competence or qualifications of health care professionals, evaluating employee and MRSI performance, conducting training programs under supervision to practice or improve skills, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
3. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
4. Business planning and development, such as conducting cost- management and planning-related analyses related to managing and operating MRSI; and
5. Business management and general administrative activities of MRSI, including, but not limited to:
 - a) Customer service;
 - b) Resolution of internal grievances;
 - c) The sale, transfer, merger, or consolidation of all or part of MRSI with another entity covered by the Privacy Rule, or an entity that following such activity will become an entity covered by the Privacy Rule, and due diligence related to such activity; and
 - d) Creating de-identified health information or a limited data set, and fundraising for the benefit of MRSI.

Workforce. MRSI's workforce includes its employees, agents and volunteers.

Business Associate. A "business associate" is a person or entity who on behalf of MRSI performs, or assists in the performance of, a function or activity involving the use of a consumer's health information, or who provides services to MRSI that require the disclosure of a consumer's health information. Members of MRSI's workforce are not business associates. Examples of business associates are persons or entities that perform the following services to or on behalf of MRSI: claims processing or administration, data analysis, utilization review, quality assurance, billing, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services.

Procedure

General.

Verification. When implementing the procedures noted in this policy, MRSI shall take reasonable steps to verify the identity and authority of the person or entity requesting access to a consumer's health information. Reasonable verification procedures include, but are not limited to: reviewing an identification badge or license; a written statement on letterhead; personal knowledge of the requestor; or knowledge of the place of business, address, telephone number, etc. For purposes of notification of family or friends, MRSI shall assume

a person's involvement in the consumer's care based on the circumstances, such as the fact that they visit the consumer or sign necessary paperwork during the admission process.

Minimum Necessary. When implementing the procedures noted in this policy, MRSI shall make reasonable efforts to ensure that only the minimum amount of information necessary to satisfy the particular purpose of the use or disclosure is provided. Unless the circumstances indicate otherwise, MRSI shall presume that requests from public officials, health care providers, plans and clearinghouses, professional members of MRSI's workforce, business associates, requests for research, requests from the consumer, and requests pursuant to a valid authorization are for the minimum amount of information necessary for the stated purpose.

Release of Entire Medical Record. In general, MRSI will not release a consumer's entire medical record unless the release of the whole record is justified as reasonably necessary to accomplish the purpose of the requested use or disclosure. Unless the circumstances indicate otherwise, MRSI shall presume that requests from public officials, health care providers, plans and clearinghouses, professional members of MRSI's workforce, business associates, requests for research, requests from the consumer, and requests pursuant to a valid authorization for the entire medical record are reasonable. MRSI will release a consumer's file upon discharge to another facility with a properly prepared release.

Use of Health Information for Treatment, Payment or Health

Care Operations.

MRSI's Use and Disclosure.

MRSI may use or disclose a consumer's health Information for its own treatment, payment, or health care operations without consent or authorization from the consumer. At all times, however, MRSI will only use or disclose the minimum amount of health information necessary to accomplish the purpose of the use or disclosure.

Disclosure to Outside Entities.

Treatment. MRSI may disclose a consumer's health information for the treatment activities of another health care provider.

Payment. MRSI may disclose a consumer's health information for the payment activities of another health care provider.

Health Care Operations. MRSI may disclose a consumer's health information for the health care operations of another health care provider only under the following conditions and restrictions:

1. Both MRSI and the other entity must currently have, or in the past have had, a relationship with the consumer;
 - a) The health information must pertain to the relationship between the entity and the consumer; and
 - b) The disclosure must be for one of the following purposes:

2. Quality assessment and improvement activities;
3. Population-based activities relating to improving health or reducing health care costs;
 - a) Case management and care coordination;
 - b) Conducting training programs;
 - c) Accreditation, licensing, or credentialing activities; or
 - d) Health care fraud and abuse detection or compliance.
4. Workforce access to medical record. The following classes of MRSI's workforce shall have access to a consumer's entire medical record, as needed, in order to accomplish their job duties: Executive Director, Area Coordinator, Home Manager, Community Support Coordinator, Direct Service Professionals, Nurses, and Dietary Staff. In addition, the following classes of business associates and health care professionals, and their employees and agents, shall have access to the entire medical record, as needed, to accomplish their duties: ambulance providers, laboratories, pharmacies, radiology providers, physicians, podiatrist, dentists, therapists, oxygen suppliers, audiologists, dialysis providers, optometrists, psychiatrists, and psychologist. The supervisor, in conjunction with the Privacy Officer, may grant permission for other persons or classes of persons/entities to access a consumer's medical record for the purposes of treatment. All persons, classes of persons, or entities that are not listed above in this policy and who do not have specific permission from the Executive Director shall not access a consumer's medical record.

Accounting of disclosures. MRSI does not need to keep an accounting of any disclosures made for treatment, payment or health care operations.

Notice with Opportunity to Agree/Object.

General. MRSI may use or disclose health information without the written authorization of the consumer for use in a MRSI directory or for notification purposes to family members or friends provided that the consumer is informed in advance of the use or disclosure and has the opportunity to agree to or prohibit or restrict the disclosure or use.

Family and friends. Subject to the conditions below, MRSI may disclose to a family member, other relative, close personal friend, or any other person identified by the consumer, health information

- that is directly relevant to that person's involvement with the consumer's care or payment for that care; and
- to notify such person of the consumer's location, general condition, or death.
- Conditions if the consumer is present. If the consumer is present for or otherwise available prior to, a permitted disclosure, then MRSI may use or disclose the health information if it:
 - obtains the consumer's agreement;
 - provides the consumer with an opportunity to object to the disclosure, and

- the consumer does not express an objection; or
- reasonably infers from the circumstances, based on the exercise of professional judgment that the consumer does not object to the disclosure.

Conditions if the consumer is not present or is incapacitated. If the consumer is not present, in an emergency, or the opportunity to agree/object to the use or disclosure cannot practicably be provided because of the consumer's incapacity, MRSI may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the consumer, and, if so, disclose only the protected health information that is directly relevant to the person's involvement with the consumer's health care.

Verification. MRSI does not need to verify the identity of relatives or other individuals involved in the consumer's care. MRSI may rely on the circumstances as verification of involvement in care. For example, the fact that a person admits a consumer to MRSI and visits regularly is verification of involvement in the consumer's care.

MRSI directory

Permissible use. Except when an objection is expressed, MRSI may use the following information to maintain a directory of consumers in MRSI:

- The consumer's name.
- The consumer's location in MRSI.
- The consumer's condition described in general terms that does not communicate specific medical information about the consumer, e.g., fair, critical, stable, etc.
- The consumer's religious affiliation.

Release upon request. MRSI may disclose any of the previous four elements to clergy, and may release all of the information except for religious affiliation to anyone else who inquires about the consumer by name. Note that the information in MRSI directory may only be released upon request, thus the directory may not be posted in a publicly viewed area.

Consumer incapacity or emergency. If the opportunity to agree or object cannot practicably be provided because of the consumer's incapacity or in an emergency, then MRSI may use some or all of the information permitted above in a MRSI directory, if such disclosure is:

- consistent with a prior expressed desire of the consumer, if any, that is known to MRSI;
- or in the consumer's best interests as determined by MRSI in the exercise of professional judgment. MRSI must inform the consumer and provide an opportunity to object to any uses or disclosures when it becomes practicable to do so.

Notice. MRSI shall notify consumers that it will use a consumer's health information for MRSI's directory and their right to object to such use, in the Notice of Privacy Practices.

Accounting of disclosures. MRSI does not need to keep an accounting of disclosures made to a MRSI directory or for notification purposes as noted above.

Authorization.

All releases of a consumer's health information not permitted when notice to agree or object

is provided, or otherwise permitted/required by law, shall require the consumer's authorization. The following protocol shall be followed with regard to consumer authorizations:

1. Authority to release health information. Only the Administrator or Privacy Officer may give permission for the release of a consumer's health information pursuant to an authorization by the consumer and/or his/her legal representative.
2. Authorization form must be used. All requests for a consumer's health information must be made in writing, and must be made using MRSI's approved "Authorization for the Release of Health Information" (hereinafter, "Authorization").
3. Notify the Privacy Officer. The Privacy Officer is to be notified of the receipt of any completed Authorization or other request for health information.
4. Review the Authorization for completeness. Upon the receipt of an Authorization, MRSI shall review it to ensure that all sections of the form have been filled out completely and accurately. Note that the spaces on the Authorization must be initialed by the requestor; check marks or other indicators are not acceptable. If the form is incomplete, then MRSI shall return it to the requestor noting the areas that need to be completed in order to process the records request.
5. Verify the legal right of the requestor to the records. Health information regarding a consumer who is still living will only be released to the following persons:
 - a) The consumer.
 - b) The consumer's attorney-in-tact under a Power of Attorney (DPAHC). MRSI shall verify this assertion by reviewing a copy of the power of attorney. MRSI will not assume that the mere existence of a power of attorney grants a person the right to obtain medical information from the consumer's record. The power of attorney must grant the attorney-in-fact the power to obtain copies of the consumer's health information.
 - c) The consumer's attorney-in-fact under a Durable Power of Attorney for Health Care (DPAHC). MRSI shall verify this assertion by reviewing a copy of an executed "State of Ohio Durable Power of Attorney for Health Care" form. Section 3(c) of that form states that the attorney-in-fact has the right to review MRSI medical records for the consumer named on the form. Section 3(c) of that form states that the attorney-in-fact has the right to review MRSI medical records for the consumer named on the form when the form is effective, i.e., when the consumer has been determined by his/her attending physician to lack the capacity to make health care decisions for himself/herself and has documented that fact in the medical record
 - d) The consumer's legal guardian. MRSI shall verify this assertion by reviewing a copy of the designation of guardianship from the probate court of the county in which MRSI is located.
 - e) A person who has been specifically authorized by the consumer or his/her legally authorized representative to obtain the health information. A consumer may

grant a person access to their health information by signing and dating a document that specifically grants a person the right to access his/her health information. When reviewing such a document, MRSI will make sure that there is no time limit to the authorization and that it was dated prior to any incompetency of the consumer. If a legal representative of the consumer has executed this form, then in addition MRSI shall review the underlying document providing the legal representative the legal right to the consumer's health information.

f) The ombudsman under certain circumstances. Under Ohio law, a representative of the state long-term care ombudsman program may have access to a consumer's records that is reasonably necessary for the investigation of a complaint if consent has been given. Consent may be given in the following ways:

- In writing by the consumer;
- Orally by the consumer, witnessed in writing at the time consent is given by one other person plus an employee of MRSI;
- In writing by the guardian;
- In writing by the attorney-in-fact (if the consumer has authorized the attorney-in-fact to give such consent); and
- In writing by the executor or administrator of the estate of a deceased consumer.
- If the representative from the ombudsman's office insists on reviewing records in the absence of an open investigation or without consent, then he/she is to be referred to the Administrator.

Release of a deceased consumer's health information.

All of the legal rights to the consumer's health information noted above cease on the consumer's death, and MRSI may only release such information to the consumer's estate. Thus, MRSI shall only release the health information of a deceased consumer to the executor or administrator of the consumer's estate after receiving a copy of a valid probate court appointment.

Timeliness of access.

Records are on-site. If the requested information is maintained or accessible on-site at MRSI, then MRSI will provide access to the requested information within thirty (30) days of receiving the request.

Records are off-site. If the requested information is not maintained or accessible on-site at MRSI, then MRSI will provide access to the requested information within sixty (60) days of receiving the request.

1. Extension of deadline. If MRSI is unable to act on a request within the applicable deadline noted above, then it may extend the deadline by no more than 30 days by providing the person making the request with a written statement of the reasons for the delay and the date by which it will complete action on the request. This written statement describing the extension must be provided within the standard deadline. MRSI may only extend the deadline once per request for access.

2. Access & making copies of health information.

Format of information requested. MRSI will provide the requestor with access to the requested health information in the form or format requested, if it is readily producible in such form or format; or if not, then in a readable hard copy form, or such other form or format agreed to by MRSI and the requestor.

Inspection and copying. MRSI will arrange for a convenient time and place to inspect or obtain a copy of the protected health information, or mail a copy of the protected health information requested. MRSI may discuss the scope, format, and other aspects of the request for access with the requestor as necessary to facilitate the timely provision of access

Payment of copying costs. MRSI shall charge a reasonable fee for paper copies as set forth in State law, the actual cost of making the copy for information that is stored electronically, and the actual cost of any postage incurred for requests by the consumer or his/her legal representative. No fee will be charged for collection and preparation of the copies.

Copies are picked up. If a person picks up the copies of the health information that have been made at MRSI, then he/she shall pay the copying costs at that time. MRSI shall obtain a signed receipt from the person as evidence that the records were delivered.

Copies are sent. If person requests copies of the health information be made and sent to him/her, then MRSI shall determine the number of pages of medical records requested, and the shipping costs associated with sending the records to the requestor. MRSI shall notify the requestor of the cost for such records. Upon receipt of payment in full of the costs of copying and shipping the requested records, MRSI shall send the records to the requestor by certified mail, return receipt requested.

Maintenance of a copy of all records that leave MRSI. MRSI shall keep an exact copy of all records provided to the requestor along with the Authorization requesting the records. The copies of the records shall be filed in a secure location accessible only to the Administrator and Privacy Officer.

Summary of information rather than access. MRSI may provide the requestor with a summary of the health information requested, in lieu of providing access to the protected health information or may provide an explanation of the health information to which access has been granted if:

- the requestor agrees in advance to such a summary or explanation; and
- the requestor agrees in advance to the fees imposed, if any, by MRSI for such summary or explanation.

Accounting of Disclosures. MRSI does not need to keep an accounting of disclosures made pursuant to an Authorization.

Business Associates. MRSI shall enter into a written agreement with a business associate prior to releasing any consumer's health information to the business associate. At a minimum, the agreement must provide that that business associate will:

1. Not use or further disclose the information other than as permitted or required by the

agreement or as required by law.

2. Use appropriate safeguards to prevent the use or disclosure of information other than as provided for by the agreement.
3. Report to MRSI any use or disclosure of the information of which it becomes aware that is not covered by the agreement.
4. Ensure that any agents of the business associate agree to the same restrictions and conditions that apply to the business associate.
5. Make protected health information available for access and amendment as required by MRSI.
6. Make protected health information available as required to provide an accounting of disclosures.
7. Make its internal practices, books and records related to the use and disclosure of protected health information received from or created by or received by the business associate on behalf of MRSI available to the Secretary of the Department of Health and Human Services for purposes of determining MRSI's compliance with the business associate agreement requirement of HIPAA.
8. At termination of the agreement, if feasible, return or destroy all protected health information received from or created by or received by the business associate on behalf of MRSI that the business associate maintains in any form and retain no copies of such information; or if such return or destruction is not feasible, then extend the protections of the contract to the information and limit further uses or disclosures to those purposes that make the return or destruction of the information infeasible.
9. The agreement must authorize MRSI to terminate the agreement if MRSI determines that the business associate has violated a material term of the agreement.

MRSI shall use a standard business associate agreement that has been approved by its Board of Directors. Any revisions to the standard business agreement must be approved by MRSI's Board of Directors prior to execution of the agreement.

Other Uses or Disclosures. Any uses or disclosures of a consumer's health information that are not addressed in section (A) through (D) of this policy shall only occur with the approval of the Privacy Officer. Such other uses and disclosures may include, but are not limited to, uses and disclosures for the following purposes:

1. As required by law
2. For public health activities
3. About victims of abuse, neglect or domestic violence, such as reports to ODMRIDD
4. For health oversight activities, such as complaint surveys
5. For judicial and administrative proceedings, such as in response to subpoenas

6. For law enforcement purposes
7. Notification of coroners
8. Notification of funeral directors
9. For cadaveric organ, eye or tissue donation purposes
10. For research purposes
11. To avert a serious threat to health or safety
12. For specialized government functions, such as releases for military or veteran's activities, national security or intelligence activities, or use by a prison
13. For workers' compensation
14. Disclosures of de-identified information

Denial of Access to Health Information.

MRSI may restrict a consumer's right to inspect and obtain a copy of his/her health information in the instances noted below. The Privacy Officer must authorize any denials of access to health information.

State law may impose restrictions on the access to information by consumers. In particular, many States have different thresholds for restricting access to information concerning a mental health patient. State law should be considered in forming an appropriate policy.

Denials without a right of review. MRSI may deny a consumer access to records that contain his/her health information without providing the consumer an opportunity for review, i.e., without an appeal, when:

1. The consumer requests copies of psychotherapy notes. (Psychotherapy notes are notes recorded (in any medium) by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session. The following are excluded from the definition of psychotherapy notes: medication prescription and monitoring, counseling 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.
2. The consumer requests information compiled in anticipation of use in a civil, criminal or administrative action or proceeding.
3. The health information is subject to the Clinical Laboratory Improvement Amendments (CLIA) of 1988.
4. The consumer agreed to a temporary denial of access when consenting to participate in research that includes treatment and the research is not complete.
5. The health information was obtained from someone other than a health care provider under the promise of confidentiality and access would likely reveal the source of the

information.

Denials with a right of review. MRSI may deny a consumer access to records that contain his/her health information, but must provide the consumer the right to have such denials reviewed, in the following circumstances:

1. MRSI has determined that the access is likely to endanger the life or physical safety of the consumer or another person.
2. The health information makes reference to another person who is not a health care provider, such as another consumer, and a licensed health care professional has determined that the access requested is likely to cause substantial harm to such other person.
3. The request for access is made by a consumer's personal representative, and a licensed health care professional has determined that access is likely to cause substantial harm to the consumer or another person.

Requirements if access is denied. If access is denied, in whole or in part, for one of the reasons noted in section (G) (2) above, then MRSI shall do the following:

To the extent possible, give the consumer access to any other health information requested, after excluding the health information as to which MRSI has a ground to deny access.

1. Provide a timely, written denial to the consumer. The denial will be in plain language and contain:
 - the basis for the denial;
 - if applicable, a statement of the consumer's review rights, including a description of how the consumer may exercise those rights; and
 - a description of how the consumer may complain to MRSI or to DHHS. The description will contain the name, or title, telephone number or office of the designated privacy contact person for MRSI.
2. If MRSI does not maintain the health information requested, and MRSI knows where the information is maintained, MRSI will then inform the consumer where to direct his/her request.
3. If the consumer has requested a review of the denial, MRSI will designate a licensed health care professional, who did not participate in the original decision to deny, to act as a reviewing official. MRSI will promptly refer a request for review to the reviewing official. The designated reviewing official will determine, in a reasonable amount of time, whether or not to deny the access based on the standards noted in this section (G). MRSI will promptly provide written notice to the consumer of the determination of the designated reviewing official, and take other action as is necessary to implement the designated reviewing official's determination.

Privacy Officer Responsibility. The Privacy Officer shall be responsible for overseeing the implementation of the steps in this policy and procedure, including the following:

1. Ensuring that the Notice of Privacy Practices adequately discusses MRSI's use and disclosure policies.

2. Designing and updating, as appropriate, the Authorization form, as well as any standard forms developed to be used for the use and disclosure of health information.
3. Reviewing any requests for a consumer's health information pursuant to an Authorization, determining whether to deny a consumer access to health information, and responding in the required time frames.
4. Notifying the Administrator of any requests that he/she receives for a cop of the consumer's health information, and informing the Administrator of decisions to grant or deny access to health information.

VERIFICATION OF IDENTITY & AUTHORITY OF PERSONS REQUESTING PROTECTED HEALTH INFORMATION

45 C.F.R § 164.514(h)

MRSI makes reasonable inquiry to verify the identity and authority of the requestor of health information when MRSI does not know the person requesting the information. The knowledge of the person may take the form of a known place of business, address, phone or fax number, as well as a known human being.

Where documentation, statements or representations, whether oral or written, from the person requesting the information is a condition of disclosure under the Privacy Rule or another law, the verification must involve obtaining such documentation, statement or representation. Additional verification would only be required where law specifically requires additional proof of authority or identity.

Additional proof is required where the request is made for national security purposes. Where the person making the request is a public official, MRSI verifies identity of the requestor by examination of reasonable evidence, such as a written statement of identity on agency letterhead, an identification badge, or similar proof of official status.

MRSI verifies the legal authority supporting the request for information by examination of reasonable evidence, such as a written request on agency letterhead that describes the legal authority for requesting the release.

COMMUNICATIONS WITH FAMILY AND FRIENDS

General Rule

In general, MRSI may use or disclose protected health information to family and friends involved in the consumer's care without the written consent or authorization of the consumer provided that the consumer is informed in advance of the use or disclosure and has the opportunity to agree to or prohibit or restrict the disclosure or use.

Permitted Disclosures

Subject to the conditions below, MRSI may disclose to a family member, other relative, close personal friend, or any other person identified by the consumer, protected health

information (a) that is directly relevant to that person's involvement with the consumer's care or payment for that care; and (b) to notify such person of the consumer's location, general condition, or death.

Conditions If The Consumer Is Present

If the consumer is present for, or otherwise available prior to, a permitted disclosure, then MRSI may use or disclose the protected health information if it: (a) obtains the consumer's agreement; (b) provides the consumer with an opportunity to object to the disclosure, and the consumer does not express an objection; or (c) reasonably infers from the circumstances, based on the exercise of professional judgment, that the consumer does not object to the disclosure.

Conditions If The Consumer Is Not Present Or Is Incapacitated

If the consumer is not present for, or the opportunity to agree/object to the use or disclosure cannot practicably be provided because of the consumer's incapacity, or in an emergency, then MRSI may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the consumer, and, if so, disclose only the protected health information that is directly relevant to the person's involvement with the consumer's health care.

MINIMUM NECESSARY

General Rule

MRSI makes reasonable efforts to use or disclose, or to request from another covered entity, only the minimum amount of protected health information required to achieve the purpose of the particular use or disclosure in implementing this standard MRSI:

1. Categorizes access in the workforce. MRSI identifies those persons or classes of persons, as appropriate, in its workforce who need access to protected health information to carry out their duties; and for each person or class identified, identifies the category or categories of protected health information to which access is needed and any conditions appropriate to such access.
2. Routine disclosures & requests. For any type of disclosure or request that is made on a routine and recurring basis, MRSI's policies and procedures limit the protected health information disclosed or requested to the amount reasonably necessary to achieve the purpose of the disclosure or request.
3. Non-routine disclosures & requests. For all non-routine disclosures or requests, MRSI's criteria limit the protected health information disclosed or requested to the information reasonably necessary to accomplish the purpose for which disclosure is sought or request is made and it reviews requests for disclosure on an individual basis in accordance with such criteria.

MRSI does not use, disclose or request an entire medical record, except when the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure or request.

Reasonable Reliance on Requests

MRSI may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose when:

1. Public officials. Making permitted disclosures to public officials, if the public official represents that the information requested is the minimum necessary for the stated purpose(s).
2. Covered entities. The information is requested by another covered entity.
3. Professional workforce members & business associates. The information is requested by a professional who is a member of the workforce or is a business associate of MRSI, if the professional represents that the information requested is the minimum necessary for the stated purpose(s).
4. Research. Making permitted disclosures for research purposes.

AUTHORIZATION

In General, MRSI must obtain a written authorization for the use or disclosure of health information that is not authorized to be released by law, or subject to release pursuant to notice and an opportunity to object. The need for a written authorization typically arises when a person or entity requests an individual's medical records for a purpose other than treatment, payment, or health care operations.

Valid Authorization

In general, a valid authorization must be written in plain language and contain the following elements, as applicable, and may contain any additional information that is not inconsistent with the following:

1. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion. There are no limitations on the information that can be authorized for disclosure.
2. The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
3. The name or other specific identification of the person(s), or class of persons, to whom MRSI may make the requested use or disclosure.
4. A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of purpose.
5. An expiration date or an expiration event that relates to the consumer or the purpose of use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a

research database or research repository.

6. A statement of the consumer's right to revoke the authorization in writing and either (a) the exceptions to the right to revoke, together with a description of how the consumer may revoke the authorization, or (b) a reference to MRSI notice of privacy practices if that notice contains information regarding the right to revoke and how to revoke an authorization.
7. A statement that information used or disclosed pursuant to the authorization may be subject to disclosure by the recipient and no longer protected by the Privacy Rule.
8. A statement that MRSI will not condition treatment on whether a consumer signs an authorization, except for in the following two instances: (a) the authorization is for the provision of research- related treatment, or (b) the authorization is for the sole purpose of creating protected health information for disclosure to a third party.
9. A signature of the consumer and a date.
10. If the authorization is signed by a personal representative of the consumer, a description of such representative's authority to act for the consumer.
11. All of the foregoing determinations of validity are made by the privacy officer or his/her assignee.

Defective Authorization

1. An authorization is not valid if the document submitted has any of the following defects:
2. The expiration date has passed, or the expiration event is known by MRSI to have passed.
3. The authorization has not been filled out completely, *i.e.*, one of the elements noted above under "valid authorization" is missing or not completed.
4. MRSI knows that the authorization has been revoked.
5. MRSI knows that any material information in the authorization is false.
6. The authorization is a prohibited compound authorization. That is, generally an authorization may not be combined with any other document, including any other written legal permission from the consumer.
7. The authorization unlawfully conditions treatment on the signing of the authorization.

Revocation of Authorization

A consumer may revoke an authorization, but the revocation must be in writing. The revocation will not be effective to the extent that MRSI has taken action in reliance on an authorization.

MRSI Requests Authorization

MRSI requests an authorization for its own use or disclosure of protected health information that it maintains, then it provides the consumer with a copy of the signed authorization.

Documentation

MRSI documents and retains any signed authorizations.

Marketing

MRSI obtains an authorization for any use or disclosure of protected health information for "marketing" except if the communication is in the form of a face- to-face communication made by MRSI to a consumer, or a promotional gift of nominal value provided by MRSI.

BUSINESS ASSOCIATES

Background

The HIPAA Privacy Rule only authorizes the Department of Health and Human Services (DHHS) to regulate health plans, health care clearinghouses, and health care providers (covered entities). DHHS does not have the ability to directly regulate persons or entities that do not fall into one of those three categories and that receive protected health information from a covered entity. For example, DHHS has no direct authority to prevent a transportation company who takes MRSI's consumers to a vocational center from releasing confidential information that that company must be made aware of in order to address any health care emergencies during transport.

DHHS solves this shortcoming in its regulatory authority by requiring covered entities to enter into agreements with outside persons or entities to which they release protected health information (or who use or disclose protected health information on behalf of a covered entity). Thus, DHHS passes its regulatory authority downstream to these "business associates" of covered entities.

MRSI Responsibility for Business Associate Actions

Actions taken by a business associate relating to protected health information are considered, for purposes of the Privacy Rule, to be actions of MRSI. Therefore, MRSI may be subject to sanctions for the actions of its business associates. However, MRSI is subject to sanctions only if it has knowledge of the wrongful activity and fails to take the required actions to address the wrongdoing.

If MRSI knows of a pattern of activity constituting a breach by the business associate, then it must take reasonable steps to cure the breach. If MRSI is unsuccessful, then it must either terminate the relationship, if feasible, or report the breach to DHHS. If MRSI fails to take such actions when it knows of a breach, then the violation will be considered MRSI's and it may face penalties. DHHS stated in the commentary to the December 2000 rule that it would consider that a covered entity knew of the violation if it had "substantial and credible evidence" of a violation. Thus, mere hearsay or suspicion would not be enough to trigger penalties against MRSI, but may lead MRSI to further investigate the veracity of such information.

Definition of "Business Associate"

The business association occurs when the right to use or disclose the protected health information belongs to the covered entity [*i.e.*, MRSI], and another person is using or disclosing the protected health information (or creating, obtaining and using the protected health information) to perform a function or activity on behalf of the covered entity. The definition of "business associate" specifically excludes a member of MRSI's workforce.

The key to the definition of a business associate is that services must be provided "*on behalf* of the covered entity." Thus, when MRSI discloses protected health information to a health plan for payment purposes, no business associate relationship is established. While MRSI may have an agreement to accept discounted fees as reimbursement for services provided to health plan members, neither entity is acting on *behalf* of the other. Similarly, when a physician has privileges at MRSI, neither party to the relationship is a business associate based solely on the staff privileges because neither party is providing services on *behalf* of the other. However, if a party provides services to or for the other, a business associate relationship may arise with regard to those services.

The Rule specifies two classes of specified services that may create a business association. The first set of services includes claims processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and repricing. The second set of specified services includes legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to whom protected health information is disclosed.

Requirement of Written Agreement

MRSI enters into a written agreement with any business associate to whom protected health information is released that defines the permitted and required uses and disclosures by the business associate. The agreement may not authorize the business associate to disclose health information in a way that would violate the Privacy Rule if done by MRSI. However, the agreement may permit the business associate to: (a) use and disclose protected health information for the proper management and administration of the business associate to carry out its legal duties, and (b) provide data aggregation services relating to the health care operations of MRSI.

1. The agreement must provide that the business associate will:
2. Not use or further disclose the information other than as permitted or required by the agreement or as required by law.
3. Use appropriate safeguards to prevent the use or disclosure of information other than as provided for by the agreement.
4. Report to MRSI any use or disclosure of the information of which it becomes aware that is not covered by the agreement
5. Ensure that any agents of the business associate agree to the same restrictions and conditions that apply to the business associate.
6. Make protected health information available for access and amendment as required by MRSI.

7. Make protected health information available as required to provide an accounting of disclosures.
8. Make its internal practices, books and records related to the use and disclosure of protected health information received from or created by or received by the business associate on behalf of MRSI available to the Secretary of the Department of Health and Human Services for purposes of determining MRSI's compliance with the business associate agreement requirement of HIPAA.
9. At termination of the agreement, if feasible, return or destroy all protected health information received from or created by or received by the business associate on behalf of MRSI that the business associate maintains in any form and retain no copies of such information; or if such return or destruction is not feasible, then extend the protections of the contract to the information and limit further uses or disclosures to those purposes that make the return or destruction of the information is not feasible.
10. The agreement must authorize MRSI to terminate the agreement if MRSI determines that the business associate has violated a material term of the agreement.

MRSI DIRECTORY

45 C.F.R §164.510(a)

General Rule

MRSI may use or disclose protected health information without the written consent or authorization of the consumer for use in a MRSI directory provided that the consumer is informed in advance of the use or disclosure and has the opportunity to agree to or prohibit or restrict the disclosure or use.

Procedure

Except when an objection is expressed, MRSI may use the following information to maintain a directory of individuals in MRSI:

1. The consumer's name.
2. The consumer's location in MRSI.
3. The consumer's condition described in general terms that does not communicate specific medical information about the consumer, e.g., fair critical, stable, etc.
4. The consumer's religious affiliation.

MRSI may disclose any of the previous four elements to clergy, and may release all of the information except for religious affiliation to anyone else who inquires about the consumer by name.

If the opportunity to agree or object cannot practicably be provided because of the consumer's incapacity or in an emergency, then MRSI may use some or all of the information permitted above in a MRSI directory, if such disclosure is: (a) consistent with a prior expressed desire of the consumer, if any, that is known to MRSI; or (b) in the

consumer's best interests as determined by MRSI in the exercise of professional judgment. MRSI informs the consumer and provides an opportunity to object to any uses or disclosures when it becomes practicable to do so.

FUNDRAISING

45 C.F.R. §164.514(t)

MRSI may use or disclose to a business associate or an institutionally related foundation demographic information (name, address, age, gender and insurance status) relating to a consumer and the dates that health care were provided to the consumer for the purpose of raising funds for itself without an authorization from the consumer.

MRSI included a statement in its Notice of Privacy Practices that it may contact the consumer to raise funds for MRSI.

MRSI includes in any fundraising materials that it sends to a consumer a description of how the consumer may opt out of receiving any further fundraising communications. It also makes reasonable efforts to ensure that consumers who decide to opt out of receiving future fundraising communications are not sent such communications.

NOTICE OF PRIVACY PRACTICES DISSEMINATION

General Rule

It is the policy of MRSI to disseminate a written notice to all consumers that addresses its policies and procedures with respect to the treatment, use and disclosure of individually identifiable health information and with respect to MRSI's legal duties with respect to such information (a "Notice of Privacy Practices").

The Notice of Privacy Practices shall include all elements and statements that are required by law. In summary, the Notice shall inform the consumers about the potential uses and disclosures of their health information, as well as their rights with respect to that information, including: (1) a description of each of the purposes for which MRSI is permitted to disclose their health information, including, for example, treatment, payment, and health care operations; and (2) a description of when written authorization is required before MRSI may disclose the individual's health information in other instances.

Procedure

MRSI will provide the Notice of Privacy Practices at the time of admission or when service is first provided to the individual, whichever is first, and obtains written acknowledgment of receipt of the notice.

1. A copy of the Notice of Privacy Practices will be kept in the consumer's medical record, or the Notice's form number or effective date will be recorded.
2. MRSI will provide a copy of the Notice of Privacy Practices to consumers and to any other person upon request.
3. MRSI will post a copy of the Notice of Privacy Practices on its bulletin board in the entrance lobby, and on its website.

4. If there is a material change in MRSI's use and disclosure policy that affects the rights of consumers, legal duties imposed, or the practices of MRSI, then a new Notice of Privacy Practices will be posted on MRSI's bulletin board and on its web site. Material changes will not be implemented until a revised notice has been posted by MRSI. Updated Notices will not be provided to consumers, but will be made available upon request.
5. MRSI's Privacy Officer shall be responsible for ensuring that written notices are received and posted in accordance with this policy, and for keeping copies of the notices posted and any revisions thereto.

RIGHT TO INSPECT AND COPY PHI

General Rule

In general, a consumer has the right to inspect and obtain a copy of their protected health information. There are certain instances, however, where MRSI may deny a consumer such access.

Reasons for Denying Access

MRSI may deny a consumer access to records that contain their protected health information without providing the consumer an opportunity for review, *i.e.*, without an appeal, when:

1. The consumer requests copies of psychotherapy notes.
2. The consumer requests information compiled in anticipation of use in a civil, criminal or administrative action or proceeding.
3. The protected health information is subject to the Clinical Laboratory Improvement Amendments (CLIA) of 1988.
4. The consumer agreed to a temporary denial of access when consenting to participate in research that includes treatment and the research is not complete.
5. The protected health information was obtained from someone other than a health care provider under the promise of confidentiality and access would likely reveal the source of the information.

Right to Have Denial of Access Reviewed

MRSI may deny a consumer access to records that contain their protected health information, but provide the consumer the right to have such denials reviewed, in the following circumstances:

1. A licensed health care provider has determined that the access is likely to endanger the life or physical safety of the individual or another person.
2. The protected health information makes reference to another person who is not a health care provider, such as another consumer, and a licensed health care professional has determined that the access requested is likely to cause substantial

harm to such other person.

3. The request for access is made by a consumer's personal representative, and a licensed health care professional has determined that access is likely to cause substantial harm to the consumer or another person.

Procedure If Access Is Granted

When MRSI decides to grant a requestor access to the protected health Information in whole or in part, then it

1. Provides the requestor with access in the form or format requested, if it is readily producible in such form or format; or if not, then in a readable hard copy form, or such other form or format agreed to by MRSI and the requestor.
2. Alternatively, it may provide the requestor with a summary of the protected health information requested, in lieu of providing access to the protected health information or may provide an explanation of the protected health information to which access has been granted if: (a) the requestor agrees in advance to such a summary or explanation; and (b) the requestor agrees in advance to the fees imposed, if any, by MRSI for such summary or explanation.
3. Arranges for a convenient time and place to inspect or obtain a copy of the protected health information, or mail a copy of the protected health information requested. MRSI may discuss the scope, format, and other aspects of the request for access with the requestor as necessary to facilitate the timely provision of access.

Procedure If Access Is Denied

If access is denied, in whole or in part, then MRSI:

1. Makes other information accessible. To the extent possible, MRSI gives the consumer access to any other protected health information requested, after excluding the protected health information as to which MRSI has a ground to deny access.
2. Provides a Written denial. MRSI provides timely, written denial to the consumer. The denial is in plain language and contains (a) the basis for the denial; (b) if applicable, a statement of the consumer's review rights, including a description of how the consumer may exercise those rights; and (c) a description of how the consumer may complain to MRSI or to DHHS. The description contains the name, or title, telephone number or office of designated privacy contact person for MRSI.
3. Provides a Notice of alternate location. If MRSI does not maintain the protected health information requested, and it knows where the information is maintained, it informs the consumer where to direct his/her request.
4. Provides a Review of denial. If the consumer has requested a review of the denial, MRSI designates a licensed health care professional to act as a reviewing official, and who did not participate in the original decision to deny. MRSI promptly refers a request for review to the reviewing official. The designated reviewing official determines, in a reasonable amount of time, whether to deny the access based on

MRSI's standards noted above. MRSI promptly provides written notice the consumer of the determination of the designated reviewing official, and take other action as is necessary to implement the designated reviewing official's determination.

Timeliness of Access

MRSI follows this procedure for the following:

1. Records are on-site. MRSI acts on a request for access within thirty (30) days of receiving the request if the information is maintained or accessible on-site.
2. Records are off-site. MRSI acts on a request for access within sixty (60) days of receiving a request if the information is not maintained or accessible on-site.
3. Extension of deadline. If MRSI is unable to act on a request within the applicable deadline, it may extend the deadline by no more than 30 days by providing the person making the request with a written statement of the reasons for the delay and the date by which it will complete action on the request. This written statement describing the extension is provided within the standard deadline. MRSI only extends the deadline once per request for access.

Fees

MRSI may charge a reasonable, cost-based fee for copies requested by individuals or their personal representatives.

Documentation

MRSI maintains documentation of the titles of persons or offices responsible for receiving and processing requests for access by consumers.

ACCOUNTING FOR DISCLOSURES OF HEALTH INFORMATION

General Rule

MRSI shall keep an accounting of disclosures that it makes of a consumer's protected health information for a period of at least six (6) years, and make that information available to consumers or their legally authorized representatives upon request.

MRSI shall not keep an accounting of any disclosures that are made prior to April 14, 2003 or for the following purposes:

1. To carry out treatment, payment and health care operations.
2. To consumers about their protected health information.
3. For MRSI's directory of consumers.
4. To persons involved in the consumer's care or for other notification purposes where the consumer was provided with an opportunity to agree or object.
5. Incident to a use or disclosure otherwise permitted or required by the Privacy Rule.

6. Pursuant to an authorization.
7. As part of a limited data set.
8. For national security or intelligence purposes.
9. Disclosures regarding inmates to law enforcement officials or correctional institutions.

Procedure

1. Notice of right to accounting. MRSI shall notify consumers of their right to receive an accounting of disclosures of their protected health information in the Notice of Privacy Practices. The Notice will inform consumers that MRSI asks that requests for an accounting of disclosures be made in writing and use MRSI's standard form ("Request for an Accounting of Disclosures"). Requests for an Accounting of Disclosures shall be submitted to the Privacy Officer.
2. Request for an accounting.
 - a) By the consumer or his/her legally authorized representative.
 - If a consumer, or his/her legally authorized representative, submits a request for an accounting of disclosures of the consumer's health information and does not use MRSI's standard form, he/she will be asked to document the request in writing using MRSI's Request for an Accounting of Disclosures form.
 - Upon receipt of a Request for an Accounting of Disclosures, MRSI shall review the form and determine whether all information necessary to respond to the request has been provided. If the form has not been completed correctly or information is missing, MRSI will take whatever steps are deemed necessary to complete the form, including returning the form to the requestor with an explanation. If the form has been completed correctly and completely, MRSI shall compile the accounting of disclosures in accordance with the remainder of this policy and procedure.
3. By health oversight agencies or law enforcement officials. MRSI shall document any disclosures made to health oversight agencies or law enforcement officials, except as follows:
 - a) MRSI will temporarily exclude disclosures from an accounting if the health oversight agency or law enforcement official requests that such information be excluded because it would be reasonably likely to impede the agency or official's activities.
 - b) If the request from the agency or official is made in writing, then MRSI shall exclude disclosures made to that agency or official for the time period specifically indicated in the written request. At the end of the specified period, MRSI will include the disclosures made to that

agency or official in an accounting for the consumer.

- c) If the agency or official's statement is made orally, or the written request does not contain a specified time period for exclusion, then MRSI will exclude disclosures to that agency or official for no longer than thirty (30) days from the date of the oral statement or receipt of the written request. If the agency or official subsequently provides a written statement, or modifies the previously submitted request in writing, to include a specified time period, then MRSI shall follow the steps in above. MRSI will record the identity of any person making an oral statement regarding exclusion of disclosures from an accounting.
4. Time period to respond to request. MRSI shall respond to a Request for an Accounting of Disclosures by providing such an accounting within sixty (60) days of the receipt of such a request, unless an extension of time is needed. If MRSI is unable to provide the accounting within the 60-day time frame, then MRSI may extend the time frame by an additional thirty (30) days. If an extension of time is needed, then MRSI shall provide the requestor with a written notice that states the reasons for the delay, and the date by which MRSI will respond to the request. MRSI may only have one extension of time per Request for an Accounting of Disclosures. In no event will MRSI take longer than ninety (90) days to provide a requestor with an accounting.
5. Content of accounting. The accounting of disclosures provided to a requestor shall be made on a standard written form adopted by MRSI, if applicable, and it shall contain the following information, at a minimum:
 - a. The date of the disclosure.
 - b. The name of the entity or person who received the protected health information and, if known, the address of such entity or person.
 - c. A brief description of the protected health information disclosed.
 - d. A brief statement of the purpose of the disclosure that reasonably informs the consumer of the basis for the disclosure, or, in lieu of such a statement: (a) a copy of the consumer's authorization, or (b) a copy of the written request for the disclosure, if any. If during the accounting period, MRSI made multiple disclosures of protected health information to the same person or entity for a single purpose or pursuant to a single authorization, then the accounting may provide: (a) the information noted above for the first disclosure during the accounting period; (b) the frequency, periodicity or number of disclosures made during the accounting period; and (c) the date of the last such disclosure during the accounting period.
6. Fees for accounting. The first accounting provided to a requestor in any twelve (12) month period shall be at no charge. However, for any additional accountings requested by that same individual, MRST shall charge a reasonable fee. The Request for an Accounting of Disclosures shall notify a requestor of the current fees that will be charged.

7. Privacy Officer Responsibility. The Privacy Officer shall be responsible for overseeing the implementation of the steps in this policy and procedure, including the following:
 - Ensuring that the Notice of Privacy Practices adequately discusses a consumer's right to request an accounting of disclosures.
 - Designing and updating, as appropriate, the Request for an Accounting of disclosures form, as well as any standard forms developed to be used for the accounting.
 - Reviewing any requests for an accounting of disclosures and responding in the required time frames.
 - Notifying the administrator of any requests that he/she receives for an accounting of disclosures of health information.
 - Maintaining a copy of all accountings that are prepared by MRSI.

RIGHT TO AMEND MEDICAL RECORD

General Rule

Consumers of MRSI who believe information in their health records is incomplete or incorrect may request an amendment or correction to their record. MRSI will make any requested amendments that are reasonable and factually justified.

1. **Procedure**
2. Requests in writing. Requests for an amendment or correction to medical records must be made in writing, and explain the reasons why the amendment is necessary in sufficient detail for MRSI to be able to respond.
3. Standard form to be used. Whenever possible, a written request for an amendment to the medical record should be made on a standard form developed by MRSI for this specific purpose (the "Request for Amendment to Medical Record"). Forms shall be maintained by [the Privacy Officer], and consumers will be informed at admission of how they may obtain such forms.
4. Notification of right to amend. Consumers will be informed of their right to request an amendment to their medical record in the Notice of Privacy Practices.
5. Responsibility for response to a request. Upon receipt of a Request for Amendment to Medical Record, the Privacy Officer shall forward a copy of the request for amendment to the Director of Nursing (DON). The DON shall be responsible for following up with the author of the contested medical record entry to determine whether the amendment or correction should be made.
6. Time period for a response to a request. MRSI shall respond to a Request for Amendment to Medical Record no later than sixty (60) days after the receipt of the request by the Privacy Officer, unless a time extension is necessary. If an extension

of time is necessary, and then the Privacy Officer shall provide the requestor with a written statement of the reason for the delay, and the date by which the request will be processed. Only one extension of time may be made per request, and the extension may be for no more than thirty (30) days. In no event will MRSI take longer than ninety (90) days to respond to a request for amendment.

7. Amendment granted. If a request for amendment is granted, then the following steps shall be taken by MRSI:
 - a. The DON or his/her designee shall insert the amendment, or provide a link to the amendment at the site of the information that is the subject of the request for amendment.
 - b. The Privacy Officer shall inform the consumer that the amendment is accepted.
 - c. The Privacy Officer shall obtain the consumer's agreement to have MRSI notify relevant persons with whom the amendment needs to be shared.
 - d. Within a reasonable time frame, the Privacy Officer shall make reasonable efforts to provide the amendment to persons identified by the consumer, and persons, including business associates, that MRSI knows have the protected health information that is the subject of the amendment and that may have relied on (or could foreseeably rely on) the information to the detriment of the consumer.
 - e. Amendment denied. If a request for amendment is denied, then the Privacy Officer shall provide the requestor with a written denial that contains the following information:
 - f. The basis for the denial.
 - g. The consumer's right to submit a written statement disagreeing with the denial, and how the consumer may file such a statement.
 - h. A statement that if the consumer does not file a statement of disagreement, the consumer may request that MRSI provide the consumer's request for amendment and the denial with any future disclosures of the protected health information.
 - i. A description of how the individual may complain to MRSJ or the Secretary of the Department of Health and Human Services.
 - j. The name or title and telephone number of the designated contact person who handles complaints for MRSI.

The written denial shall be made on a form prepared by MRSI specifically for this purpose (The "Denial of Request to Amend Medical Record").

8. Statement of disagreement. The Denial of Request to Amend Medical Record shall provide space for the requestor to provide a statement of disagreement. The requestor may file the Denial of Request to Amend Medical Record with the

statement of disagreement completed with the Privacy Officer. In the alternative, a requestor may request that MRSI provide the Request for Amendment to Medical Record and the Denial of Request to Amend Medical Record, or an accurate summary of such information, with any future disclosures of the consumer's health information.

9. Rebuttal to statement of disagreement. MRSI may provide a written rebuttal to the statement of disagreement. If MRSI completes a written rebuttal to the requestor's statement of disagreement, then it shall provide a copy of the written rebuttal to the requestor.
10. Subsequent disclosures. If the requestor submits a statement of disagreement, then MRSI will include the material appended, or an accurate summary of such information, with any subsequent disclosure of the protected health information to which the disagreement relates.

If the requestor does not submit a statement of disagreement, MRSI will include the Request for Amendment to Medical Record and the Denial of Request to Amend Medical Record, or an accurate summary of such information, with any subsequent disclosure of protected health information only if the consumer has requested such action.

When a subsequent disclosure is made using a standard transaction that does not permit the additional material to be included, MRSI will separately transmit the material required.

11. Documentation. The Privacy Officer shall be responsible for establishing systems and protocols to ensure that the contested portion of the medical record is either amended, or identifies the following information is appended to the record or otherwise linked if a denial of a request is made: (a) the individual's request for amendment, (b) MRSI denial of the request, (c) the consumer's statement of disagreement, and (d) MRSI's rebuttal.

INDIVIDUAL'S RIGHTS- REQUEST FOR RESTRICTED USE OR DISCLOSURE

General Requirements

MRSI permits an individual to request that it restrict:

- Uses or disclosures of PII about the individual to carry out treatment, payment, or health care operations;
- Disclosures permitted to those involved in the individual's care.

General Procedure for Handling Requests to Restrict

1. MRSI is not required to agree to the requested restriction.
2. The request is made through completion of MRSI's form.
3. The final decision is made by the Privacy Officer.
 - a. The determination is made in writing.

- b. The individual is provided a copy of the determination.
- c. Restrictions accepted by MRSI will be honored unless;
- d. It is terminated either by MRSI, or by the individual.
- e. In an emergency treatment situation where it is necessary to disclose the information to a health care provider.

Procedure for Termination

1. Individual is contacted by MRSI.
2. Discussion is documented.
3. Written notice is provided to the individual informing him/her of the termination of the restriction.

INDIVIDUAL'S RIGHTS- REQUEST CONFIDENTIAL COMMUNICATIONS

General Requirements

MRSI accommodates any reasonable request for confidential communication. It does not require an explanation of the reason for the request, and it is not necessary for the individual to be in an abusive situation to make a request for confidential communications. MRSI refuses to accommodate a request when the individual has not provided information as to how payment, if applicable, will be handled; if the individual has not specified an alternative address or method of contact.

Procedure

1. Requests must be in writing.
2. Requests are reviewed by the Privacy Officer.
3. The determination regarding the request is documented.
4. If the request is accepted, MRSI documents the alternate means of communication, communicates it to the effected parties, and take reasonable steps to insure future communications are consistent with the request.

COMPLAINTS REGARDING THE USE OR DISCLOSURE OF HEALTH INFORMATION

General Rule

It is the policy of MRSI to protect the privacy of individual health information, and to ensure that such information is used and disclosed appropriately and in accordance with all applicable laws and regulations. It is also the policy of MRSI to permit any concerned person to file a formal complaint without fear of threat or other reprisal by MRSI regarding the use or disclosure of a consumer's health information.

Procedure

1. Notification. Consumers and their representatives will be notified of their right to complain to MRSI or the Department of Health & Human Services in the Notice of Information Practices.

2. Complaints in writing. All complaints made about MRSI's privacy policies or procedures, or its compliance with those policies and procedures or the law, shall be made in writing to Garry Mosier at 419-586-4709. Complaints must be made on MRSI's standard complaint form ("Complaint Regarding Uses or Disclosures of Health Information"), which shall be kept in a place that is accessible to concerned parties.
3. Response to a complaint. Upon receipt of a Complaint Regarding Uses or Disclosures of Health Information form, MRSI shall review the form and determine whether all information necessary to respond to the complaint has been provided. If the form has not been completed correctly or information is missing, MRSI will take whatever steps are deemed necessary to complete the form, including returning the form to the requestor with an explanation. If the form has been completed correctly and completely, MRSI shall substantively review the complaint, and, if appropriate, investigate to determine whether a violation of law or MRSI's policies and procedures has occurred. Following the review and potential investigation, MRSI shall respond to the person making the complaint. For following the review and potential investigation, the person conducting the review will submit his/her findings to the Privacy Officer for final review. The Privacy Officer shall determine the substance and the manner of how MRSI will respond to the complainant.
4. Complaints to DHHS. The designated contact person for privacy issues shall provide information regarding how to file a complaint with the Department of Health and Human Services to anyone who inquires about that information.
5. Privacy Officer Responsibility. The Privacy Officer shall be responsible for overseeing the implementation of the steps in this policy and procedure, including the following:
 - a. Ensuring that the Notice of Information Practices adequately discusses how an individual may complain about MRSI's uses and disclosures of consumer information.
 - b. Designing and updating, as appropriate, the Complaint Regarding Uses or Disclosures of Health Information form, as well as any standard forms developed to be used for the complaint process.
 - c. Reviewing and responding to any complaints made about MRSI's use or disclosure of consumer health information.
 - d. Notifying the Administrator of complaints received on a periodic basis.
 - e. Maintaining documentation of all complaints received and their disposition for a period of at least six (6) years, in accordance with MRSI's record keeping policy.
 - f. Taking whatever corrective measures are necessary in response to a complaint, including, but not limited to, disciplining a member of the workforce, mitigating any negative effects of the violation, and/or making changes to facilities privacy policies and procedures.