

GENERAL POLICY & PROCEDURE MANUAL
OF THE
ADAMS COUNTY BOARD
OF
DEVELOPMENTAL DISABILITIES

Revised: 2022

Effective: January 1, 2019

Policy and Procedure
Table of Contents
Section I: The Board

Section I	The Board
1.0	Philosophy Administration
1.00	County Board and Board Membership
1.00.1	Board Member Training
1.01	Duties of the Board
1.01.1	Employment of Superintendent
1.02	Election of Officers
1.03	Duties of Officers
1.04	Officer Vacancy
1.05	Meetings of the Board
1.05.1	Participation by Citizens Procedure
1.06	Order of Business and Rules of Order
1.07	Authority of Members
1.08	Minutes
1.09	Special Committees
1.10	Compensation: Expenses of Board Members
1.11	Ethical Conduct
1.12	Ethics Council
1.13	Conditions for Removal

COUNTY BOARD and BOARD MEMBERSHIP

- A. Each county shall have its own county board of developmental disabilities subject to section 5126.02 of the Ohio Revised Code (ORC).
 - 1. The Adams County Board of Developmental Disabilities shall operate as a separate administrative and service entity.
 - 2. The functions of the board shall not be combined with the functions of any other entity of county government.

- B. The board may share administrative functions or personnel with one or more other county boards.

- C. The board shall consist of seven members. The board of county commissioners of the county shall appoint five members and the senior probate judge of the county shall appoint two members in accordance with ORC 5126.022.

- D. None of the following individuals may serve as a member of the Board:
 - 1. An elected public official, except for a township trustee, township fiscal officer, or individual excluded from the definition of public official or employee in division (B) of ORC 102.01;
 - 2. An immediate family member of another Adams county board member;
 - 3. An employee of any county board or an immediate family member of a Adams County Board employee;
 - 4. A former employee of the Adams county board whose employment with the county board ceased less than four calendar years before the former employee would begin to serve as a member of the Adams county board; and a former employee of another county board whose employment with the county board ceased less than two calendar years before the former employee would begin to serve as a member of the county board;
 - 5. Unless there is no conflict of interest, an individual who or whose immediate family member is a board member of an agency licensed or certified by the department of developmental disabilities to provide services to individuals with or developmental disabilities or an individual who or whose immediate family member is an employee of such an agency;
 - 6. An individual with an immediate family member who serves as a county commissioner of a county served by the county Agency unless the individual was a member of the county board before October 31, 1980.

- E. CONFLICT OF INTEREST: A board member shall not vote on any matter before the board concerning a contract agency of which the member or an immediate family member of the member is also a board member or an employee.

- F. The board shall direct all questions relating to the existence of a conflict of interest for the purpose of this policy to the local prosecuting attorney for resolution. The board shall direct all other questions of ethics to The Ohio Ethics Commission.

- G. Prior to appointment or reappointment to the board all individuals must provide to the appointing authority a written declaration specifying both of the following:
 - a. That no circumstance described paragraph D above exists that bars the individual from serving on the board;
 - b. Whether the individual or an immediate family member of the individual has an ownership interest in or is under contract with an agency contracting with the board, and, if such an ownership interest or contract exists, the identity of the agency and the nature of the relationship to that board.

- H. Board members shall complete in-service training requirements in accordance with OAC 5123-4-03.

- I. Adams County Board member time and terms of appointment, reappointment & vacancies shall be in accordance with ORC sections 5126.025 - 5126.027.

Reference: ORC 5126.02, 5126.021, 5126.0210, 5126.0211, 5126.0212 5126.023, 5126.024, 5126.028

Revised: 2/9/2022

BOARD MEMBER IN-SERVICE TRAINING

- A. In-service training means training of board members pursuant to ORC 5126.0210 that may include, but is not limited to, training arranged by the superintendent, statewide conferences sponsored by the Ohio association of county boards serving people with developmental disabilities or other organizations, webinars offered by the department, training completed on-line, and presentations by outside speakers.
- B. In-service training requirements:
1. Within three months after a board member's initial appointment to the Agency, the board member shall complete an orientation that addresses duties of the county board, role and requirements of board members, confidentiality, and the ethics laws of the state of Ohio. The orientation completed in accordance with this paragraph may count toward the hours of in-service training specified in paragraphs B.2 and B.3 of this procedure.
 2. During each calendar year of a board member's term, the board member shall complete a minimum of four hours of in-service training, except as provided in paragraph B.3 of this procedure.
 3. Board members appointed after the county board's annual organizational meeting and board members appointed for the remainder of a former board member's term shall complete in-service training during the first calendar year of the board member's appointment in accordance with the following schedule:
 - a. Board members appointed on or before March thirty-first shall complete a minimum of four hours of in-service training.
 - b. Board members appointed after March thirty-first but prior to July first shall complete a minimum of three hours of in-service training.
 - c. Board members appointed after June thirtieth but prior to October first shall complete a minimum of two hours of in-service training.
 - d. Board members appointed after September thirtieth but prior to the succeeding January first shall complete a minimum of one hour of in-service training.
 4. The county board and the superintendent shall jointly develop the county board's plan for in-service training for the calendar year which:
 - a. Reflects the topics identified in OAC 5123-4-03 by the Director of DODD with consideration of priorities within the county;
 - b. Training may include specific topic content or webinars required by the Director of DODD;
 - c. Includes perspectives from outside the county; and
 - d. Recognizes that training for specific board members may vary based on board members' background and experience.
 5. The superintendent shall make board members aware of opportunities to complete in-service training.
 6. The superintendent shall maintain documentation of board members' completion of in-service training which shall include:
 - a. An outline or description that details the content of the training;
 - a. The date, time, location, and duration of the training; and

- b. A sign-in sheet or email in which the board member attests to completing the training.
2. In-service training sessions shall not be considered regularly scheduled meetings of the county board.

Reference: OAC 5123:4-03

Revised: 02/24/2021

PHILOSOPHY

Services promoting the well being of persons with developmental disabilities (DD) in our community shall be promoted through the Board's active commitment to the following principles:

- Each person with DD is a human being first and an individual with disabilities secondarily; he/she should have access to all the general community services that he/she can use in common with others. Only when integrated services fail to meet his/her needs, should there be specialized services.
- Every person with developmental disabilities and his/her family is entitled to the concern and assistance of the community, expressed through public and voluntary resources. This is their right as citizens.
- It is the Philosophy of the Board that all staff members receive and be familiar with the rights enumerated in section 5123.62 of the Revised Code and observes those rights in their contacts with persons receiving services. Every provider of services to persons with developmental disabilities shall ensure they have policies and programs to ensure that all their staff members are familiar with those rights and observe those rights in their contacts with persons receiving services.

There is potential for growth in every human being. For each person, society should provide the opportunity to develop to the limits of his/her capabilities.

Services shall be planned and provided as part of a continuum which means that the pattern of facilities and eligibility shall be completed as to meet the needs of each person with DD, regardless of age or disability, and at each stage of life development. It also means continuity, including uniform eligibility standards, to ensure that no individual is lost in the transition from one service to another.

Services for persons with DD should be close to their communities, home and families when possible. Home and community based services should always be the first option for individuals with DD.

Provision of training for professional persons to work with individuals with DD should be built into service programs whenever appropriate and possible. Professional training is an essential component of the total program and a pattern of service is incomplete without this training.

The Board's philosophy of provision of services to eligible individuals and their families is implemented through the adoption of Board policy.

The execution of Board policy and the administration of the program shall be the responsibility of the Superintendent and the administrative staff. To this end, there shall be continuous effort by the administration and the Board to improve and refine the policies of the system to develop clear, precise administrative and operational

procedures and to provide means by which the Board can direct the operation of the program in accordance with its legal obligations and prerogatives.

Revised: 5/9/2018

DUTIES OF THE BOARD OF DD

Subject to the rules established by the Director of the Ohio Department of Developmental Disabilities (DODD) for programs and services offered pursuant to Chapter 5126 of the Ohio Revised Code (ORC), and subject to the rules established by the Ohio State Board of Education for programs and services offered pursuant to Chapter 3323 of the ORC, the Adams County Board of Developmental Disabilities (henceforth called the Agency) shall:

- A. Administer and operate facilities, programs, and services as provided by Chapter 5126 and Chapter 3323 of the ORC and establish policies for their administration and operation;
- B. Coordinate, monitor, and evaluate existing services and facilities available to individuals with developmental disabilities;
- C. Provide early childhood services, supportive home services, and Employment First services, according to the plan and priorities developed under Section 5126.04 of the ORC;
- D. Provide Individual Service Plans for individuals with developmental disabilities who are being served or who have been determined eligible for services and are awaiting the provisions of services. Ensure that related services, as defined in section 3323.01 of the ORC are available and that the needs evaluated are available according to the plan and priorities developed under section 5126.04 of the ORC;
- E. Pursuant to ORC 5126.0219, provide for a qualified Superintendent by either employing a Superintendent or obtaining the services of the Superintendent of another county board.
- F. Adopt a budget, authorize expenditures for the purposes listed in this section and do so in accordance with section 319.16 of the ORC, approve attendance of board members and staff at professional meetings and approve expenditures for attendance, and exercise such powers and duties as are prescribed by the DODD;
- G. Submit annual reports of its work and expenditures, pursuant to sections 3323.09 and 5126.12 of the ORC, to the DODD, the Superintendent of Public Instruction, and the Adams County Board of County Commissioners at the close of the fiscal year and at such other times as may reasonably be requested;
- H. Authorize all positions of employment, establish compensation, including but not limited to salary schedules and fringe benefits for all Agency staff, approve contracts of employment for management staff that are for a term of more than one year, employ legal counsel under section 309.10 of the ORC, and contract for staff benefits;
- I. Provide service and support administration in accordance with section 5126.15 of the ORC;

- A. Certify respite care homes pursuant to rules adopted under section 5123.171 of the ORC by the Director of the ODDD;
- B. Enter into contracts with other such boards and with public or private, nonprofit, or profit making agencies or organizations of the same or another county, to provide the facilities, programs, and services authorized or required upon such terms as may be agreeable and in accordance with Chapter 5126 and Chapter 3323 of the ORC and rules adopted there under and in accordance with sections 307.86 and 5126.071 of the ORC;
- C. Purchase all necessary insurance policies. May purchase equipment and supplies through the Ohio Department of Administrative Services or from other sources, and may enter into agreements with public agencies or nonprofit organizations for cooperative purchasing arrangements;
- D. Receive by gift, grant, devise, or bequest any moneys, lands, or property for the benefit of the purposes for which the Agency is established and hold, apply, and dispose of the moneys, lands, and property according to the terms of the gift, grant, devise, or bequest;
- E. Receive all federal, state and local funds and deposit them to the appropriate accounts established by the County Auditor and provide such funds as are necessary for the operation of all Agency programs through the means as provided by the law. The Agency shall not expend public funds for purposes prohibited by the laws of the State of Ohio;
- F. Inform the public concerning the progress and needs of the programs for persons with developmental disabilities;
- G. Carry out all reasonably necessary negotiations with the DODD, the Ohio Department of Mental Health, the Ohio Department of Education, the Ohio Department of Administrative Services, the Adams County Board of County Commissioners, and other agencies to effectively carry out the provisions of the law and the intent of any contract the Agency has made or may make with any other public or non-profit agency or organization;
- H. Initiate questions of policy for consideration, research and follow up by its Superintendent;
- I. Consider and act upon the recommendations of its Superintendent in matters of policy;

Policy adopted pursuant to 5126.04, 5126.05, and 5126.054, of the ORC and 5123:4-01 of the Ohio Administrative Code.

Revised: 02/24/2021

EMPLOYMENT OF SUPERINTENDENT

- A. The Board (employing its own superintendent) shall employ the superintendent under a contract.
 - 1. The Board shall adopt a resolution agreeing to the contract.
 - 2. Each contract for employment or re-employment of a superintendent shall be for a term of not less than one and not more than five years.
 - 3. At the expiration of a superintendent's current term of employment, the superintendent may be re-employed.
 - 4. If the board intends not to re-employ the superintendent, the board shall give the superintendent written notification of its intention. The notice shall be given not less than ninety days prior to the expiration of the superintendent's contract, unless the superintendent's contract stipulates something different.

- B. The Board shall prescribe the duties of its superintendent and review the superintendent's performance. The superintendent may be removed, suspended, or demoted for cause pursuant to ORC 5126.23. The board shall fix the superintendent's compensation and reimburse the superintendent for actual and necessary expenses.

- C. If the superintendent position becomes vacant, the Board first shall consider entering into an agreement with another county board for the sharing of a superintendent under ORC 5126.0219. If the Board determines there are no significant efficiencies or it is impractical to share a superintendent, the Board may employ a superintendent.
 - 1. Two or more county boards may enter into an arrangement under which the superintendent of one county board acts as the superintendent of another county board.
 - 2. To enter into such an arrangement, each board shall adopt a resolution agreeing to the arrangement.
 - 3. The resolutions shall specify the duration of the arrangement and the contribution each board is to make to the superintendent's compensation and reimbursement for expenses.
 - 4. During the vacation The Board may appoint a person who holds a valid superintendent's certificate issued under the rules of the DODD to work under a contract for an interim period not to exceed one hundred eighty days until a permanent superintendent can be employed or arranged. The director of the DODD may approve additional periods of time for these types of interim appointments when so requested by a resolution adopted by the Board, if the director determines that the additional periods are warranted and the services of a permanent superintendent are not available.

Reference: ORC 5126.0219

Approved: 5/9/2018

ELECTION OF OFFICERS

- A. The members of the Board shall elect the officers specified herein by voice vote, following nominations from the floor.
- B. The election of officers shall be at the annual organizational meeting.
- C. There shall be elected a president, vice-president, and recording secretary who shall be elected for one year and shall serve until their successors are elected.

Policy adopted pursuant to 5126.029 of the Ohio Revised Code.

Revised: 5/9/2018

DUTIES OF OFFICERS

- A. The duties of the President shall be to preside at all meetings of the Board and to perform such other duties as may be prescribed by law or by action of the Board.
- B. The Vice President shall preside in the absence of the president and shall perform such duties as may be assigned by the Board.
- C. The Recording Secretary shall record the minutes of all Board proceedings and arrange for public inspection of said records, upon the request of a citizen desiring to examine them at a mutually convenient time and place. The Recording Secretary shall also notify members of changes in meeting places and dates.

Policy adopted pursuant to 5126.029 and 121.22 of the Ohio Revised Code.

Revised: 5/9/2018

OFFICER VACANCY

In the event an officer vacancy occurs during a term of office, the members of the Board shall hold an election to fill that vacancy.

Policy adopted pursuant to 5126.029 and 121.22 of the Ohio Revised Code.

Revised: 5/9/2018

MEETINGS OF THE BOARD

- A. In accordance with law, the Board shall hold its regular meetings at least ten (10) times annually, including the January organizational meeting.
- B. All meetings of the Board shall be held at the Agency's Administrative Offices unless conditions make it advisable that another place be selected, or as otherwise determined by a majority vote of the Board. At least twenty-four hours advance notice will be given to the news media that have requested notification when another location is selected for a meeting of the Board.
- C. The Board will keep a record of Board proceedings, which shall be open for public inspection.
- D. The annual organizational meeting will be no later than the 31st day of January
 - 1. During the organizational meeting the Board will:
 - a. appoint an Ethics Council;
 - b. elect its officers, consisting of a President, Vice President, and Recording Secretary;
 - c. Adopt rules for the conduct of its business;
 - d. Establish the time for holding the regular meetings;
 - e. Reaffirm or adopt a new reasonable method for the public to determine the time and place of all regularly schedule meetings and the time, place and purpose of all special meetings.
- E. Special meetings may be called. At least twenty-four hours advance notice will be given to the news media that have requested notification, except in the event of an emergency requiring immediate official action. In the event of an emergency, news media that have requested notification will be notified immediately of the time, place and purpose of the meeting.
- F. No business shall be transacted that does not come within the purpose of purposes set forth in the call for the special meeting unless all members of the Board are present and agree to the consideration of the additional item.
- G. A majority of the Board shall constitute a quorum. Meetings of the Board shall be held in compliance with the requirements of Section 121.22 of the Ohio Revised Code (Ohio Open Meetings Act).
- H. The president of the board or a majority of the members may extend to visitors the privilege of addressing the board. Procedures for citizen participation shall be developed by the Superintendent.
- I. The news media or any person can request advance notice of special meetings or meetings at which particular public business is discussed.

A. In-service training sessions are not considered a regularly scheduled meeting.

Policy adopted pursuant to 121.22 and 5126.029 of the Ohio Revised Code.

Revised: 5/9/2018

PARTICIPATION BY CITIZENS PROCEDURE

- A. The president of the board or a majority of the members may extend to visitors the privilege of addressing the board and the order of business at any regular meeting shall include an opportunity for members of the public to address the board, provided, however, that the board does not obligate itself to consider any request or proposal unless submitted to the president, in writing, at least seven (7) days before the meeting, exclusive of Sundays and holidays.
- B. The board endorses the principle of open communication between the superintendent and his staff and free communication of all personnel with the program's organization through recognized channels of communication.
- C. Any individual or group may address the board concerning any subject that lies within the board's jurisdiction. Questions are to be directed to the board as a whole and may not be put to any individual member of the board or the administrative staff. Any matter upon which the board may be requested to act must be submitted in writing to the board not less than seven (7) days excluding Sunday and holidays, prior to the date of the meeting at which the subject is to be discussed.
- D. It shall be in order for members of the board to interrupt a speaker at any time to ask questions or make comments in order to clarify the discussion.
- E. Not more than fifteen (15) minutes shall be allotted to each individual speaker and/or group presenting on the same topic or subject under discussion.
- F. No person shall present orally at any meeting of the board, a complaint against an individual employee of the board. Such charge or complaint shall be presented to the Superintendent, in writing and signed by the person(s) making the charge or complaint for resolution. A charge or complaint concerning the Superintendent shall be presented to the board in writing and shall be signed by the person(s) making the charge.

Revised: 5/9/2018

ORDER OF BUSINESS AND RULES OF ORDER

- A. The order of business at a regular meeting of the Board may include:
1. Call meeting to order
 2. Introduction of guests
 3. Board member roll call
 4. Approval of minutes from last meeting
 5. Financial report
 6. Committee meeting reports, as applicable
 7. Superintendent's report
 8. Discussion of unfinished business
 9. New business/resolutions
 10. Directors' reports, as applicable
 11. Public participation
 12. Adjournment
- B. The Board shall observe Roberts' Rules of Order Revised except as otherwise provided by administrative rules and regulations or by statute.

Revised: 5/9/2018

AUTHORITY OF MEMBERS

Board members have authority only when acting as a Board legally in session. The Board shall not be bound in any way by any statement or action on the part of any individual Board member or staff, except when such statement or action is in pursuance of specific instructions by the Board.

Revised: 5/9/2018

MINUTES

- A. Minutes of all Board meetings shall be kept by the Recording Secretary and shall be open to public inspection.
- B. The official minutes of the Board shall be kept in a safe place by the Recording Secretary and shall be made available to any citizen desiring to examine them at a mutually convenient time and place.
- C. Copies of Board meeting minutes shall be prepared promptly after each meeting and shall be distributed to the Superintendent and Board members.

Revised: 5/9/2018

SPECIAL COMMITTEES

- A. The board shall authorize such special committees as are deemed necessary and the Members of such committees shall be appointed by the president. A special committee shall report its recommendations to the board for appropriate action.
- B. The following committees are to be appointed annually: Finance, Personnel, and Ethics.

Revised: 5/9/2018

COMPENSATION: EXPENSES OF BOARD MEMBERS

Per Section 5126.028 of the Revised Code, members of the Board shall serve their term without compensation, but shall be reimbursed for necessary expenses in the conduct of Board business, including those incurred within the county of residence in accordance with an established policy of the county board.

Revised: 5/9/2018

ETHICAL CONDUCT

Members shall abide by ethical rules of conduct appropriate to public officials of the State of Ohio. No Board member shall seek special privileges, criticize staff publicly, disclose confidential information or consider a complaint by or against a staff member, service, or program of the Agency that is not first submitted to the Superintendent. No Board member, nor any immediate family members of a Board member, may serve as a board member of a contract agency in which there may be a conflict of interest.

Revised: 5/9/2018

ETHICS COUNCIL

- A. The Agency supports the belief that membership of a person on the Board, or employment of a person by the Agency, does not affect the eligibility of any Board member's or Agency staff member's family for services provided or paid for by the Agency. Therefore, the Board has created an Ethics Council to review all direct services contracts, meaning any legally enforceable agreement with an individual, agency or other entity that, pursuant to its terms or operation, may result in a payment from the Agency to an eligible individual or to a member of the family of an eligible individual for services rendered to the eligible individual. Direct services contracts may include, but not be limited to, Supported Living, reimbursement for transportation expenses, family consortiums and family resource services.
- B. The President of the Board shall appoint three members of the Board to the Ethics Council at its annual organizational meeting. The President may be one of those appointed and the Superintendent/designee shall be a nonvoting member of the council. The President shall not appoint a Board member to the Ethics Council if the member, or any member of his/her immediate family, will have any interest in any direct services contract under review by the council while the member serves on the council or during the twelve month period after completion of the member's service on the council.
- C. The role of the Ethics Council shall be to review all direct service contracts and develop, for recommendation to the Board, policies regarding ethical standards, contract audit procedures and grievance procedures with respect to the award and reconciliation of direct service contracts.
- D. The Ethics Council shall meet monthly or as needed prior to Board meetings to perform its functions. Ethics Council meetings shall comply with Ohio Revised Code (ORC) 121.22 (The Sunshine Law). The Ethics Council shall afford an affected party the opportunity to meet with the Ethics Council on matters under consideration by the Ethics Council. Official minutes will be taken at all Ethics Council meetings and shall be part of the public record of the Board.
- E. All contracts and information provided to the Ethics Council shall be sent by the Superintendent, or designee, with appropriate certification that the contracts are within available resources and appropriation made by the Agency. The Ethics Council, during its regular meeting, shall determine whether the amount to be paid under the contract is appropriate based on actual expenses or reasonable and allowable projections. The Ethics Council shall also determine whether the eligible individual who would receive services under the contract stands to receive any preferential treatment or any unfair advantage over other eligible individuals.
- F. If the amount to be paid is not acceptable, or the contract would result in preferential treatment or unfair advantage, the Ethics Council shall not approve a contract or shall suggest acceptable, specific revisions. The Board shall not ratify any contract that is not

approved by the Ethics Council or ratify any contract to which revisions are suggested if the contract does not include the specified revisions.

- A. The Board, by resolution, shall ratify each direct services contract that the Ethics Council approves or approves with specified revisions. The Board may request the prosecuting attorney to prepare a legal review of direct services contracts to determine compliance with state law.
- B. The Ethics Council shall in no way allow a Board member or Agency staff member to authorize, or use the authority of his/her office or employment to secure authorization of, a direct services contract that the Board member or Agency staff member may benefit from in any way.
- C. This policy shall be in full compliance with the relevant provisions of the ORC including Sections 5126.03 through 5126.034.

Revised: 5/9/2018

CONDITIONS FOR REMOVAL

- A. It shall be the policy of the Board to notify the Adams County Board of County Commissioners or Probate Judge when a Board member should be removed from the Board for any of the reasons listed in ORC 5126.0213.
- B. The Board may pass a resolution urging the appointing authority to request that the DODD issue a waiver of the requirement that the member be removed. The member whose absences from the sessions or meetings are at issue may not vote on the resolution. The appointing authority may request the waiver regardless of whether the Board adopts the resolution.
- C. In the event of a mandatory removal of a Board member under this policy, Board shall supply the board member and the member's appointing authority with written notice of the grounds.
- D. A Board member may request a hearing on the proposed removal and shall not be removed from the Board before the conclusion of the hearing.
- E. A member of the Board who is removed is ineligible for reappointment to the board for at least one year. The appointing authority shall specify the time during which the member is ineligible for reappointment. If the member is removed under division (A)(5) of ORC 5126.0213, the Board shall specify the training the member must complete before being eligible for reappointment.

Reference: ORC 5126.0213 - 5126.0218

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Policy and Procedure
Table of Contents
Section II: Board Operations and Management

Section II	Board Operations and Management
2.01	Board General Policies and Procedure
2.01.1	Staff Responsibility for Observance of Laws Procedure
2.02	Fiscal Agent
2.03	Tax Levy Funds
2.04	Communications and Public Relations
2.05	Gifts, Grants or Bequests
2.06	Volunteer Services
2.06.1	Volunteer Services Program Procedures
2.07	Records Retention
2.07.1	Long Term and Permanent Records Storage Procedure
2.08	Public Records Request
2.09	Payer of Last Resort
2.10	Non-Retaliation for Reporting Fraud, Waste Abuse & other Violations
2.10.1	Non-Retaliation for Reporting Fraud, Waste Abuse & other Violations Procedure
2.11	Fees for Services
2.11.1	Fees for Services Procedure
2.12	Electronic Signature
2.12.1	Electronic Signature Procedure
2.13	Professional Services
2.14	Contracts

BOARD GENERAL POLICY AND PROCEDURES

- A. The Adams County Board of Developmental Disabilities shall establish policies and procedures for the administration and operation of the Agency's facilities, programs, and services in accordance with all applicable federal, state and local laws, rules and regulations. The Board shall approve all agency policies. The Superintendent shall establish necessary procedures.
- B. The Superintendent may appoint a Policy Review Committee to be responsible for the observance of laws, rules and regulations and to establish procedures for policy changes. The Superintendent shall submit proposed policies to the Board at a regularly scheduled meeting.
- C. The Agency policies shall be reviewed at least annually to assure continued compliance with laws, rules and regulations and the needs of individuals served.
- D. Agency policies shall be available to each member of the Board, employees and the general public. There may be a cost to any person who desires a personal copy of the policy manual.
- E. The General Policy and Procedure Manual of the Agency is written to be consistent with the provisions of law, but not necessarily to incorporate them verbatim. All staff are expected to know, and shall be held responsible for observing, all provisions of law pertinent to their activities as staff of the Agency. The Superintendent shall establish procedures for responding to Subpoenas and Search Warrants.
- F. In all cases not clearly covered by these policies and procedures, the Superintendent shall make a decision on the basis of the most nearly related provisions.
- G. The policies of the Agency may be amended or suspended by a majority vote of the Board at any meeting.
- H. The Superintendent may, in case of emergency, suspend any part of these policies provided, however, that the Superintendent shall report the fact of, and also reasons for, such suspension at the next meeting of the Board; and provided further that the suspension shall expire at the time of said report unless continued in effect by action of the Board.

Revised: 8/8/2018

STAFF RESPONSIBILITY FOR OBSERVANCE OF LAWS PROCEDURE

- A. The Superintendent is the focal point for all legal actions directed to the Agency. The Personnel Officer shall maintain a file on legal actions or any allegations of wrongdoing that have occurred.
- B. The Agency is also committed to supporting its staff when actions of the agency are being put under scrutiny. Staff will be given assistance during any investigative process.
- C. All staff will notify the Superintendent or designee of any legal actions and obtain instructions on how to proceed.
 - 1. Any legal documents delivered or personally served at any Agency facility or program site will be forwarded immediately to the Superintendent.
 - 2. It shall be the responsibility of the Superintendent or designee to promptly notify the Agency's legal counsel and the Agency's insurance carrier of pending litigation.
 - 3. Legal documents that are immediate in nature (search warrants, law enforcement investigations, subpoenas for records, etc.) shall be fully complied with according to law, and shall also be reported immediately to the Superintendent.
 - 4. In matters of litigation requiring subsequent follow up or investigation, the Superintendent or designee shall inform affected staff members on a need-to-know basis on follow up actions, and the individuals or agencies to which they are expected to provide assistance (Agency's insurance carrier, legal counsel, etc.).
 - 5. Staff members who have questions regarding their participation in matters relating to litigation should contact the Superintendent or designee.
- D. Responding to a Subpoena - an order directing the recipient to appear and testify at a specific time and place.
 - 1. If the subpoena is addressed to an individual employee, the agent of the court should be escorted to the conference room or private office while the employee is contacted. Employees who are served a subpoena involving a matter directly relating to their course of employment will notify their immediate supervisor and provide him/her with a copy of the subpoena.
 - a. In the event an employee is to appear and testify at a specific time and place, the original, as well as a copy of the subpoena should be brought with you.
 - 2. If the subpoena is addressed to the Agency an employee may accept/sign for the subpoena, and without viewing its contents, the subpoena should be given to the Superintendent.
 - 3. A copy of all subpoenas concerning the Agency shall be mailed to the Superintendent at the Adams County Board of DD; 482 Rice Drive, P.O. Box 157 West Union, OH 45693.
 - 4. Upon review of the subpoena, the Superintendent will confer with the appropriate Leadership Team member to assure compliance to the subpoena.
- E. Responding to a Search Warrant – written court order entitling law enforcement personnel to search a defined area and seize property described in the warrant.

1. All law enforcement personnel, state and federal agents should be escorted to a conference room or private office.
2. Identify the agent in charge of executing the warrant. Ask for a business card or record the name, title, agency, and telephone number of the agent. Ask for a copy of the warrant and any affidavit submitted to the court to obtain the warrant. Have the agent identify the prosecutor by name and phone number, if that person is not indicated on the document.
3. Carefully read the warrant. Make sure the warrant is signed by a judge or magistrate. If there is any discrepancy, notify the agent in charge.
4. Determine the scope of the warrant, the area to be searched and type of evidence to be seized. A search warrant permits the designated agent to search and seize property. If there is any discrepancy between the scope of the search document and search actually conducted by the agent, notify the agent in charge. Attempt to assist the agent in retrieving those documents that are subject of the search.
5. Identify those essential employees that are knowledgeable and can assist in retrieving the documents, computer information, etc. Notify the agent in charge that key employees are here to ease the search with minimal disruption of business and that other employees are permitted to leave.
6. Advise employees that persons executing the warrant may ask questions. Advise employees it is their choice whether or not they want to speak with an agent, they are not required to do so.
7. Monitor the search, but do not impede or obstruct.
8. Photocopy each item seized. If the agent in charge refuses to permit you to photocopy, record in detail all items seized.
9. Agents sometimes number the rooms that they enter. Record the numbering scheme.
10. Request backup copies of all documents and computer disks, etc. before agents seize computers.
11. If agents attempt to seize documents that you believe are outside the scope of the warrant, notify the agent in charge. Ask that the privileged material be segregated from the other materials and marked as "privileged".
12. The agent in charge will prepare an inventory of the items seized. Ask for a copy of that inventory before the agent leaves, but do not sign anything verifying the content or accuracy.
13. Instruct employees to not discuss the search warrant or any related events with the press or other employees.
14. Contact the Superintendent and advise him of the situation.

F. The Superintendent and staff shall reference the Agency's Confidentiality of Information Policy and Procedures in section 3.06 of the General Policy and Procedure Manual when legal proceedings pertain to the Agency's records of individual(s) served.

G. The Superintendent shall assist in coordinating communications between the Agency and the Prosecutors Office, and between the Agency, the Prosecutor and any outside legal counsel that may be involved.

H. The Superintendent will brief the Agency employees and Board on the current status of ongoing or newly initiated legal actions as deemed appropriate.

Adopted: 8/8/2018

FISCAL AGENT

- A. Ohio statute designates that the Adams County Board of County Commissioners shall be the fiscal agent of that county's Board of Developmental Disabilities. Therefore, the Board shall adhere to the fiscal management requirements of the Adams County Board of County Commissioners in all matters except those for which the Board is granted authority under other sections of the Ohio Revised Code (ORC).

- B. Policies in which the Board may determine the necessity or desirability of variance from policies of the Adams County Board of County Commissioners may include, but shall not be limited to, the following:
 - 1. Size and structure of the work force
 - 2. Assignments of duties and position requirements
 - 3. Hours of employment
 - 4. Ethics
 - 5. Compensation and benefits for all staff
 - 6. Selection of staff
 - 7. Discipline of staff
 - 8. Promotion of staff
 - 9. Transfer of staff
 - 10. The right to lay off staff for lack of work, lack of funds, reorganization and job abolishment
 - 11. Establishment of reasonable work rules and schedules of work.

Revised: 8/8/2018

TAX LEVY FUNDS

- A. The Adams County Board of Commissioners shall levy taxes and make appropriations sufficient to enable the Agency to perform its functions and duties. The Agency may utilize local, state, and federal funds, which have been authorized for such purpose.
- B. The Agency shall monitor all programs funded by the Tax Levy and operated by the contract agencies.
- C. All monies raised by the property tax levy shall be used for the purposes for which they were initially specified in the material that was prepared and released during the levy campaign, and the already established mechanisms for distributing these funds shall continue as in the past. Contract agencies shall be obligated to submit annually or, upon request, applications (proposals, requests, and budgets) for the services they anticipate providing.

COMMUNICATIONS AND PUBLIC RELATIONS

- A. The Agency shall disseminate information to the public in order to keep it informed of the various services which are provided by the Agency and financed by public funds.
- B. The Agency shall utilize a centralized response in all matters of communication and public relations regarding the Board's programs, services, employees, and contract providers. This includes routine and non-routine media inquiries, other external communications and public relations.
- C. The Agency shall make available to all individuals served, parents of minors, legal guardians, staff, and the public upon request:
 - 1. The Adams County Board of Developmental Disabilities Strategic Plan and Annual Plan;
 - 2. Written information regarding eligibility for Agency services, a description of services offered how to access services, and waiting lists for services.
 - 3. Written policies and procedures concerning health, confidentiality, individual rights, behavior support, and due process.
- D. All communications or public relations efforts of the Agency shall be coordinated by the Superintendent or his/her designee.
- E. The centralized response shall incorporate all Board programs or affiliated programs, including but not limited to: collaborating agencies; agency or independent providers under contract to the Board; individual or agency volunteers or any other facility, service or program operated by the Board.
- F. At all times, compliance with Board policies regarding individual's rights, confidentiality and use and disclosure of protected health information shall be maintained. Information concerning students or individuals served for any purpose not directly related to service delivery or administration of services shall not be disclosed.

Revised: 8/8/2018

GIFTS, GRANTS AND BEQUESTS

- A. In accordance with ORC 5126.05 (F), the Adams County Board of Developmental Disabilities may receive or dispose of a gift, grant, or bequest, according to the terms of the gift, grant, or bequest.
- B. All money received by gift, grant, or bequest shall be deposited in the treasury to the credit of the Agency and shall be available for use by the Agency for the purposes determined or stated by the owner or grantor. The Agency shall utilize the same procedure for earnings or interest accruing from a gift, grant or bequest.
- C. Any person or organization desiring to give a gift, make a grant, or a bequest to the Board, shall contact the Superintendent.
- D. Solicitation of any gift or donation by employees or volunteers shall have prior approval of the Superintendent or designee.
- E. The Superintendent shall be advised of any gifts, grants, or bequests so a record can be maintained and an acknowledgement be sent.

VOLUNTEER SERVICES

- A. The Agency shall encourage the use of qualified trained volunteers in appropriate program areas and include volunteers as an integral part of overall service delivery.
- B. Volunteers shall not be used to replace regular staff.
- C. The Agency shall require the completion of program-specific background checks on volunteers.
- D. Written procedures shall be developed for the recruitment, selection, training, assignment, evaluation and recognition of volunteers.

Adopted: 8/8/2018

VOLUNTEER SERVICES PROGRAM

A. The Volunteer Program

1. Overall policy on use of volunteers

The achievement of the goals of the Agency is best served by the active participation of citizens of the community. To this end, the Agency accepts and encourages the involvement of volunteers at all levels in the Agency and within all appropriate programs and activities. All staff are encouraged to assist in the creation of meaningful and productive roles in which volunteers might serve and to assist in recruitment of volunteers from the community.

2. Purpose of the volunteer policy

The purpose of these procedures is to provide overall guidance and direction to staff and volunteers engaged in volunteer involvement and management efforts. These procedures are intended for internal management guidance only, and do not constitute, either implicitly or explicitly, a binding contractual or personnel agreement. The Agency reserves the exclusive right to change any aspect of these procedures at any time.

3. Scope of the volunteer procedures

Unless specifically stated, these procedures apply to all volunteers in all programs and projects undertaken by or on behalf of the organization, and to all departments and sites of operation of the organization.

4. Role of the Personnel Department in volunteer services

The productive use of volunteers requires a planned and organized effort. The function of the Personnel Department is to provide a central coordination point for effective volunteer involvement within the Agency, and to direct and assist staff and volunteer efforts jointly to provide more productive services. The Department Director is responsible for recruiting suitable volunteers and for tracking and evaluating the contribution of volunteers to the Agency. *Reference: "Adams County Board of Developmental Disabilities Volunteer Packet"*

5. Definition of "volunteer"

A 'volunteer' is anyone who, without compensation or expectation of compensation beyond reimbursement of expenses incurred in the course of his or her volunteer duties, performs a task at the direction of and on behalf of the Agency. A "volunteer" must be officially accepted and enrolled by the Agency prior to performance of any tasks. Unless specifically stated, volunteers shall not be considered as "staff" of the Agency.

6. Special case volunteers

The Agency also accepts as volunteers those participating in student community service activities, staff volunteering programs, and other volunteer referral programs. In each of these cases, however, a special agreement must be in effect with the agency, school, company, or program from which the special case volunteers originate and must identify responsibility for management and care of the volunteers.

7. Group Volunteers

Special arrangements will be undertaken when members of a group or an organization volunteer their time as a group effort. These arrangements will include changes in

normal orientation, training, screening and record-keeping requirements as determined necessary by the Personnel Department.

1. Staff as volunteers

The Agency accepts the services of its own staff as volunteers. This service is accepted provided that the volunteer service is provided totally without any coercive nature, involves work which is outside the scope of normal staff duties, and is provided outside usual working hours. Family members of staff may also volunteer with the Agency, and they shall be treated as volunteers defined in section A-5 above.

2. Individuals served as volunteers

Individuals served by the Agency may be accepted as volunteers, where such service does not constitute an obstruction to or conflict with provision of services to the individual or to others.

3. Service at the discretion of the Agency

The Agency accepts the services of volunteers with the understanding that such service is at the sole discretion of the Agency. Volunteers agree that the Agency may at any time, for whatever reason, decide to terminate the volunteer's relationship with the Agency or to make changes in the nature of their volunteer assignment. A volunteer may, at any time and for any reason, decide to sever the volunteer's relationship with the Agency. Notice of such a decision should be communicated as soon as possible to the volunteer's supervisor.

4. Volunteer rights and responsibilities

Volunteers are viewed as a valuable resource to this Agency, its staff, and those it serves. Volunteers shall be extended the right to be given meaningful assignments, the right to be treated as equal co-workers, the right to effective supervision, the right to full involvement and participation and the right to recognition of work done. In return, volunteers shall agree to actively perform their duties to the best of their abilities and to remain loyal to the values, goals and policies of the Agency.

5. Scope of volunteer involvement

Volunteers may be involved in all programs and activities of the Agency. Volunteers should not, however, be used to displace any paid staff from their positions.

B. Volunteer Management Procedures

1. Maintenance of records

A system of records will be maintained on each volunteer, including description of services/duties, dates of service, evaluation of work, and awards received. Volunteers and appropriate staff shall be responsible for submitting all appropriate records and information to the Personnel Department in a timely accurate fashion.

2. Conflict of interest

No person who has a conflict of interest with any activity or program of the organization, whether personal, philosophical or financial shall be accepted or serve as a volunteer.

3. Representation of the Agency

Prior to any action or statement which might significantly affect or obligate the Agency, volunteers should seek prior consultation and approval from appropriate staff. These actions may include, but are not limited to, public statements to the press, lobbying efforts with other organizations, collaborations or joint initiatives, or any agreements

involving contractual or other financial obligations. Volunteers are authorized to act as representatives of the Agency as specifically indicated within their job descriptions and only to the extent of such written specifications.

4. Confidentiality

Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single member of staff, volunteer, individual served, or other person, or involves the overall business of the organization. Failure to maintain confidentiality may result in termination of the volunteer's relationship with the Agency.

5. Worksite

An appropriate worksite shall be established prior to the enrollment of any volunteer. This worksite shall contain necessary facilities, equipment, and space to enable the volunteer to effectively and comfortably perform his or her duties.

6. Dress code

As representatives of the Agency, volunteers, like staff, are responsible for presenting a good image to individuals served and to the community. Volunteers shall dress appropriately for the conditions and performance of their duties.

7. Volunteer Hours

Supervisors will require volunteers keep records of the time donated on volunteer timesheets. Supervisors will review timesheets and forward to personnel.

C. Volunteer Recruitment and Selection

1. Description of Services/Duties

Department Directors will write a description of services/duties and forward to personnel. Copies of outside agency forms that require a description is acceptable for Board volunteer files.

2. Staff requests for volunteers

Requests for volunteers shall be submitted in writing to the Department Directors; approved by the Director and forwarded to the Personnel Department by interested staff, complete with a description of services needed and a requested timeframe.

3. Recruitment

Volunteers shall be recruited by the Agency on a pro-active basis, with the intent of broadening and expanding the volunteer involvement of the community. The primary qualification of volunteer recruitment shall be suitability to perform a task on behalf of the Agency. Volunteers may be recruited either through an interest in specific functions or through a general interest in volunteering which can later be matched with a specific function. No final acceptance of a volunteer shall take place without a specific, written volunteer description of services/duties for that volunteer.

4. Recruitment of minors

Volunteers who have not reached the age of eighteen (18) must have the written consent of a parent or legal guardian prior to volunteering. The volunteer services assigned to a minor should be formed in a non-hazardous environment and should comply with all appropriate requirements of child labor laws.

5. Interviewing

- Prior to being assigned or appointed to a position, all volunteers will be interviewed to ascertain their suitability for and interest in that position. The interview should determine the qualifications of the volunteer, their commitment to fulfill the requirements of the position, and should answer any questions that the volunteer might have about the position. Interviews may be conducted either in person or by other means.
6. Criminal records check
As appropriate for the protection of individuals served, volunteers in most assignments will be asked to submit to background criminal record checks. Volunteers who do not agree to the background checks will be refused assignment.
 7. Placement
In placing a volunteer in a position, attention shall be paid to the interests and capabilities of the volunteer and to the requirements of the volunteer position. No placement shall be made unless the requirements of both the volunteer and the organization can be met. No volunteer should be assigned to a “make-work” position, and no position should be given to an unqualified or uninterested volunteer.
 8. Staff participation in interviewing and placement
Wherever possible, staff who will be working with the volunteer should participate in the design and conduct of the placement interview. Final assignment of a potential volunteer should not take place without the approval of a supervisor with whom the volunteer will be working.
 9. Acceptance and appointment
Service as a volunteer with the Agency shall begin with an official notice of acceptance or appointment to a volunteer position. Notice may only be given by an authorized representative of the Agency. No volunteer shall begin performance of any position until he or she has been officially accepted for that position and has completed all necessary screening and paperwork. At the time of final acceptance, each volunteer shall complete all necessary enrollment paperwork and shall receive a copy of his or her description of services/duties and agreement of service with Agency.
 10. Probationary period
All volunteer placements shall initially be done on a trial period of ninety (90) days. At the end of this period, a second interview with volunteer shall be conducted, at which point either the volunteer or staff member may request a re-assignment of the volunteer to a different position or may determine the unsuitability of the volunteer for a position within the Agency.
 11. Re-assignment
Volunteers who are at any time re-assigned to a new position shall be interviewed for that position and shall receive all appropriate orientation and training for that position before they begin work. In addition, any screening procedures appropriate for that specific position must be completed, even if the volunteer has already been working within the Agency.
 12. Professional services
Volunteers shall not perform professional services for which certification or a license is required unless they are currently certified or licensed to do so. The Personnel Department shall maintain a copy of such certificate or license.
 13. Leave of absence

At the discretion of the supervisor, leaves of absence may be granted to volunteers.

D. Volunteer Training and Development

1. Orientation

All volunteers will receive a general orientation to the nature and purposes of the Agency, an orientation on the nature and operations of the program or activity for which they are recruited and specific orientation on the purposes and requirements of the position which they are accepting.

2. On-the-job training

Volunteers will receive specific on-the-job training to provide them with the information and skills necessary to perform their volunteer assignment. The timing and methods for delivery of such training should be appropriate to the complexity and demands of the position and the capabilities of the volunteer.

3. Staff involvement in orientation and training

Staff members with responsibility for delivery of services should have an active role in the design and delivery of both orientation and training of volunteers. Staff who will be in a supervisory capacity to volunteers shall have primary responsibility of design and delivery of on-the-job training to those volunteers assigned to them.

4. Volunteer involvement in orientation and training

Experienced volunteers should be included in the design and delivery of volunteer orientation and training.

5. Continuing education

Just as with staff, volunteers should attempt to improve their levels of skill during their terms of service. Additional training and educational opportunities will be made available to volunteers during their connection with the Agency where deemed appropriate.

6. Conference attendance

Volunteers may be authorized to attend conferences and meetings which are relevant to their volunteer assignments, including those provided by the Agency and by other organizations. Prior approval from the volunteer's supervisor shall be obtained before attending any conference or meeting.

7. Risk management

Volunteers will be informed of any hazardous aspects, materials, equipment, processes or persons which they may encounter while performing volunteer work and will be trained and equipped in methods to deal with all identified risks.

E. Volunteer Supervision and Evaluation

1. Requirement of a supervisor

Each volunteer who is accepted to a position with the Agency must have a clearly identified supervisor who is responsible for direct management of that volunteer. This supervisor shall be responsible for day-to-day management and guidance of the work of the volunteer and shall be available to the volunteer for consultation and assistance. The supervisor will have primary responsibility for developing suitable assignments of the volunteer, for involving the volunteer in the communication flow of the agency, and for providing feedback to the volunteer regarding his or her work.

2. Volunteer-staff relationships

Volunteers and paid staff are considered to be partners in implementing the mission and programs of the Agency, with each having an equal but complementary role to play. It is essential to the proper operation of this relationship that each person understands and respects the needs and abilities of the other.

3. Volunteer management training for members of staff
An orientation on working with volunteers will be provided to all staff. In-service training on effective volunteer deployment and use will be provided to those staff who are highly involved in volunteer management.
4. Volunteer involvement in staff evaluation
Examination of their effective use of volunteers may be a component in the evaluation of staff performance where that member of staff is working with volunteers. In such cases, supervisors should ask for the input and participation of those volunteers in evaluating staff performance.
5. Staff involvement in volunteer evaluation
Affected staff should be involved in any evaluation and in deciding work assignments of volunteers with whom they are working.
6. Lines of communication
Volunteers are entitled to all necessary information pertinent to the performance of their work assignments. Accordingly, volunteers should be included in and have access to all appropriate information, memos, materials, meetings, and records relevant to the work assignments. Primary responsibility for ensuring that the volunteer receives such information will rest with the direct supervisor of the volunteer. Lines of communication should operate in both directions and should exist both formally and informally. Volunteers should be consulted regarding all decisions which would substantially affect the performance of their duties.
7. Absenteeism
Volunteers are expected to perform their duties on a regular schedule and a punctual basis. When expecting to be absent from a scheduled duty, volunteers should inform their staff supervisor as far in advance as possible so that alternative arrangements may be made. Continual absenteeism will result in a review of the volunteer's work assignment or term of service.
8. Evaluations
Volunteers shall receive periodic evaluation to review their work. It shall be the responsibility of each staff member in a supervisory relationship with a volunteer to schedule and perform periodic evaluations and to maintain records of the evaluations. The evaluation session will review the performance of the volunteer, suggest any changes in work style, seek suggestions from the volunteer on means of enhancing the volunteer's relationship with the Agency, convey appreciation to the volunteer, and ascertain the continued interest of the volunteer in serving in that position. Evaluations should include both an examination of the volunteer's performance of his or her responsibilities and a discussion of any suggestions that the volunteer may have concerning the position or project with which the volunteer is connected. The evaluation session is an opportunity of both the volunteer and the organization to examine and improve their relationship.
9. Termination

Volunteers may have their service terminated if the Agency determines their services are no longer needed.

10. Resignation

Volunteers may resign from their volunteer service with the Agency at any time. It is requested that volunteers who intend to resign provide advance notice of their departure and a reason for their decision.

11. Exit interviews

Exit interviews, where possible, should be conducted with volunteers who are leaving their positions. The interview should ascertain why the volunteer is leaving the position, suggestions the volunteer may have to improving the position, and the possibility of involving the volunteer in some other capacity with the Agency in the future.

12. Communication with the Personnel Department

Staff supervising volunteers are responsible for maintaining regular communication with the Personnel Department on the status of the volunteers they are supervising and are responsible for the timely provision of all necessary paperwork to the Department. The Department should be informed immediately of any substantial change in the work or status of a volunteer and should be consulted in advance before any corrective action is taken.

13. Evaluation of the Agency's volunteer usage

The Personnel Department shall conduct an annual evaluation of the use of volunteers by the Agency. This evaluation will include information gathered from volunteers, staff, and individuals served.

F. Volunteer Support and Recognition

1. Reimbursement of expenses

Volunteers may be eligible for reimbursement of reasonable expenses incurred while undertaking business for the Agency. The Personnel Department shall distribute information to all volunteers regarding specific reimbursable items. Prior approval from the supervisor must be obtained for any expenditure.

2. Access to organization property and materials

As appropriate, volunteers shall have access to property of the Agency and those materials necessary to fulfill their duties and shall receive training in the operation of any equipment. Property and materials shall be used only when directly required for the volunteer task. This policy includes access to and use of the Agency's vehicles.

3. Insurance

Liability insurance is provided for all volunteers engaged in the Agency's business. Volunteers are encouraged to consult with their own insurance agents regarding the extension of their personal insurance to include community volunteer work. Specific information regarding such insurance is available from Administration Department.

4. Recognition

Recognition of volunteers shall occur in a formal and informal manner each year. Recognition of staff who works well with volunteers shall also occur throughout the course of each year.

RECORDS RETENTION

- A. The Agency administration shall develop a records retention schedule to identify the duration of time each type of record shall be maintained by the agency. The Agency shall also identify who is responsible for maintaining and retaining those records.
- B. Each program of the Agency shall be responsible for the development, maintenance, and destruction of program specific records, including case records of individuals served, in accordance with the Agency's approved records retention schedule.
- C. Agency Administration shall be responsible for development, maintenance, and destruction of records of an administrative nature, personnel and finance records, and records that cross divisions, in accordance with the Agency's approved records retention schedule.
- D. Records retention schedules shall include identification of the contents of the file and the length of time for retention of the file. A process for moving records from an active or working file to permanent storage shall be identified, as well as the location of the files.
- E. Record retention schedules shall be reviewed annually by the identified division for compliance with new rules or standards.
- F. Record retention schedules shall conform to requirements of the Ohio Historical Society, which is charged with the legal responsibility for promulgating record retention schedules, and the Adams County Records Commission as stipulated in ORC 149.38(A) and ORC 149.38(B).
- G. The Agency shall also comply with all relevant federal and state mandates and accrediting bodies: Medicaid – Ohio Departments of DD, Job & Family Services, Education, Rehabilitation Services Commission, OSHA, Department of Labor, Bureau of Workers Compensation, and the Rehabilitation Accreditation Commission (CARF).
- H. Confidentiality of information shall be maintained by staff. Each division shall be responsible for assuring that only those staff with a legitimate program or business reason to access the information shall be permitted access.

Revised: 8/8/2018

LONG TERM AND PERMANENT RECORDS STORAGE PROCEDURE

All records will be retained in accordance with the approved records retention schedule. This procedure applies to records that are to be stored long term or permanently.

- A. Department records that are retained electronically will be stored on the agency's server.
 - 1. Department Directors are responsible for ensuring all records are entered, scanned, and filed in Infal Software System.
 - 2. Paper documents (except Help Me Grow records) may be destroyed once records are stored electronically in software or on the Agency server. Staff must verify all pages and documents successfully scanned and entered into software or server.
 - 3. Help Me Grow staff must follow ODH guidelines for paper documents/records.

- B. Department records that are in paper form will be retained in the designated Agency storage area. Staff must mark the storage boxes with a description of records or contents inside the box including year and dates of documents.

Adopted: 8/8/2018

PUBLIC RECORDS

- A. Pursuant to Section 149.43 of the Ohio Revised Code, the Adams County Board of Developmental Disabilities hereby adopts this public records policy. It is the policy of the County Board that openness leads to a better-informed citizenry, which leads to better government and better public policy. It is the policy of the County Board to adhere to the state's Public Records Act.
- B. In accordance with the Ohio Revised Code, the County Board defines records as: Any document, device, or item – paper, electronic (including, but not limited to, e-mail), or other format – that is created or received by, or comes under the jurisdiction of the County Board, which documents the organization, functions, policies, decisions, procedures, operations, or other activities of the County Board. Records regarding individuals with developmental disability who are eligible for services from or who are served by the County Board are not public records and will be disclosed only in accordance with state and federal law.
- C. It is the policy of the County Board that, as required by Ohio law, records will be organized and maintained so that they are readily available for inspection and copying. Record retention schedules will be updated regularly and posted prominently at the County Board's administration office.
- D. A requester must at least identify the records requested with sufficient clarity to allow the County Board to identify, retrieve, and review the records. If it is not clear what records are being sought, the County Board may deny a request but will provide the requester an opportunity to revise the request by informing the requester of the manner in which records are maintained by the County Board and accessed in the ordinary course of the County Board's business.
- E. The County Board may ask a requester to make the request in writing, may ask for the requester's identity, and may inquire about the intended use of the information requested, but may do so only after disclosing to the requester that a written request is not mandatory, that the requester may decline to reveal the requester's identity or the intended use, and when a written request or disclosure of the identity or intended use would benefit the requester by enhancing the ability of the County Board to identify, locate, or deliver the public records sought by the requester.
- F. Public records will be available for inspection during regular business hours, with the exception of published holidays. The County Board's regular business hours are 8:00 a.m. to 4:00 p.m. although these hours may change from time to time. Public records will be made available for inspection promptly. Copies of public records will be made available within a reasonable period of time. "Prompt" and "reasonable" take into account, among other things, the volume of records requested; the proximity of the location where the records are stored; and the necessity for any legal review of the records requested.

- G. The Ohio Revised Code contains certain exemptions from disclosure. With respect to each request, the County Board will determine whether an exemption applies to prohibit disclosure or permit non-disclosure of the requested records. If a record contains information that does not constitute a public record in accordance with federal or state law, such information will be redacted. The County Board will make the redaction plainly visible or notify the requester of the redaction. When a redaction is required or authorized by state or federal law, it is not considered a denial of a request. A denial of public records in response to a valid request will be accompanied by an explanation, including legal authority, as required by the Ohio Revised Code. If the request is in writing, the explanation must also be in writing.
- H. Those seeking public records will be charged only the actual cost of making copies. Charges for paper copies and computer files downloaded to a compact disc are on record in the Business Office. There is no charge for documents e-mailed.
- I. Requesters may ask that documents be mailed to them. They will be charged the actual cost of the postage and mailing supplies.
- J. Documents in electronic mail format are records as defined by the Ohio Revised Code when their content relates to the business of the County Board. E-mail is to be treated in the same fashion as records in other formats and will follow the same retention schedules.
- K. Records in private e-mail accounts used to conduct public business are subject to disclosure, and all employees or representatives of the County Board are instructed to retain their e-mails that relate to public business (see Section 1 Public Records) and to copy them to their business e-mail accounts and/or to the County Board's records custodian.
- L. The records custodian will treat the e-mails from private accounts as records of the public office, will file them in the appropriate way, will retain them pursuant to established schedules, and will make them available for inspection and copying in accordance with the Public Records Act.
- M. DISCLAIMER

Notwithstanding the existence of this policy, the County Board hereby informs the public that it shall comply with the requirements of the Ohio Public Records Act, including, but not limited to, Section 149.43 of the Ohio Revised Code, and that the provisions of the Ohio Public Records Act, and any amendments thereto, supersede and take precedence over this policy. The County Board retains the right to amend this policy at any time in accordance with the Ohio Public Records Act.

Revised: 8/8/2018

PAYER OF LAST RESORT

- A. This policy is adopted by the Agency to show fiscal responsibility and to give individuals served and their families' encouragement and guidance in utilizing all other available resources before accessing county tax levy dollars for needed services and supports. With limited funding to serve new people, existing resources will have to be maximized to meet the needs of all individuals and families eligible for our services.

- B. Within applicable budgetary constraints, the Agency supports the provision of services to as many eligible individuals as possible. To this end, the Agency places the following conditions on persons receiving or seeking to obtain county-funded services:
 - 1. Individuals shall utilize all available funding resources, including but not limited to private insurance and other funded programs and services, before requesting county tax levy dollars.
 - 2. Each individual who is eligible for Medicaid state plan or waiver services must apply for same and use to purchase/fund covered services.
 - 3. If the individual is determined ineligible for Medicaid state plan or waiver funding OR is unable to obtain a Medicaid waiver slot because no appropriate slot is available OR is determined eligible but health and safety is not able to be ensured OR is determined eligible but does not meet level of care OR other unique situations are approved by the Superintendent, the Superintendent shall have the authority to adjust the portion of costs to be paid by the Board.
 - 4. If the eligible individual refuses to apply for Medicaid state plan or waiver funding but still wants the services, he or she will be required to either pay the federal financial participation (FFP) portion of the total cost of such services (the part Medicaid would have paid), or only receive county funding for services in the amount of the local match.
 - 5. Payment of Early Intervention Services are governed by OAC 5123-10-01 Early Intervention Services – System of Payments.
 - 6. Individuals who receive Supported Living services must share a residence with at least one other person. Any exceptions must be recommended by the individual's team, based upon an assessment of need, and approved by the Superintendent.
 - 7. The Superintendent may waive any requirements of this policy for a period of up to one hundred and eighty (180) days for any person determined by the Superintendent to be in emergency need of services.
 - 8. State and federal laws and rules shall take precedence over any contrary provisions of this policy.

Revised: 02/9/2022

NON-RETALIATION FOR REPORTING FRAUD, WASTE, ABUSE AND OTHER VIOLATIONS

- A. The Adams County Board of DD (ACBDD) is committed to ensuring that all local, state and federal statutes, rules, or regulations are observed, that agency policies are followed and that agency property is not misappropriated, misused, or destroyed.

- B. Any agency employee or employee of a contracting entity who learns of:
 - 1. a violation of statute, rule or regulation related to the delivery of service;
 - 2. fraud, waste or abuse of government funds;
 - 3. false claims for payment of services rendered;
 - 4. a violation of agency policy; or
 - 5. the misappropriation, misuse or destruction of agency property, by agency personnel or the personnel of a contracting entity may report that violation or misuse by another without reprisal.

- C. Pursuant to the federal Deficit Reduction Act, ACBDD will inform its employees and contractors of this “no reprisal” policy as well as the requirements and protections contained in the federal False Claims Act (FCA) (31 U.S.C. 3729-3733). ACBDD also requires that all contracting entities have or establish a non-retaliation policy and that the entities inform its employees of the policy.

- D. The FCA holds liable for civil damages anyone who submits or causes someone else to submit a false or misleading claim for government funds. Anyone who knows about the filing of false claims may bring a civil action, and depending on the outcome and other factors, may be entitled to as much as thirty percent of the proceeds of the case.

- E. Under the Ohio Revised Code (ORC) 5111.03, anyone attempting to obtain payments to which they are not entitled can be also held liable under state law.

- F. The FCA also affords whistleblower protections for employees who report misconduct, including protection from retaliation by his/her employer. These protections are in addition to those found in the state’s whistleblower statutes, ORC 124.341 and 4113.52. These statutes provide protections for employees who follow statutory procedures in reporting any violation of federal or state statute, local ordinance, or regulation that is a felony or criminal offense likely to cause an imminent risk of physical harm to persons, and/or a hazard to public health and safety.

- G. Agency employees and employees of a contracting entity shall make reasonable efforts to determine the accuracy of any information reported under this policy. Agency employees may be disciplined for knowingly reporting false information.

- H. Agency employees are strongly encouraged to follow the procedures outlined in the procedural portion of this section.

Adopted: 8/8/2018

NON-RETALIATION FOR REPORTING FRAUD, WASTE, ABUSE AND OTHER VIOLATIONS PROCEDURE

- A. The Agency has various methods for detecting fraud, waste and abuse of government funds. Overseeing these activities is the responsibility of the Business Manager.
- B. Agency employees or employees of contracting entities, who are reporting the filing of claims suspected to be false or other fraud, waste and/or abuse of government funds, shall file a written report to the Business Manager or to the Superintendent, if the suspected violation involves the Business Manager. Examples of falsifying claims include submitting false medical records, billing for services not rendered, and billing, certifying or prescribing services that are medically unnecessary.
- C. Agency employees or employees of contracting entities, who are identifying other problems or violations of federal, state or local statute, rules or regulations, including agency policies, rules or regulations, or misuse of public resources not involving government funds, shall file a written report with the appropriate Agency supervisor, building administrator, or department director. An agency employee or employee of a contracting entity who believes that the Agency supervisor, building administrator, or department director has taken insufficient corrective action should promptly file a written report with the Superintendent. Such a report should also be filed with the Superintendent, if the agency employee or employee of a contracting entity believes that any supervisor or manager is in any way involved in the violation or misuse.
- D. For fraud, waste and abuse of government funds, the Business Manager or designee shall conduct an investigation of the allegation or turn the investigation over to proper authorities, and take remedial action, if indicated. For all other allegations, the appropriate department director or designee shall conduct an investigation of the allegation and take remedial action, if indicated.
- E. A written response shall be issued to the employee filing the report within a reasonable amount of time following the investigation. Interim reports may be provided to the employee if needed.
- F. Agency employees or employees of a contracting entity who follow statutory procedures in reporting any violation of state or federal statute, or local ordinance, or regulation that they believe to be true, whether they use agency procedures or file with the appropriate outside agency, shall not be subject to disciplinary or other retaliatory actions for such referrals. Any Agency employee found to have committed such disciplinary or other retaliatory action shall be subject to discipline.

Adopted: 8/8/2018

FEES FOR SERVICES

- A. The Adams County Board of Developmental Disabilities shall adopt the most current rate structure as defined in Ohio Administrative Code as the usual and customary rate for services.
- B. The Agency will make reasonable efforts to identify third party payors who may be available to provide payment for services provided to individuals by the Agency and to collect payment from such third party payors in accordance with the rate structure.
- C. The rate structure and the effective dates of the rate structure may be amended by Board action in accordance with Agency policy.
- D. The Superintendent shall maintain procedures for implementing this policy.

Adopted: 8/8/2018

FEES FOR SERVICES PROCEDURE

- A. Fees from third party payors for services provided by the Agency: Except as stated in these procedures, the Agency will make reasonable efforts to identify third party payors who may be available to provide payment for services provided to individuals by the Agency and collect payment from such third party payors in accordance with the rate structure.

- B. Determination of available Third Party Payors
 - 1. Determinations of Third Party Payors which may be available for coverage of services provided by the Agency shall be made at the time of initial enrollment and repeated at least once per year thereafter at the time of the ISP team meeting.
 - 2. All individuals or their families shall be instructed to notify the Agency of any change in such third party payors.

- C. Reasonable Efforts to Seek Reimbursement: The Agency will be deemed to have made reasonable efforts to seek reimbursement if the Agency submits claims to third party payors identified as available to the individual in accordance with procedures adopted by such payors. If the claim is denied, an appeal is not required if the Agency determines that there is no reasonable likelihood of success if an appeal were filed.

- D. Rules by DODD

These procedures are subject to rules promulgated by DODD pursuant to ORC Section 5126.045. In the event that DODD adopts rules under this section and any part of this policy is inconsistent with such rules, the provision of such rules shall apply.

Adopted: 8/8/2018

ELECTRONIC SIGNATURE POLICY

- A. Electronic Signature Purpose:
To facilitate the usage of electronic signatures for any and all records where applicable.

- B. Policy Statement: electronic signature, an automated function which replaces a handwritten signature with a system generated statement, will be utilized for records as a means for authentication of transcribed documents, computer generated documents and/or electronic entries. System generated electronic signatures are considered legally binding as a means to identify the author of record entries and confirm that the contents are what the author intended.

- C. Employees and Providers will be allowed to utilize electronic signature in accordance with this policy, State and Federal regulations regarding such, and developed and corresponding procedures, as applicable.

Revised: 8/8/2018

ELECTRONIC SIGNATURE PROCEDURE

- A. Employees and other applicable entities will be allowed to utilize electronic signature in accordance with this procedure.
- B. Confidentiality statement – Anyone authorized to utilize electronic signatures shall be required to sign a statement attesting that he or she is the only one who has access to his/or her signature / log-on password, that the electronic signature will be legally binding and that passwords will not be shared and will be kept confidential. (Refer to Attachment Electronic Signature and Password Acknowledgement)
- C. Passwords – All users shall have their own user ID and password to access the county board server. No one may enter the server without this ID and password. Users will also have a user ID and password to enter the Infallible software.
- D. Before assigning the unique user name the system administrator shall verify the user.
- E. Vendors, outside agency or providers who have access to using an application requiring an electronic signature based upon the user’s ID and password as described in this policy, shall use additional controls to ensure the security and integrity of each user’s electronic signature:
 - 1. Follow loss management procedures to electronically de-authorize lost or stolen, missing or otherwise compromised documents or devices that bear or generate identification code or password information and use suitable, rigorous controls to issue temporary or permanent replacements.
 - 2. Use safeguards to prevent the unauthorized use or attempted use of passwords and/or identification codes; and
 - 3. Test or use only tested devices, such as tokens or cards that bear or generate identification code or password information to ensure that they function properly and have not been altered.
- F. Creating, Maintaining, an Electronic Signature
 - 1. Electronic signatures can be used wherever handwritten signatures are used except where stated by a specific law or rule.
 - 2. All who use a system that uses electronic signatures shall be required to review their entries.
 - 1. Once an entry has been signed electronically, the computer system will prevent it from being deleted or altered. If errors are later found in the entry or if information must be added, this shall be done by means of an addendum to the original entry. A new case note will be generated

stating “This entry is an addendum to {date of case note, time of case note, record of error}”. The addendum shall also be signed electronically and date/time stamped by the computer software.

2. The current Infallible software supports electronic signature. It stores an electronic ID on each recorder by name and date. Entry cannot be deleted once it has been posted.

G. Auditing Electronic Signature

- a. The computer software and anyone using the software system shall use a secure, computer-generated time-stamped audit trail that records independently the date and time of user entries, including actions that create, modify or delete electronic records. Record changes shall not obscure previously recorded information. Audit trail documentation shall be retained for a period at least as long as required for the record and shall be made available as needed upon request.
- b. Any misuse or disregard of electronic signature policy will be reviewed and acted upon by the Superintendent.

Revised: 02/24/2021

PROFESSIONAL SERVICES

- A. The Board shall submit to the Adams County Board of County Commissioners in accordance with the normal budget process and as part of its budget request, a list identifying the total expenditures projected for any of the following:
 - 1. Any membership dues of the members or employees of the county board, in any organization, association, or other entity;
 - 2. Any professional services of the county board, its members or employees, or both;
 - 3. Any training of the members or employees of the county board.

- B. "Professional Services" means all of the following services provided on behalf of the Board, members or employees of a county board, or both:
 - 1. Lobbying and other governmental affairs services;
 - 2. Legal services other than the legal services provided by a county prosecutor or provided for the purpose of collective bargaining;
 - 3. Public relation services;
 - 4. Consulting services;
 - 5. Personnel training services, not including tuition or professional growth reimbursement programs for county board members or employees.

Reference: ORC 5126.038

Adopted: 8/8/2018

CONTRACTS

- A. The Board has the authority to contract with any other board, agency or organization to provide facilities, programs, and services authorized in Chapters 3323 and 5126, Revised Code.
- B. All contracts entered into by the Board with any other board, agency or organization to provide the services authorized in Chapters 3323 and 5126, Revised Code, must be between the contractor and the County Board.
- C. Every contract entered into by the Board must be reduced in writing and formally executed. It should be clear and definite regarding each item, including the duties of all parties, the amount of each payment to be made (or the bases upon which each payment is to be calculated), the total amount to be expended under the contract, any preconditions to payment and the time at which payments are to be made. If any other documents, programs, or plans are incorporated by reference into the contract, they should be clearly identified and, if they cannot be attached to the contract, their location should be clearly stated in the contract.
- D. All contracts should be approved as to form by the Board's legal advisor (county prosecutor). If it proves impractical to have contracts approved individually, consideration should be given to preparation of a standard contract, approved by the Board's legal advisor, which may be used in most instances. Deviations from this standard contract may then be approved by the legal advisor on an individual basis.
- E. Direct service contracts shall comply with Policy 1.15 and ORC sections 5126.03 – 5126.034.
- F. The contract must be signed by authorized representatives of all parties to the contract. An executed copy of the contract should be retained by all parties. The Board shall retain the original copies of all contracts in the business office.

ORC 5126.034; 5126:037; Auditor of State Handbook

Revised: 8/8/2018

Policy and Procedure
Table of Contents
Section III: Rights of Individuals Served

Section III	Rights of Individuals Served
3.01	Eligibility Determination
3.01.1	Early Intervention Eligibility Determination Procedure
3.01.2	Eligibility and Intake for Service and Support Procedure
3.01.3	Eligibility for HCBS Waiver Procedure
3.02	Waiting List
3.02.1	Waiting List Procedure
3.03	Non-discrimination of Individuals Served
3.03.1	Non-discrimination of Individuals Served Procedure
3.04	HCBS Free Choice of Provider
3.04.1	HCBS Waiver Free Choice of Provider Procedure
3.05	Resolution of Complaints and Appeals of Adverse Actions
3.05.1	Informal Dispute Resolution of Complaints Procedure
3.05.2	Formal Resolution of Complaints of Adverse Actions Procedure
3.05.3	Medicaid Due Process Procedure
3.06	HIPAA Privacy and Security
3.07	Accessibility
3.08	Social Networking
3.09	Technology First

ELIGIBILITY DETERMINATION

- A. The Agency's Service and Support Administration shall make eligibility determinations for residents of Adams County in accordance with rules adopted by DODD.
- B. The ACBDD shall complete eligibility determination within forty-five days of the request for services or after all necessary information has been received from the referring party or applicant except that:
 - 1. For children under age three, the eligibility report completed by or for "Help Me Grow" shall be used for eligibility determination; and
 - 2. For children age three through age five, the evaluation completed by or for the school district for preschool special education may be used for eligibility determination.
- C. For persons age six through age fifteen, a substantial functional limitation in a major life area is determined through completion of the Children's Ohio Eligibility Determination Instrument or an alternative instrument issued by the department for use in determining eligibility for county board services and application of criteria found therein.
- D. For persons age sixteen or older, a substantial functional limitation in a major life area is determined through completion of the Ohio Eligibility Determination Instrument or an alternative instrument issued by the department for use in determining eligibility for county board services and application of criteria found therein.
- E. Except as provided in paragraph G, an eligible individual must have a developmental disability as defined in ORC 5126.01. Developmental disability means a severe, chronic disability that is characterized by all of the following:
 - 1. It is attributable to a mental or physical impairment or a combination of mental and physical impairments, other than a mental or physical impairment solely caused by mental illness as defined in division (A) of Section 5122.01 of the Revised Code;
 - 2. It is manifested before age twenty-two;
 - 3. It is likely to continue indefinitely;
 - 4. It results in one of the following:
 - a. In the case of a person under age three, at least one developmental delay or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay;
 - (1) Developmental delay means that a child has not reached developmental milestones expected for his or her chronological age as measured by qualified professionals using appropriate diagnostic instruments and/or procedures.
 - (2) For children under age three, developmental delay shall be established in accordance with Part C of the Individuals with Disabilities Education Act, 20 U.S.C. 1431 through 1445, as in effect on the effective date of this rule, 34 C.F.R. 303.10, as in effect on the effective date of this rule, and rules promulgated by the Ohio department of health.
 - (3) For children age three through age five, developmental delay shall be established in accordance with rules promulgated by the Ohio department of education.

- a. In the case of a person at least age three but under six, at least two developmental delays;
 - b. In the case of a person age six or older, a substantial functional limitation in at least three of the following areas of major life activity, as appropriate for his/her age:
 - (1) self-care,
 - (2) receptive and expressive language,
 - (3) learning,
 - (4) mobility,
 - (5) self-direction,
 - (6) capacity for independent living, and,
 - (7) if the person is at least age at least sixteen, capacity for economic self-sufficiency.
2. It causes the person to need a combination and sequence of special, interdisciplinary, or other type of care, treatment, or provision of services for an extended period of time that is individually planned and coordinated for the person.
- B. When a person who has been determined eligible for county board services after July 1, 1991 moves or wants to move to another county in Ohio, that person shall be deemed eligible by the new county board. ACBDD, however, may review the person's eligibility. During the review, the person continues to be eligible to receive services according to the new county board's strategic plan and priorities.
- C. All persons who were eligible for services and enrolled in programs offered by a CBDD pursuant to ORC 5126.041 on July 1, 1991, shall continue to be eligible for those services and to be enrolled in those programs as long as they are in need of services.
- D. All persons who were eligible for case management services and receiving case management services pursuant to Chapter 5126. of the Revised Code on January 10, 1992, shall continue to be eligible for those services and to receive services as long as they are in need of services.
- E. A person who resided in a state institution on or before October 29, 1993, is eligible for programs and services offered by a CBDD, unless the person is determined by the county board not to be in need of those programs and services.
- F. ACBDD shall keep on file the documents used to determine eligibility for county board services of all persons who apply after July 1, 1991, whether or not such persons are found to be eligible. Information on persons found to be ineligible shall be maintained for a minimum of five years after such determination is made.
- G. The Board shall refer persons not eligible for programs and services offered by the Board to other entities of state and local governments or appropriate private entities for services.
- H. Membership of a person on, or employment of a person by, the ACBDD does not affect the eligibility of any member of that person's family for services provided by the Agency or by any entity under contract with the ACBDD.

I. All individuals shall have the right to the Board's *Administrative Resolution of Complaints/Due Process Policy and Procedure*.

ORC: 5126.041; 5126.01;5123-4-04

Revised: 02/9/2022

EARLY INTERVENTION ELIGIBILITY DETERMINATION PROCEDURE

Eligibility for children with developmental delays or disabilities:

- A. To be eligible for services and supports provided by the Agency's early intervention services, an infant or toddler shall be under three years of age with developmental delays or disabilities.
- B. Eligibility shall be determined as:
 1. Having a developmental delay in one or more of the following areas, as measured by a research-based developmental evaluation tool or informed clinical opinion as defined by the lead agency.
 - a. Cognitive development
 - b. Physical and sensory development, including vision and hearing
 - c. Communication development
 - d. Social or emotional development
 - e. Adaptive development (self help); or
 2. Having a diagnosed physical or mental condition that has high probability of resulting in a developmental delay or disability that is based on a written medical report per the Help Me Grow rule, or
 3. Having already been determined Part C eligible in the state of Ohio or from another state.
- C. To determine if an infant or toddler has a developmental delay or disability the evaluation to determine eligibility shall:
 1. Be completed within forty-five days.
 2. Be completed by a developmental evaluation team, which includes the parents and at least two appropriately licensed or certified professionals from two different disciplines, one of whom may be the service coordinator. It is recommended that one member of the evaluation team have specialized training or expertise with the child's suspected need or primary area of delay.
 3. Be based on at least one research- based developmental evaluation tool or informed clinical opinion. If a delay is not confirmed using a developmental evaluation tool, then informed clinical opinion can be used by the members of the developmental evaluation team to determine a delay.
 4. Include the five developmental areas specified in (2) of this rule with a focus on the child's unique strengths and needs in each domain.
 5. Include a vision, hearing, and nutrition screening completed by qualified personnel.
 6. Be provided at no cost to the family.
 7. Include a review of pertinent records related to the child's health, developmental and medical history. If a child has already had an evaluation in all or some of the domains including a medical evaluation within the past ninety days, this information must be used as part of the developmental evaluation.
 8. Be preceded by informed, written parental consent for the screening and evaluation.
 9. Be conducted in collaboration with the family in settings and at times that are selected by families.
 10. Be administered in the primary language of the child and family or other mode of

1. communication unless it is clearly not feasible to do so.
 2. Be selected and administered so as not to be racially or culturally discriminatory.
 3. Be coordinated by the family's service coordinator.
 4. Be written and include the date or dates of the evaluation, evaluation method, summary of the child's unique strengths and needs in each domain, statement of eligibility, identification of the domains that are delayed, and each evaluator's agency, degree, certification and/or professional license.
 5. Be completed and a copy of the report shared with the family within forty-five calendar days of the initial referral to the system for a suspected delay. If the child is eligible, the IFSP is developed and signed within the same forty-five calendar days and without undue delay. If the family disagrees with the eligibility determination, their rights shall be explained and, upon consent, the appropriate referral made. In the event of exceptional family circumstances, which make it impossible to complete the developmental evaluation within forty-five calendar days, the service coordinator shall document the exceptional circumstances and that the parents were informed and understood that there is an alternative timeline and are in agreement.
- B. If the Agency is not involved in the evaluation to determine eligibility for HMG as described in this rule, the Agency shall request a copy of the written evaluation report for the child's record and shall maintain documentation if report unavailable.
- C. At this time, the Adams County Board DD does not have a plan in place to serve children at risk for developmental delays or disabilities.

Revised: 09/12/2018

ELIGIBILITY AND INTAKE FOR SERVICE AND SUPPORT ADMINISTRATION PROCEDURE

- A. The Agency shall provide service and support administration to the following:
1. Each individual, regardless of age, who is applying for or enrolled in an HCBS waiver;
 2. Each individual three years of age or older who is eligible for county board services, and requests, or a person on the individual's behalf requests pursuant to paragraph (C) of rule 5123-4-02;
 3. An individual residing in an intermediate care facility who requests, or a person on the individual's behalf requests pursuant to paragraph (C) of rule 5123-4-02, assistance to move from the intermediate care facility to a community setting.
 4. The Agency shall provide service and support administration in accordance with the requirements of section 5126.15 of the Revised Code.
 5. An individual who is eligible for service and support administration and requests, or a person on the individual's behalf requests pursuant to paragraph (C) of rule 5123-4-02 service and support administration shall receive service and support administration and shall not be placed on a waiting list for service and support administration.
- B. Based on available resources the Agency may provide service and support administration to the following:
1. In accordance with the service coordination requirements of 34 C.F.R. 303.23, an individual under three years of age eligible for early intervention services under 34 C.F.R. part 303;
 2. An individual who is not eligible for other services of the board.
- C. For new individuals, the SSA/SSM is responsible for intake following eligibility: providing, obtaining and/or arranging for all entry criteria, referral, assessments and/or qualifications for needed residential, adult day, community supported employment services and initial Wait List assessment and placement.
1. There may be diagnoses that require additional supporting evidence that they meet the definition of a developmental disability, i.e. Attention Deficit/Hyperactivity Disorder, with or without hyperactivity (ADHD). Additional documentation to verify the diagnoses meet the definition of a developmental disability may be required for eligibility.
- D. The C/OEDI shall be completed within 45 days. After completion of the C/OEDI, the intake process will be initiated and completed within 30 days. Once intake is complete the case will be forwarded to the Director who will notify the SSA Manager. The SSD and the SSA Manager will then assign the case to an SSA. The SSA will then develop the Individual Service Plan and coordinate needed services within 45 days. All delays shall be documented in writing via case notes or letters.

ORC 5126.15; OAC 5123-4-02

Revised: 02/9/2022

ELIGIBILITY FOR HCBS WAIVER PROCEDURE

- A. At the time an individual is being recommended for enrollment in an HCBS waiver the SSA, will explain to the individual about choice of waiver enrollment as an alternative to ICF/IID placement and feasible alternatives available upon enrollment in an HCBS waiver.
- B. The SSA will ensure and/or assist the individual with the submission of the application for HCBS waiver enrollment (JFS 02399) to the ACDJFS. The SSA/SSM will conduct a Level of Care Assessment and then submit the assessment through DODD's online application.
- C. Upon authorization by the department to enroll individuals in HCBS waivers, the SSA will:
 - 1. Determine the individual's eligibility for Agency services. Individuals determined to have an ICF/IID level of care and who meet all other eligibility criteria shall be eligible for HCBS waiver enrollment even if determined not eligible for county board services.
 - 2. Complete the required assessments of the individual in accordance with 5123-9-01 and 5123-8-01 of the Administrative Code and
 - a. For the Level One and SELF Waivers, administer the prescreen tool to individuals who seek enrollment to identify any health and welfare needs that must be addressed before enrollment and, as necessary, to identify any non-waiver services and supports the individual needs to assure the individual's health and welfare. The SSA shall follow the protocol developed by the department in the administration of the prescreen tool, which shall address the circumstances in which the individual will be enrolled in the level one and/or SELF waiver.
 - b. For other HCBS waivers administered by the department, complete any assessment specific to those waivers in accordance with rules adopted by the department.
 - 3. Submit to the department all necessary enrollment information, including a request for an ICF/IID level of care determination with respect to the individual through DODD's online application.
- D. The SSA will submit an ICF/IID level of care redetermination to the department in accordance with rule 5123-8-01 of the Administrative Code.
- E. Once eligibility is determined the SSA will follow rule 5123-9-01 for enrollment and disenrollment from HCBS Waivers.

OAC 5123-9-01; 5123-8-01

Revised: 02/9/2022

Waiting List for Home and Community-Based Services (HCBS) Waivers

- A. This policy sets forth requirements for the waiting list established pursuant to R.C. 5126.042 and O.A.C. 5123-9-04 when the Adams CBDD determines that available resources are insufficient to enroll individuals who are assessed to need and who choose home and community-based services waivers (HCBS) in the Ohio Department of Developmental Disabilities (DODD) administered home and community-based services (HCBS) waivers.
- B. The definitions contained herein shall have the same meaning as set forth in R.C. 5126.042 and O.A.C. 5123-9-04.
- C. Adams County Board of Developmental Disabilities (ACBDD) shall, in conjunction with development of its strategic plan described in R.C. 5126.054 and in O.A.C 5123-4-01, identify how many individuals it plans to enroll in each type of locally-funded home and community-based services waiver during each calendar year, based on projected funds available to ACBDD to pay non-federal share of Medicaid expenditures and the assess needs of the county's residents on the waiting list when resources are not available.
- D. Waiting list for home and community-based services (HCBS).
 - 1. An individual or the individual's guardian, as applicable, who thinks the individual has an immediate need or a current need may contact ACBDD to request an assessment of the individual using the waiting list assessment tool.
 - a. ACBDD shall initiate an assessment of the individual using the waiting list assessment tool within thirty calendar days.
 - b. An individual, or the individual's guardian, as applicable, will have access to the individual's completed waiting list assessment tool maintained in the department's web-based waiting list management system and upon request, will be provided a copy by the ACBDD.
 - 2. Meeting the criteria for immediate need and/or current need does not guarantee enrollment in a locally-funded HCBS waiver withing a specific ACBDD shall place an individual's name on the waiting list for home and community-based services when, based on assessment of the individual using the waiting list assessment tool, the individual:
- E. When an individual on the waiting list for a HCBS waiver moves from one county to another and the individual or the individual's guardian, as applicable, notifies the receiving county board, the receiving county board will within ninety (90) calendar days of receiving notice, review the individual's waiting list assessment tool.

- F. The Adams CBDD will remove an individual's name from the waiting list for HCBS:
1. When the Adams CBDD determines that the individual no longer has a condition describe in paragraph (D)(2)(a) OAC 5123-9-04;
 2. When the Adams CBDD determines that the individual no longer has a current need;
 3. Upon receipt of the individual or the individual's guardian, as applicable;
 4. Upon enrollment of the individual in a HCBS waiver that meets the individual's needs;
 5. If the individual or the individual's guardian, as applicable, declines enrollment in a HCBS waiver or community-based alternative services that are sufficient t meet the individual's needs;
 6. If the individual or the individual's guardian, as applicable, fails to respond to attempts by the Adams CBDD to contact the individual or the individual's guardian by at least two different methods, one of which will be certified mail to the last known address of the individual or the individual's guardian, as applicable;
 7. When the Adams CBDD determines the individual does not have a developmental disabilities level of care in accordance with rule 5123-8-01 of the Administrative Code;
 8. When the individual is no longer a resident of Ohio; or
 9. Upon the individual's death.
- G. Advancement from the transitional list of individuals waiting for HCBS to the waiting list for HCBS:
1. The DODD will maintain the transitional list of individuals waiting for HCBS as defined in paragraph (B)(7) of this policy until December 31, 2020.
 2. The Adams CBDD will administer the waiting list assessment tool to each individual residing in Adams County whose name is included on the transitional list of individuals waiting for HCBS.
 3. The Adams CBDD or the DODD will attempt to contact each individual whose name is included on the transitional list of individuals waiting for HCBS or the individual's guardian, as applicable, by at least two different methods, one of which will be certified mail to the last known address of the individual or the individual's guardian, as applicable. The DODD will remove an individual's name from the transitional list of individuals waiting for HCBS when the individual's guardian or the individual's guardian, as applicable:
 - a. Fails to respond to attempts by the Adams CBDD or the DODD to establish contact; or
 - b. Declines an assessment of the individual using the waiting list assessment tool.
- H. There are three possible outcomes of administration of the waiting list assessment tool:
1. The Adams CBDD determines the individual has an immediate need in which case the individual will receive services in accordance with OAC 5123-9-04.
 2. The Adams CBDD determines the individual has a current need, in which case the Adams CBDD will use community-based alternative services to meet the individual's needs or if the individual's needs cannot be met by community based alternative

- services, the Adams CBDD will add the individual's name to the waiting list for HCBS; or
3. The Adams CBDD determines the individual has neither an immediate need nor a current need.

I. Due Process

1. Due Process will be afforded to an individual aggrieved by an action of the Adams CBDD related to:
 - a. The approval, denial, withholding, reduction, suspension, or termination of a service funded by the state Medicaid program;
 - b. Placement on, denial of placement on, or removal from the waiting list for HCBS or the transitional list of individuals waiting for HCBS; or
 - c. A dispute regarding an individual's date of request or status date.
2. Due Process will be afforded in accordance with Section 5160.31 of the ORC and Chapters 5101:6-1 to 5101:6-9 of the Administrative Code.

Rule Reference: ORC 5126.042; ORC 5125.054; ORC 5160.31
O.A.C. 5123-9-04, OAC 5123:2-3-05; OAC 5123-4-01; OAC Chapters 5101:6-1 to 5101:6-9
and OAC Chapter 5160-3

Policy Revision Date: 02/9/2022

WAITING LIST FOR HOME AND COMMUNITY -BASED SERVICES (HCBS) WAIVERS

- A. Waiting List for home and community-based services (HCBS):
1. An individuals or the individual's guardian, as applicable, who thinks the individuals has an immediate need or a current need may contact the Adams CVDD to request an assessment of the individual using the waiting list assessment tool.
 2. The Adams CBDD will initiate an assessment of the individual using the waiting list assessment tool within thirty (30) calendar days.
 3. An individual or the individual's guardian, as applicable, will have access to the individual's completed waiting list assessment tool maintained in the DODD's web-based waiting list management system and upon request, will be provided a copy by the Adams CBDD.
- B. Placement on the Waiting List for HCBS:
1. The Adams CBDD will place an individual's name on the waiting list for HCBS when, base on assessment of the individual using the waiting list assessment tool, the individual:
 - a. Has been determined to have a condition that is:
 - (i) Attributable to a mental or physical impairment or combination of mental and physical impairments, other than an impairment cause solely by mental illness;
 - (ii) Manifested before the individual is age twenty-two;
 - (iii) Likely to continue indefinitely; and
 - b. Has a current need, which cannot be met by community-based alternative services in the county where the individual resides (including a situation in which an individual has a current need despite the individual's enrollment in a HCBS waiver).
- C. The Adams CBDD will NOT place an individual's name on the waiting list for HCBS when the individual:
1. Is a child who is subject to a determination under section 121.38 of the Revised Code and requires HCBS; or
 2. Has an immediate need, in which case the Adams CBDD will take action necessary to ensure the immediate need is met by:
 - a. The Adams CBDD will provide the individual or the individual's guardian, as applicable, with the option of having the individual's needs met in an intermediate care facility for individuals with intellectual disabilities or through community-based alternative services. Once an individual or individual's guardian chooses the setting n which he or she prefers to receive services, the Adams CBDD will take action to ensure the individual's immediate need is met, including by enrollment in a HCBS waiver, if necessary.
 - b. Such action may also include assisting the individual or the individual's guardian, as applicable, in identifying and accessing alternative services that are available to meet the individual's needs.

- D. When the Adams CBDD places an individual's name on the waiting list for HCBS, the Adams CBDD will:
1. Record, in the DODD's web-based waiting list management system:
 - a. The individual's status date; and
 - b. The individual's date of request, for an individual on the transitional list of individuals waiting for HCBS as defined in paragraph (B)(7) of the Adams CBDD's policy 3.02.
 2. Notify the individual or the individual's guardian, as applicable, that the individual's name has been placed on the waiting list for HCBS.
 3. Provide contact information to the individual or the individual's guardian, as applicable, for a person at the Adams CBDD who can assist in identifying and accessing alternative services that address, to the extent possible, the individual's needs.
- E. Annually, the Adams CBDD will:
1. Review the waiting list assessment tool and service needs of each individual whose name is included on the waiting list for HCBS with the individual and the individual's guardian, as applicable; and
 2. Assist the individual or the individual's guardian, as applicable, in identifying and accessing alternative services.
- F. When the Adams CBDD determines an individual's status has changed with regard to having an immediate need and/or having a current need or an individual's status date has changed, the Adams CBDD will update the individual's record in the DODD's web-based waiting list management system.
- G. Order for enrolling individuals in locally-funded HCBS waivers:
1. Individuals will be selected for enrollment in locally-funded HCBS waiver in this order:
 - a. Individuals with immediate need who require waiver funding to address immediate need.
 - b. Individuals who have met multiple criteria for current need for twelve or more consecutive months and who were not offered enrollment in a HCBS waiver in the prior calendar year. When two or more individuals meet the same number of criteria for current need, the individual with the earliest of either the status date or date of request will be selected for enrollment.
 - c. Individuals who have met multiple criteria for current need for less than twelve consecutive months. When two or more individuals meet the same number of criteria for current need, the individual with the earliest of either the status date or date of request will be selected for enrollment.
 - d. Individuals who meet a single criterion for current need. When two or more individuals meet the same number of criteria for current need, the individual with the earliest of either the status date or date of request will be selected for enrollment.

- H. Individuals with immediate need and individuals with current need may be enrolled in locally-funded HCBS waivers concurrently.
- I. When an individual is identified as next to be enrolled in a locally-funded HCBS waiver, the Adams CBDD will determine the individual's next eligibility for enrollment in a HCBS waiver. When the Adams CBDD determines an individual is eligible for enrollment in a HCBS waiver, the Adams CBDD will determine which type of locally-funded HCBS waiver is sufficient to meet the individual's needs in the most cost-effective manner.
- J. Order for enrolling individuals in state-funded HCBS waivers:
 - 1. The DODD will determine the order for enrolling individuals in state-funded HCBS waivers.
 - 2. Meeting the criteria for immediate need and/or current need does not guarantee enrollment in a state-funded HCBS waiver within a specific timeframe.
- K. Change in an individual's county of residence:
 - 1. Within ninety (90) calendar days of receiving notice, Adams CBDD will review the individual's waiting list assessment tool after receiving notification that the individual moved into the county of Adams.
 - a. When the Adams CBDD determines that an individual has moved to Adams County and has a current need which cannot be met by community-based alternative services (including a situation in which an individual has a current need despite the individual's enrollment in a HCBS waiver); the Adams CBDD will update the individual's county of residence in the department's web-based waiting list management system without changing the status date or date of request assigned by the previous county board.
 - b. When the Adams CBDD determines that an individual that has moved to Adams County has a current need, which can be met by community-based alternative services, the Adams CBDD will assist the individual or the individual's guardian, applicable, in identifying and accessing those services.
- L. Advancement from transitional list if individuals waiting for home and community-based services to waiting list for HCBS:
 - 1. The Adams CBDD will administer the waiting list assessment tool to each individual residing in the county whose name is included on the transitional list if individuals waiting for HCBS who receives SSA services when the Individual Service Plan (ISP) is next scheduled for review starting September 1, 2018 (per rule 5123-9-04).
 - 2. The Adams CBDD will administer the waiting list assessment tool to each individual residing in the county whose name is included on the transitional list of individuals waiting for HCBS who does not receive Service and Support Administration no later than December 31, 2020. Adams CBDD may request and the DODD may provide assistance to identify, locate, contact, or administer the waiting list assessment tool to individuals residing in the county but unknown to the Adams CBDD.
- M. Removal from Transitional List:
 - 1. Once the waiting list assessment tool has been administered to an individual whose name is included on the transitional list of individuals waiting for HCBS and a

determination made, the Adams CBDD will notify the DODD. The DODD will remove the individual's name from the transitional list of individuals waiting for HCBS.

N. Due Process:

1. Due Process will be provided in accordance with Section 5160.31 of the Revised Code, Chapters 5101:6-1 to 5101:6-9 of the Administrative Code and the Adams CBDD Policy 3.02.

Rule Reference: ORC 5126.042; ORC 5125.054; ORC 5160.31, ORC 121.38

O.A.C. 5123:9-04, OAC 5123:2-3-05; OAC 5123-4-01; OAC Chapters 5101:6-1 to 5101:6-9 and OAC Chapter 5160-3

Policy Revision Date: 2/9/2022

NONDISCRIMINATION OF INDIVIDUALS SERVED

- A. Adams County Board of Developmental Disabilities shall provide benefits, services and opportunities to all individuals eligible for services equally, without regard to race, color, national origin, religion, spiritual beliefs, age, sex, sexual orientation, socioeconomic status, language or disability in accordance with the determined needs of the individual.
- B. There is no distinction made in determining eligibility for, services because of race, color, national origin, religion, spiritual beliefs, age, sex, sexual orientation, socioeconomic status, language or disability.
- C. In keeping with the Agency's commitment to be responsive to individual needs and preferences, within available resources, every effort to match staff with service needs and accommodate individual/family requests will be made when possible.
- D. All persons and organizations having occasion to refer or recommend individuals to this agency are advised to do so without regard to the individual's race, color, national origin, religion, spiritual beliefs, age, sex, sexual orientation, socioeconomic status, language or disability.
- E. Any individual served, parent, guardian, or daily representative who believes that an individual has been treated in a discriminatory manner may make a verbal or written complaint of discrimination to the Superintendent.
- F. No persons served shall be retaliated against, offered negative repercussion nor endure any barriers to services because of race, color, national origin, religion, spiritual beliefs, sex, age, sexual orientation, socioeconomic status, language or disability or pursuit of due process or administrative resolution of complaints.

Revised: 09/12/2018

NON-DISCRIMINATION FOR INDIVIDUAL'S SERVICES PROCEDURE HEARING ENROLLEE COMPLAINTS OF DISCRIMINATION

The following process shall be followed by individuals and/or their representatives when filing a complaint of discrimination by the Agency.

A. Registering a Complaint

The individual or his/her representative may register a complaint of discrimination on the basis of race, color, national origin, religion, spiritual beliefs, place of origin, sex, age or handicap with the local Civil Rights/Section 504 Coordinator, or the person assigned by the provider to ensure compliance with civil rights regulations. The complaint must be filed within 180 days of the alleged act of discrimination. The deadline for filing may be extended by the Ohio Department of Developmental Disabilities (DODD) State Civil Rights Coordinator given justifying circumstances.

B. Acknowledgment of Complaints

Within fifteen (15) days from the receipt of a complaint, the local Civil Rights/Section 504 Coordinator will, in an acknowledgment letter:

1. Confirm the date the complaint was received;
2. Request an informal meeting, providing the purpose of the meeting, the date, the time and the place of the proposed meeting;
3. Inform the complainant of the right to bring counsel, or have representation at the informal meeting. The local Civil Rights/Section 504 Coordinator will forward a copy of each complaint with the acknowledgment letter to the DODD's State Civil Rights Coordinator.

C. Informal Meeting with Complainant

An informal meeting between the local Civil Rights/Section 504 Coordinator and the complainant will be held in an attempt to define the problems surrounding the complaint and to resolve the problems. The informal meeting shall take place within fifteen (15) days of the written acknowledgment of the receipt of the complaint. Following the informal meeting, the local Civil Rights/Section 504 Coordinator will have fifteen (15) days to notify the complainant in writing to confirm the resolution of the matter or any recommendations reached. If the meeting indicates a need for an investigation in order to resolve the complaint, the local Civil Rights/Section 504 Coordinator will have thirty (30) days to conduct the investigation.

D. Investigation

The local Civil Rights/Section 504 Coordinator shall conduct such investigation of a complaint that is appropriate to determine its validity. This mandate contemplates informal, but thorough, investigations, affording all concerned individuals and their representatives, if any, an opportunity to submit statements/documents/information. The local Civil Rights/Section 504 Coordinator will issue to the complainant a written decision concerning the validity and resolution of the complaint not later than thirty (30) days following the written decision of the informal hearing. The local Civil Rights/Section 504 Coordinator

will forward a copy of the written decision, which informed the complainant of the agency's determination regarding the complaint, to DODD's Civil Rights Coordinator.

E. Request for Formal Hearing

After receipt of the local Civil Rights/Section 504 Coordinator's written decision, the complainant has fifteen (15) days to request a formal hearing if it is felt that the decision was inappropriate. The request for a hearing shall be directed in a letter to the local Civil Rights/Section 504 Coordinator.

F. Formal Hearing

Within fifteen (15) days of a request for a formal hearing, the local Civil rights/Section 504 Coordinator shall hold a hearing before the Civil Rights/Section 504 Committee of the Agency, the licensed residential facility, or the developmental center where the discrimination is alleged to have taken place. Three (3) disinterested persons from the committee shall hear the evidence and testimony presented and shall arrive at a decision concerning the discrimination complaint. At least one (1) person from outside the agency shall be on the hearing body and one (1) individual with a disability (or advocate for individuals with disabilities) if the complaint involves handicap discrimination. No person rendering a previous decision on the pending complaint shall be used. A tape recording of the testimony and cross-examination and all evidence shall be kept. Both parties may be represented by counsel, if desired. Within fifteen (15) days of the conclusion of the hearing, the written decision or recommendation of the hearing body shall be mailed to the complainant.

G. Appeal to DODD

If the complainant believes that the discriminatory conditions leading to the complaint continue, that the decision rendered by the local service provider is inappropriate, or that the hearing process was improperly carried out, the complainant may ask for a review of the case by the DODD Civil Rights Coordinator. The appeal must be made, in writing, no more than fifteen (15) days following receipt of the formal hearing decision. The service provider may also request an appeal within fifteen (15) days, if justification for the appeal is sent to the DODD Civil Rights Coordinator. The DODD Civil Rights Coordinator must acknowledge to both parties receipt of any appeal request within fifteen (15) days, and shall have from thirty (30) up to forty-five (45) days to review evidence from the local investigation/hearings or to investigate further.

The DODD Civil Rights Coordinator shall do one of the following:

1. Sustain the previous decision;
2. Recommend a different solution;
3. Recommend that the complainant report the discrimination complaint to the Office for Civil Rights (H.H.S.)

H. Result of Appeal Review

Written notification of the DODD Civil Rights Coordinator's decision shall be mailed to both parties immediately (maximum forty-five (45) days) following the decision. If the decision mandates some changes of policy or practice by the service provider, the changes

shall be implemented and reported to the Ohio Department of DD's Civil Rights Coordinator within thirty (30) days of receipt of the DODD Civil Rights Coordinator's decision letter.

I. Notification of Complainant's Rights

The complainant shall be notified at the time the original complaint is filed that at any time during the process the complainant may report the alleged discrimination to the Office for Civil Rights (OCR), U.S. Department of Health and Human Services. The local Civil Rights/Section 504 Coordinator shall assist the complainant in reporting to OCR, if necessary.

Revised: 09/12/2018

**HOME AND COMMUNITY-BASED SERVICES WAIVERS
FREE CHOICE OF PROVIDERS**

- A. The Adams County Board of Developmental Disabilities shall follow the free choice of provider process for assuring an individual's right to obtain home and community-based services from any qualified and willing provider in accordance with the Ohio Administrative Rule 5123-9-11, 42 C.F.R. 431.51, sections 5123.044 and 5126.046 of the Ohio Revised Code.

- B. Notification of free choice of providers, assistance with the provider selection process, and procedural safeguards
 - 1. The Adams County Board of Developmental Disabilities shall notify each individual at the time of enrollment in a home and community-based services waiver and at least annually thereafter, of the individual's right to choose any qualified and willing provider of home and community-based services. The notification shall specify that:
 - a. The individual may choose agency providers, independent providers, or a combination of agency providers and independent providers;

 - b. The individual may choose providers from all qualified and willing providers available statewide and is not limited to those currently providing services in a given county;

 - c. The individual may choose to receive services from a different provider at any time;

 - d. The service and support administrator will assist the individual with the provider selection process if the individual requests assistance.

 - 2. A service and support administrator shall assist an individual enrolled in a home and community-based services waiver with one or more of the following, as requested by the individual:
 - a. Accessing the department's website to conduct a search for qualified and willing providers;

 - b. Providing the individual with the department's guide to interviewing prospective providers;

 - c. Sharing objective information with the individual about providers that includes reports of provider compliance reviews conducted in accordance with section 5123.162 or 5123.19 of the Revised Code, approved plans of correction submitted by providers in response to compliance reviews, number of individuals currently served, and any information about services offered by the provider to meet the unique needs of a specific group of individuals such as aging adults, children with autism, or individuals with intense medical or behavioral needs;

d. Utilizing the statewide, uniform format to create a profile that shall include the type of services and supports the individual requires, hours of services and supports required, the individual's essential service preferences, the funding source of services, and any other information the individual chooses to share with prospective providers;

e. Making available to all qualified providers in the county that have expressed an interest in serving additional individuals, the individual specific profile created in accordance with paragraph (C)(2)(d) of this policy to identify willing providers of the service;

f. Contacting providers on the individual's behalf;

g. Developing provider interview questions that reflect the characteristics of the individual's preferred provider; and

h. Scheduling and participating as needed in interviews of prospective providers. The service and support administrator may participate in this interview as directed by the individual.

3. The Adams County Board of Developmental Disabilities shall document the alternative home and community-based services settings that were considered by each individual and ensure that each individual service plan reflects the setting options chosen by the individual.
4. The county board shall document that each individual has been offered free choice among all qualified and willing providers of home and community-based services.
5. If the Adams County Board of Developmental Disabilities receives a complaint from an individual regarding the free choice of provider process, the county board shall respond to the individual within thirty days and provide the department with a copy of the individual's complaint and the county board's response. The department shall review the complaint and the county board's response and take actions it determines necessary to ensure that each individual has been afforded free choice among all qualified and willing providers of home and community-based services.

C. Commencement of Services

1. The Adams County Board of Developmental Disabilities shall adopt written procedures to ensure that home and community-based services begin in accordance with the date established in the individual service plan. The procedures shall include a requirement for the county board to monitor the service commencement process and implement corrective measures if services do not begin as indicated.

D. Department Training and Oversight

1. The department shall periodically provide training and assistance to familiarize county boards and individuals with the rights and responsibilities set forth in rule 5123-9-11.
2. The department shall investigate or cause an investigation when an individual alleges that he or she is being denied free choice of providers for home and community-based services.
3. The department shall utilize the accreditation process in accordance with rule 5123-4-02 of the Administrative Code to monitor county board compliance with requirements of rule 5123-9-11.

E. Due Process and Appeal Rights

1. Any recipient of or applicant for home and community-based services may utilize the process set forth in section 5101.35 of the Ohio Revised Code (ORC), in accordance with division 5101:6 of the Ohio Administrative Code (OAC), for any purpose authorized by that statute and the rules implementing the statute, including being denied the choice of a provider who is qualified and willing to provide home and community-based services. The process set forth in section 5101.35 of the ORC is available only to applicants, recipients, and their lawfully authorized representatives.
2. Providers shall not utilize or attempt to utilize the process set forth in section 5101.35 of the ORC. Providers shall not appeal or pursue any other legal challenge to a decision resulting from the process set forth in section 5101.35 of the ORC.
3. The Adams County Board of Developmental Disabilities shall inform the individual, in writing and in a manner the individual can understand, of the individual's right to request a hearing in accordance with division 5101:6 of the OAC.
4. The Adams County Board of Developmental Disabilities shall immediately implement any final state hearing decision or administrative appeal decision relative to free choice of providers for home and community-based services issued by the Ohio Department of Medicaid, unless a court of competent jurisdiction modifies such a decision as the result of an appeal by the Medicaid applicant or recipient.

ORC 5123.044; ORC 5126.046; OAC 5123-9-11

Revised: 02/9/2022

**HOME AND COMMUNITY-BASED SERVICES WAIVERS
FREE CHOICE OF PROVIDERS**

A. Purpose:

The Adams County Board of Developmental Disabilities shall follow the Free Choice of Provider process for ensuring individuals are notified of their right to choose from any qualified and willing provider in accordance with rule 5123-9-11.

B. Notification of Free Choice of Provider Process:

1. All Individuals served will be notified of their right to choose any qualified and willing statewide provider by the Service and Support Administrator (SSA) upon enrollment in a home and community-based services program, annually at the time of re-determination, and at any other time the individual/guardian expresses an interest in or makes a request to choose a new, different, or additional provider.
2. The Adams County Service and Support Administrator (SSA) will follow the free choice of provider process, by notifying individuals of their right to choose any provider, or multiple providers for each service specified in an individual's ISP.
3. The notification shall be reviewed and provided annually in writing as part of the person-centered service planning process.

C. The SSA will assist with Free Choice of Provider Process by:

1. Offering to assist the individual in accessing the DODD website to conduct a search of potential providers;
2. Providing the DODD guide on interviewing providers when an individual has expressed an interest in pursuing adding a new or different service provider;
3. Sharing objective information with the individual about providers, i.e. compliance reviews, approved plans of correction, number of individuals currently served, and other pertinent information about services offered;
4. Utilizing the statewide, uniform format for developing a "Free Choice of Provider Profile" in order to share information about the individual with prospective providers;
5. Contacting providers on the individual's behalf;
6. Assisting the individual by developing provider interview questions; and
7. Scheduling and participating in interviews of prospective providers.

8. Maintaining documentation of the contacts made to potential providers, interviews, etc.
 - a. Documentation will include the list of providers contacted and the date(s) on which the notifications occurred.
 - b. Dates and case notes of any provider interviews that are completed will be maintained in the individual's file.
 - c. Honoring the individual's request when he or she chooses a specific provider independently without assistance. During these times the Free Choice of Provider Process would not need to be followed; however, the individual's choice of provider will be documented.
 - d. Documenting the alternative home and community-based services settings that were considered by each individual and ensure that each individual service plan reflects the setting options chosen by the individual.

D. Complaints:

1. If an individual makes a complaint regarding the Free Choice of Provider Process, the SSA will respond in writing within thirty days in a manner that the individual can understand and explain the individual's right to a hearing.
2. A copy of the individual's complaint will be provided to the department along with a copy of the county board's response.

E. Commencement of services:

1. The SSA will complete the commencement of services form within 10 days after the effective date of a new provider service.
2. The SSA will document on the commencement of services form any corrective measures to be implemented if applicable, or if services do not begin as indicated.

Revised: 02/9/2022

RESOLUTION OF COMPLAINTS AND APPEALS OF ADVERSE ACTIONS

- A. The Adams County Board of Developmental Disabilities shall protect the rights of individuals receiving, or applying to receive, Agency services. Individuals, parents, guardians, and/or caregivers shall be given annual notice of this policy. This appeal policy for Agency enrollees is in addition to any other rights which an individual, parent of a minor, guardian, or agency may have pursuant to Ohio Revised Code or any other applicable state or federal law.

- B. All individuals are encouraged to first try to resolve complaints through the Agency's Informal Dispute Resolution Procedures. The Board authorizes the Superintendent to appoint one or more persons to conduct an informal hearing of such disputes. The Superintendent and persons conducting the hearing shall seek to resolve the issue within thirty days.

- C. Most questions, concerns and complaints can be answered simply and quickly through the informal process. However, if the informal dispute resolution procedure has not been successful, or if an individual disagrees with a decision to change a service, the formal Administration Resolution of Complaint Process shall be initiated.

- D. Any individual or person, other than an employee of the Agency, may file a complaint using the process set forth in this policy or as indicated in procedures of 3.05.2 of the Adams CBDD. An individual may appeal an adverse action using the process set forth in this policy or as indicated in the procedures 3.05.2. The resolution of complaints process established under OAC 5123-04-04, within this policy, and within the Adams CBDD procedures 3.05.2, will be followed before commencing a civil action.

- E. This policy will not be applicable:
 - 1. When the Adams CBDD is a vendor or subcontractor for service delivery.
 - 2. To education services arranged by the local education agency. Complaints or appeals concerning such services will follow rules adopted by the Ohio Department of Education.
 - 3. To services provided under Part C of the Individuals with Disabilities Education Act, 34 C.F.R. 303. Complaints or appeals concerning such services will follow rules in Chapter 5123-10 of the Administrative Code.
 - 4. To Medicaid services including home and community-based waiver services and targeted case management services. Complaints or appeals concerning such services will follow rules adopted by the Ohio Department of Medicaid. The Adams CBDD will not require the use of the process set forth in this policy for issues regarding Medicaid services. Individuals receiving services and supports through the Medicaid TCM program and the Home and Community-Based Services Waiver Program will be informed of due process rights at the time of application for services, annually, and when it is proposed that services be denied, reduced or terminated.
 - 5. To performance of health-related activities and administration of medication by developmental disabilities personnel pursuant to the authority granted under section 5123:42 of Revised Code or compliance with Chapter 5123:2-6 of the Administrative Code. Complaints or appeals concerning such matters will be made to the department using the process established in rule 5123:2-17-01 of the Administrative Code.

6. To services provided to a resident of an intermediate care facility for individuals with intellectual disabilities by that facility, or provided on behalf of or through a contract with an intermediate care facility for individuals with intellectual disabilities. Complaints or appeals concerning such services will follow regulations governing intermediate care facilities for individuals with intellectual disabilities.
- F. Individuals, parents of a minor, guardians, service providers and any entity contracting with the Adams CBDD will be informed a minimum of annually regarding the process for the Resolution of Complaints and Appeals of Adverse Action and the right to Medicaid Due Process.
1. The “Complaint or Appeal of Adverse Action Explanation Form” will be provided by the Adams CBDD to an individual at the time of the individual’s initial request for services, at least annually to each individual receiving or on a waiting list for non-Medicaid services, and at the time a complaint within the scope of this policy is received or the Adams CBDD proposes an adverse action.
 2. The “Complaint or Appeal of Adverse Action Explanation Form” will be given at annual ISP and IFSP meetings.
 3. The “Complaint or Appeal of Adverse Action Explanation Form” will be given to contracted entities when each contract is initiated and renewed.
 4. In addition, the “Complaint or Appeal of Adverse Action Explanation Form” is available upon request.
 5. Individuals receiving Part C services shall receive notice at least annually of their parent rights (includes information regarding how to file a complaint).
- G. Areas subject to due process include, but are not necessarily limited to, eligibility determination, arranging appropriate services for eligible individuals, or any denial, reduction, or termination of services by the Adams CBDD.
- H. Only issues under the control of the Adams CBDD are subject to complaint or an appeal. Any appeal filed with the Adams CBDD will not cancel any other rights to services. If an individual, parent of a minor, or guardian is appealing a termination or reduction of services or change in services, current services shall continue to be provided pending final resolution.
- I. An individual who wishes to file a complaint or to appeal a decision may be given assistance by an advocate who may speak on behalf of the individual at the individual's request.
- J. The Adams CBDD will inform the individual served, parents of a minor, or guardian that an Adams CBDD representative is available to assist the individual with the appeal process.
- K. The Adams CBDD and the Ohio Department of Developmental Disabilities (DODD) will at all times maintain confidentiality concerning the identities of individuals, complainants, witnesses, and other involved parties who provide information unless the individual or his/her representative, in writing, authorized the release of information.
- L. Timelines may be extended if mutually agreeable to all involved parties.

- M. The toll-free number for the Ohio Department of DD and Ohio Legal Rights Service shall be posted in a visible place at all locations in which the Adams CBDD provides or contracts to provide services.
- N. The Adams CBDD will develop procedures for the Resolution of Complaints and Appeals of Adverse Action, Informal Resolution of Complaints and Medicaid Due Process.

Reference: OAC 5123-4-04
Revised: 02/24/2021

INFORMAL RESOLUTION OF COMPLAINTS AND APPEALS OF ADVERSE ACTIONS

- A. The Adams County Board of Developmental Disabilities shall support continuous improvement of quality services for individuals with disabilities. In an effort to informally resolve disputes with complainants or individuals the Adams CBDD shall follow this informal complaint resolution procedure.
- B. The Adams CBDD encourages individuals and families to make suggestions for the improvement of services provided by the Adams CBDD.
- C. The Adams CBDD encourages individuals and families to use the following guidelines to informally resolve disputes and/or complaints. The Adams CBDD staff shall assist the individual or family through these guidelines. The individual or family member shall:
 - 1. **Start with people you know best:** The people you know, such as the direct service staff and department managers may be able to assist you. If they cannot answer your concerns, they will help you find someone who can,
 - 2. **Issues need to be addressed promptly:** The best time to correct a problem or consider a new idea is when the details are fresh in your mind. It can be difficult to do anything about a problem that happened many days or weeks prior.
 - 3. **Be specific:** Tell us your concerns, involved individuals, what did or did not happen, and what you want to see happen in the future.
 - 4. **Address one issue at a time:** Some concerns can be addressed quickly and completely. Other concerns will take more time. Remember, at any time you can go straight to the Formal Resolution of Complaints and Appeals process per Adams CBDD's Policy 3.05.
- D. Filing of such grievances under this procedure shall not affect the rights of the complainant or individual to file an appeal through the Resolution of Complaints and Appeals Procedures under the Adams CBDD's Resolution of Complaints and Appeals Policy. Notice of this right will be provided upon initiation of the informal process via supplemental issuance of the Resolution of Complaints and Appeals Policy.
- E. The Superintendent will appoint one or more persons to conduct an informal hearing of such complaints or appeals. The persons conducting the hearing shall seek to resolve the issue within thirty calendar days.
- F. Annual notice of the Informal and Formal Resolution of Complaints and Appeals Procedure will be given to all Individuals, parents of minor, guardians, services providers and any entity contracting with the Adams CBDD.
 - 1. The "Complaint or Appeal of Adverse Action Explanation Form" will be provided by the Adams CBDD to an individual at the time of the individual's initial request for services, at least annually to each individual receiving or on a waiting list for non-Medicaid services, and at the time a complaint within the scope of this Procedure and Policy 3.05 is received or the Adams CBDD proposes an adverse action.

2. The “Complaint or Appeal of Adverse Action Explanation Form” will be given at annually ISP and IFSP meetings.
3. The “Complaint or Appeal of Adverse Action Explanation Form” will be given to contracted entities when each contract is initiated and renewed.
4. In addition, the “Complaint or Appeal of Adverse Action Explanation Form” is available on the Adams CBDD website.
5. Individuals receiving Part C services will receive notice at least annually of their parent rights (includes information regarding how to file a complaint).

Reference: OAC 5123-4-04

Revised: 09/12/2018

RESOLUTION OF COMPLAINTS AND APPEALS OF ADVERSE ACTIONS

A. Purpose

This procedure sets forth the process for resolution of complaints involving the programs, services, policies, or administrative practices of the Adams County Board of Developmental Disabilities (ACBDD) or an entity under contract with the Adams CBDD; the process for individuals to appeal adverse actions proposed or initiated by the ACBDD; and the requirement for the ACBDD to give notice of the process to be followed for resolution of complaints and appeals of adverse action.

B. Scope

1. Any individual or person, other than an employee of the Adams CBDD, may file a complaint using the process set forth in this procedure. An individual may appeal an adverse action using the process set forth in this procedure. The process set forth in this procedure will be followed before commencing a civil action.
2. If the Adams CBDD determines that a complaint or an appeal of adverse action filed with the ACBDD is not subject to this procedure, the ACBDD will provide information to the individual or person filing the complaint or appeal, including the name and telephone number, if available, of the appropriate entity with which to file the complaint or appeal of adverse action.
3. An individual receiving non-Medicaid supported living services will follow the terms of the contract of the service provider, as required by section 5126.45 of the Revised Code, prior to beginning the process for resolution of complaints or appeals of adverse action established in this procedure.
4. If the complaint is regarding the denial, reduction or termination of services funded by Medicaid, the individual or complainant and the Superintendent/designee will follow the procedures outlined in the Medicaid Due Process procedure.

C. General Provisions

1. Complaints and appeals of adverse action will be filed in writing. When an individual or person expresses dissatisfaction with an outcome subject to complaint or appeal in accordance with this procedure, the ACBDD will, to the extent necessary, assist the individual or person in filing a complaint or appeal.
2. At all times throughout the resolution of complaints and appeals of adverse action process, the Adams CBDD will maintain the confidentiality of the identities of individuals unless an individual gives written permission to share information.
3. An advocate may assist an individual at any time during the resolution of complaints and appeals of adverse action process.
4. The Adams CBDD will make all reasonable efforts to ensure that information regarding resolution of complaints and appeals of adverse action, including all notices and responses made pursuant to this procedure, is presented using language and in a format understandable to affected individuals and persons. All notices and responses made pursuant to this procedure will include an explanation of the individual's or person's opportunity to file a complaint with or appeal to a higher authority, as applicable.
5. The timelines set forth in this procedure may be extended if mutually agreed upon in writing by all parties involved.
6. Initiation of the formal process set forth in this procedure does not preclude the resolution of a complaint or an appeal of adverse action at any point, as long as the outcome is mutually agreed upon in writing by all parties involved.

D. Requirements for the Adams CBDD to provide information about the process for resolution of

complaints and appeals of adverse action and to give notice of adverse action

1. General information about the process for resolution of complaints and appeals of adverse action.

- a. The Adams CBDD will give the "Complaint or Appeal of Adverse Action Explanation Form" to an individual at the time of the individual's initial request for services, at least annually to each individual receiving or on a waiting list for non-Medicaid services, and at the time a complaint within the scope of this procedure is received or the ACBDD proposes an adverse action.
- b. Upon request, the Adams CBDD or contracting entity will provide a copy of this procedure.
- c. The Adams CBDD will publicly post the "Complaint or Appeal of Adverse Action Explanation Form".

2. Specific notice of adverse action.

a. Except when it is necessary to suspend an individual's services without delay to ensure the health and safety of the individual or other individuals in accordance with paragraph (D) (3) of this procedure, the ACBDD will provide written notice to the affected individual of the ACBDD's decision to deny, reduce, suspend, or terminate services at least fifteen calendar days prior to the effective date of such action. The notice will include:

- (i) An explanation of the Adams CBDD's policy and/or authority for taking the adverse action;
- (ii) A description of the specific adverse action being proposed or initiated by the Adams CBDD;
- (iii) The effective date for the adverse action;
- (iv) A clear statement of the reasons for the adverse action including a description of the specific assessments and/or documents that are the basis for the adverse action;
- (v) An explanation of the individual's right to appeal the adverse action;
- (vi) An explanation of the steps the individual must take to appeal the adverse action;
- (vii) A statement that the individual has ninety calendar days to appeal the adverse action;
- (viii) A statement that the individual must file his or her appeal prior to the effective date for the adverse action to keep his or her services in place during the appeal process;
- (ix) The name and contact information for the staff member of the Adams CBDD who can assist the individual with his or her appeal; and
- (x) The "Complaint or Appeal of Adverse Action Explanation Form".

b. The Adams CBDD will retain written evidence of the date the notice is personally delivered or sent by certified mail to the individual or for an individual who has selected email as his or her preferred method of communication, the date of electronic confirmation that the individual has read the email.

3. Specific notice of adverse action when it is necessary to suspend an individual's services without delay to ensure the health and safety of the individual or other individuals.

a. When it is necessary to suspend an individual's services without delay to ensure the health and safety of the individual or other individuals, the Adams CBDD will:

- (i) Determine what immediate steps are necessary to ensure the health and safety of the individual and other individuals; and
- (ii) Provide written notice to the affected individual immediately. The notice will include:
 - (a) An explanation of the Adams CBDD's policy and/or authority for suspending the individual's services;
 - (b) A description of the specific services being suspended;
 - (c) The effective date for the suspension of services;
 - (d) A clear statement of the reasons for the suspension of services including a description of the specific circumstances that jeopardize the health and safety of the individual or other individuals;
 - (e) An explanation that the Adams CBDD will arrange for appropriate alternative services and a description of the specific alternative services available to the individual;
 - (f) An explanation of the steps the Adams CBDD will take in accordance with paragraphs (D)(3)(c) and (D)(3)(d) of this procedure;
 - (g) The name and contact information for the staff member of the Adams CBDD who can answer questions about the suspension of services; and

- (h) The "Complaint or Appeal of Adverse Action Explanation Form".
- b. The Adams CBDD will retain written evidence of the date the notice is personally delivered or sent by certified mail to the individual or for an individual who has selected email as his or her preferred method of communication, the date of electronic confirmation that the individual has read the email.
- c. Within five calendar days of the notice of suspension of services, the Adams CBDD will convene a team meeting to identify measures that may be implemented to eliminate the circumstances that jeopardize the health and safety of the individual or other individuals.
- d. Within five calendar days of the team meeting, the Adams CBDD will:
 - (i) With the consent of the individual, implement measures to eliminate the circumstances that jeopardize the health and safety of the individual or other individuals as necessary and restore the suspended services; or
 - (ii) With the consent of the individual, continue to arrange for appropriate alternative services; or
 - (iii) Provide written notice that includes the components described in paragraphs (D)(2)(a)(i) to (D)(2)(a)(x) of this procedure to the individual of the Adams CBDD's decision to terminate the individual's services at least fifteen calendar days prior to the effective date of such action. If the individual files an appeal prior to the effective date of the termination of services, the Adams CBDD will keep the individual's alternative services in place until the appeal process is completed.

E. Informal process for resolution of complaints and appeals of adverse action

The Adams CBDD will adopt a written procedure describing an informal process that will take no longer, than thirty calendar days for resolution of complaints and appeals of adverse action. An individual or person may elect to participate in the informal process or may initiate the formal process set forth in paragraph (F) of this procedure.

F. Formal process for resolution of complaints and appeals of adverse action

1. **Step one:** filing a complaint or appeal of adverse action with the supervisor or manager responsible for the program, service, policy, or administrative practice of the Adams CBDD.
 - a. An individual or person must file a complaint with the supervisor or manager of the Adams CBDD within ninety calendar days of becoming aware of the program, service, policy, or administrative practice that is the subject of the complaint.
 - b. An individual must file an appeal of adverse action with the supervisor or manager of the Adams CBDD within ninety calendar days of notice of the adverse action or within ninety calendar days of conclusion of the informal process set forth in paragraph (E) of this procedure. If the individual appeals an adverse action within the prior notice period (i.e., the period of time between notice of the intended adverse action and the effective date of the adverse action), the individual's services will not be reduced, suspended, or terminated until the appeal process is completed or the appeal is withdrawn by the individual. An individual who appeals during the prior notice period may voluntarily consent in writing to the reduction, suspension, or termination of services during the appeal process.
 - c. The supervisor or manager of the Adams CBDD will conduct an investigation of the complaint or appeal, which will include meeting with the individual or person who filed the complaint or appeal.
 - d. Within fifteen calendar days of receipt of the complaint or appeal, the supervisor or manager of the Adams CBDD will provide and thereafter be available to discuss a written report and decision with the individual or person who filed the complaint or appeal. The written report and decision will include the rationale for the decision and a description of the next step in the process if the individual or person is not satisfied with the decision of the supervisor or manager.
2. **Step two:** filing a complaint or appeal of adverse action with the superintendent of the Adams CBDD.
 - a. If the individual or person filing the complaint or appeal of adverse action is not satisfied with the outcome of the process set forth in paragraph (F)(1) of this procedure, the individual or person may file a complaint or appeal with the superintendent of the Adams CBDD.

- b. The complaint or appeal of adverse action must be filed with the superintendent of the Adams CBDD within ten calendar days of notice of the decision of the supervisor or manager of the ACBDD. If no decision is provided by the supervisor or manager of the ACBDD within fifteen calendar days in accordance with paragraph (F)(1)(d) of this procedure, the complaint or appeal of adverse action must be filed with the superintendent of the Adams CBDD within twenty-five calendar days of filing the complaint or appeal with the supervisor or manager.
- c. The superintendent of the Adams CBDD or his or her designee will, within ten calendar days of receipt of the complaint or appeal, meet with the individual or person and conduct an administrative review.
- d. As part of the administrative review, the superintendent of the Adams CBDD or his or her designee may ask questions to clarify and review the circumstances and facts related to the supervisor's or manager's decision and will provide the individual or person the opportunity to present reasons why the supervisor's or manager's decision should be reconsidered.
- e. Within fifteen calendar days of receipt of the complaint or appeal, the superintendent of the Adams CBDD or his or her designee will send by certified mail, a copy of his or her decision to the individual or person who submitted the complaint or appeal. Such decision will include the rationale for the decision and a description of the next step in the process if the individual or person is not satisfied with the decision of the superintendent of the Adams CBDD or his or her designee.

3. Step three: filing a complaint or appeal of adverse action with the president of the Adams CBDD.

- a. If the individual or person filing the complaint or appeal of adverse action is not satisfied with the outcome of the process set forth in paragraph (F)(2) of this procedure, the individual or person may file a complaint or appeal with the president of the Adams CBDD.
- b. The complaint or appeal of adverse action must be filed with the president of the Adams CBDD within ten calendar days of notice of the decision of the superintendent of the Adams CBDD or his or her designee. If no decision is provided by the superintendent of the ACBDD or his or her designee within fifteen calendar days in accordance with paragraph (F) (2) (e) of this procedure, the complaint or appeal of adverse action must be filed with the president of the ACBDD within twenty five calendar days of filing the complaint or appeal with the superintendent.
- c. The president of the Adams CBDD will ensure that a hearing is conducted within twenty calendar days of receipt of the complaint or appeal at a time and place convenient to all parties. At such hearing:
 - (i) The Adams CBDD may hear the complaint or appeal;
 - (ii) A committee of two or more Adams CBDD members appointed by the president of the ACBDD with agreement of the ACBDD, may hear the complaint or appeal. The committee will issue a report and recommendation to the ACBDD within ten calendar days of the conclusion of the hearing; or
 - (iii) A hearing officer appointed by the Adams CBDD may hear the complaint or appeal. The hearing officer will have the same powers and authority in conducting the hearing as granted to the ACBDD. The hearing officer will not be an employee or contractor of the Adams CBDD providing any service other than that of hearing officer. The hearing officer need not be an attorney but will possess qualifications to be able to make neutral and informed decisions about the complaint or appeal. The Adams CBDD may ask the department to decide if a person is qualified to be a hearing officer. The hearing officer will issue a report and recommendation to the ACBDD within ten calendar days of the conclusion of the hearing.
- d. Upon request, the individual or person filing the complaint or appeal will be provided access to all records and materials related to the complaint or appeal no less than ten calendar days before the hearing.
- e. To the extent permitted by law, the hearing will be private unless the individual or person requesting the hearing wants it open to the public.
- f. During the hearing, both parties may present evidence to support their positions.
- g. The individual or person requesting the hearing and the Adams CBDD have the right to be represented by an attorney.
- h. The individual or person requesting the hearing will have the right to have in attendance at the hearing and question any official, employee, or agent of the Adams CBDD who may have evidence upon which the complaint or appeal is based.

- i. Evidence presented at the hearing will be recorded by stenographic means or by use of an audio recorder at the option of the Adams CBDD. The record will be made at the expense of the ACBDD and, upon request, one copy of a written transcript will be provided, at no cost, to the individual or person requesting the hearing.
- j. In making its decision, the Adams CBDD may request or consider additional information with notice to all affected parties, may request a presentation in writing and/or in person from each party, or take other action necessary to make a determination.
- k. Within fifteen calendar days of conclusion of a Adams CBDD hearing or the ACBDD's receipt of the report and recommendation from a ACBDD- appointed committee or a hearing officer, the president of the ACBDD or his or her designee will send by certified mail, a copy of the ACBDD's decision to the individual or person who requested the hearing. Such decision will include the rationale for the decision and a description of the next step in the process if the individual or person is not satisfied with the decision of the Adams CBDD.

4. Step four: filing a complaint or appeal of adverse action with the director.

- a. If the individual filing the complaint or appeal of adverse action is not satisfied with the outcome of the process set forth in paragraph (F)(3) of this procedure, the individual may file a complaint or appeal with the director.
- b. The complaint or appeal of adverse action must be filed with the director within fifteen calendar days of notice of the decision of the Adams CBDD. If no decision is provided by the president of the ACBDD within fifteen calendar days in accordance with paragraph (F)(3)(k) of this procedure, the complaint or appeal of adverse action must be filed with the director within fifty-five calendar days of filing the complaint with the president of the ACBDD.
- c. The director will send a copy of the complaint or appeal of adverse action to the superintendent and president of the Adams CBDD.
- d. The president of the Adams CBDD or his or her designee will send the director the written transcript of the CCBDD hearing, copies of any exhibits, and a copy of the ACBDD's decision within fifteen calendar days of receiving the copy of the complaint or appeal of adverse action from the director.
- e. Upon request by an affected party or at the director's initiation, the director may request or consider additional information with notice to all affected parties, may request a presentation in writing and/or in person from each party, or take other action necessary to make a determination.
- f. Within thirty calendar days of receipt of the written transcript of the Adams CBDD hearing, copies of any exhibits, and a copy of the ACBDD's decision from the president of the ACBDD, the director will send by certified mail, a copy of his or her decision to all affected parties. The director will uphold the decision of the Adams CBDD if the director determines that the decision is in accordance with applicable statute and administrative rule. The director's decision will include the rationale for the decision.

G. Other remedies

After exhausting the administrative remedies required by this procedure, an individual or person may commence a civil action if the complaint or appeal of adverse action is not resolved to his or her satisfaction. This procedure is not intended to provide any right or cause of action that does not exist absent this procedure.

H. The Adams CBDD will not take any retaliatory steps against the complainant during this process as specified under HIPAA privacy rules 45 CFR 160.310(b).

I. The Adams CBDD will retain all documentation of complaints related to the uses and disclosure of related protected health information, and the disposition of those complaints, in accordance with their Confidentiality policy and procedures as defined under the HIPAA privacy rules 45 CFR 164.530(j).

Reference: OAC 5123-4-04

Revised: 02/24/2021

MEDICAID DUE PROCESS AND APPEALS

Individuals receiving services through the Adams CBDD may, when eligible, have their services funded through Medicaid (TCM, HCBS Waiver). Whenever services funded through Medicaid are initiated, the Service and Support Administrator will provide written information to the individual, the parent of a minor, or the legal guardian regarding his/her Medicaid Due Process Rights.

A. ODJFS Medicaid Forms for Due Process/Appeal Rights:

1. When notifying the individual, parent of a minor, legal guardian or authorized representative of his/her Medicaid Due Process/Appeal Rights, the Service and Support Administrator will include the appropriate ODJFS form:
 - a) ODJFS Form #4065 “Prior Notice of Right to a State Hearing” will be used when Medicaid funded services are suspended, terminated, reduced, or changed (i.e. provided if HCBS Waiver Services are reduced or services outlined in the Individual Service Plan are changed, etc.).
 - b) ODJFS Form #7334 “Notice of Denial of Your Application for Assistance” will be used when the initial request for Medicaid funded services is denied or when an increase in frequency/duration of services is denied (i.e. provided if individual is placed on the waiting list or individual is on a HCBS waiver and requests additional waiver services but the SSA feels that the assessments do not indicate a need, etc.).
 - c) ODJFS Form #4074 “Notice of Approval of Your Application for Assistance” will be used when Medicaid services are approved (i.e. provided for all approved Individual Service Plans or if offering a HCBS Waiver, etc.).
 - d) ODJFS Form #4059 “Explanation of State Hearing Procedures” will be used to provide general information on State Hearing Procedures (i.e. provided with waiting list notifications along with ODJFS Form #7334 or provided when someone is removed from the waiting list, etc.).

B. Adverse Actions:

1. Adverse Actions include any denial, reduction, suspension, or termination of Medicaid services or denial of eligibility.
2. The Service and Support Administrator will provide written notification of Medicaid Due Process/Appeal Rights (including the Adams CBDD’s Resolution of Complaints Policy and Procedures) to the affected individual, parent of a minor, or legal guardian whenever any Adverse Action(s) regarding services funded through Medicaid are proposed:
 - a) The written notification will include:
 1. A clear and understandable statement of the proposed action by the Adams CBDD,
 2. The reasons for it, citing the applicable regulations
 3. Explain the individual's right to and the method of obtaining a County Conference and a State Hearing,
 4. Explain the circumstances under which a timely hearing request will result in continued benefits,
 5. A telephone number to call about free legal services. PROCEDURE 3.05.3 2
 - b) The written notification will be made either by certified mail or by hand delivery at least fifteen (15) days prior to the effective date of the proposed action.

3. The individual, the parent of a minor or the legal guardian will be informed that he/she may appeal the proposed Adverse Action directly to the Ohio Department of Jobs and Family Services (ODJFS), as found in Chapters 5101:6-1 to 5101:6-9 of the ORC.
4. If the Service and Support Administrator believes that the individual, parent of a minor or legal guardian will have difficulty understanding the mechanisms that can be used to appeal Adverse Actions, the Service and Support Administrator will assist in identifying an authorized representative.

C. County Conference:

1. In order to avoid unnecessary State Hearings, the Adams CBDD and the Adams County Department of Jobs and Family Services (ACDJFS) will provide an opportunity for the individual to discuss and/or resolve disagreements with the Adams CBDD's actions or inaction in a County Conference.
2. The Adams CBDD Service and Support Administrator will provide information to assist the individual with initiating the process.
3. The Adams CBDD will convene a conference presided over by the ACDJFS Director or a Designee.
4. Both the Adams CBDD and the individual may bring whomever each reasonably wants to be at the conference.
5. The issue to be decided by the presiding person will be whether the Adams CBDD can show, by a preponderance of the evidence, that its action or inaction was in accordance with applicable regulations. If not, the presiding person will retract the notice of Adverse Action and/or decide the question of the individual's entitlement to benefits/services or arrange to make that determination as quickly as possible.
6. The outcome of the County Conference will be recorded, in writing, in the case record.
7. The individual does not need to have a County Conference in order to have a State Hearing, nor does the holding of a County Conference, or the individual's failure to appear for one, diminish the right to a State Hearing.
8. A State Hearing must still be held if requested, unless a resolution is reached at the County Conference and the individual withdraws the hearing request in writing.
9. Any such withdrawal will be signed and dated by both the individual, parent of a minor or legal guardian, and the Adams CBDD,
10. The withdrawal will clearly set forth the resolution upon which the withdrawal is based and will be forwarded to the assigned Bureau of State Hearings (BSH) within two (2) business days.
11. The Adams CBDD will give one copy of the withdrawal to the individual and retain one copy in the case file.

D. State Hearings:

1. Only the individual, parent of a minor or legal guardian, or the authorized representative may request a State Hearing. PROCEDURE 3.05.3 3
2. If the individual, parent of a minor, legal guardian or authorized representative makes a verbal request for a State Hearing due to a proposed Adverse Action, the Adams CBDD Service and Support Administrator will transcribe or complete the Appeal Summary on ODJFS Form #04067, "Form for Appeal Summary".

- a) The Appeal Summary”, will include a summary of all facts and documents relevant to the issue under appeal.
- b) The Appeal Summary must be filed with the Bureau of State Hearings (BSH) at least three business days prior to hearing.
- c) The Adams CBDD Service and Support Administrator, if proposing the Adverse Action will make a copy of the appeal and Appeal Summary available to the individual, parent of a minor, legal guardian or the authorized representative in a manner prescribed by Bureau of State Hearings (BSH). Failure to make the material available to the individual, parent of a minor, legal guardian, or authorized representative within a reasonable period before the hearing may be considered good cause for postponing or continuing the hearing, if the individual has been materially disadvantaged by the failure.
- d) Written authorization in the form of the signature of the individual, parent of a minor or legal guardian, or the authorized representative must accompany all requests for a State Hearing.

3. If the individual, parent of a minor, legal guardian, or authorized representative requests a State Hearing within the fifteen (15) day prior notice period; the services/benefits will not be reduced, suspended, or terminated until a State Hearing decision is rendered.

4. If the individual, parent of a minor, legal guardian or authorized representative does not request a hearing within the fifteen (15) day period, he/she may request a State Hearing within the ninety (90) day period following notification; however, services may be reduced or denied until such time that a decision is rendered regarding the appeal. If the individual, parent of a minor, legal guardian or authorized representative has “good cause” for missing the fifteen (15) day appeal period, services that were reduced, suspended, or terminated will be reinstated.

5. The individual, parent of a minor, legal guardian, or the authorized representative has the right to be represented by legal counsel at the State Hearing. The Adams CBDD Service and Support Administrator will provide the individual with a telephone number for free legal services

6. Postponement of Hearings: The Adams CBDD may request one postponement no later than seven (7) days prior to the hearing. No postponement will be granted if it will prevent the Bureau of State Hearings (BSH) from issuing the decision within applicable time limits. The individual, parent of a minor, legal guardian, or authorized representative requesting the hearing has broader rights for postponement.

7. Telephone hearings: Hearings are often held with the hearing officer participating by phone. Documents from the Adams CBDD and the individual must be provided to the Bureau of State Hearings (BSH) in advance. If all relevant documents are not available, they may be submitted at the hearing or the record can be held open until all documents are received. PROCEDURE 3.05.3 4

8. Once scheduled, a State Hearing will take place unless the individual, the parent of a minor, legal guardian, or the authorized representative completes and submits a written withdrawal of the hearing request as indicated in (D)(4) of this procedure.

9. All hearings are recorded electronically.

10. During the hearing, each party may present and cross-examine witnesses.
11. The Adams CBDD has the burden of proof, which means it is the Adams CBDD's responsibility to show by a preponderance of evidence that the action or inaction was in accordance with ODJFS rules of the Ohio Administrative Code. During the State Hearing the Adams CBDD will:
 - a) Explain the reasons for the Adams CBDD's action
 - b) Cite the regulations upon which the action was based,
 - c) Provide relevant case information and documents, and
 - d) Answer relevant questions from the Individual and the hearing officer.
12. The individual and authorized representative will be provided with the written State Hearing decision via ODJFS Form #04005.
13. The decision will provide notice of the right to and the method of obtaining an Administrative Appeal.
14. A copy of the decision will be sent to the Adams CBDD electronically, as an e-mail attachment.
15. The Adams CBDD has no right to appeal an adverse decision by the hearing officer.

Reference: ORC 5101: 6-1 through 5101: 6-9 & OAC 5123-4—04
Revised: 02/24/2021

POLICY 3.06

Confidentiality & Computer Security Policies

HIPAA, FERPA, IDEA & Ohio Law Compliance

Effective 9/12/2018 – Revised 2/9/2022

Policies governing confidentiality of the information regarding the individuals we serve, their privacy rights, and safeguarding the availability and integrity of electronic records.

****This entire policy is available upon request as it is 91 pages**

ACCESSIBILITY

- A. The Adams County Board of Developmental Disabilities shall follow all Federal and State laws regarding accessibility of services and programs whether physical or other.
- B. The Board, within its available resources, will not allow barriers of any type to prevent individuals from gaining services and benefiting from programs offered. These include but are not limited to architectural, attitudinal, environmental, financial, communicative, transportation, and any other barrier.
- C. The Board shall maintain an annual plan of accessibility addressing barriers, solutions for corrections, if needed, cost, funding resources, persons responsible and target completion dates.

Revised: 09/12/2018

SOCIAL NETWORKING

Introduction: The Adams County Board of Developmental Disabilities recognizes the popularity of social media is on the rise and fundamental changes are occurring in the way people communicate and share information with one another. Often, these social media platforms encourage casual and free-flowing exchanges of information among family, friends, and acquaintances. As you know, our mission includes dealing with very private and legally protected information. In spite of the fact that many of us enjoy close relationships with those we serve, it is important to keep in mind that we may not share information about those individuals outside of work. A variety of laws, including, but not limited to, Ohio revised Code (ORC) Section 5126.044 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, prohibit the disclosure of information of and about the individuals we serve. When applicable, these legal requirements are set forth in other Board policy. The purpose of this policy is to provide guidance concerning legal and ethical obligations when communicating with others, including electronic communication.

Definitions: The term “Social Networking” for purposes of this policy is nothing more than a list of current popular media. This is not a complete list. Rather, the intent is to get you, the employee, to think about ways you communicate with others and remind you that no matter the method of communication, our confidentiality obligations must be observed. That said, certain sites and platforms spring immediately to mind: *Facebook, MySpace, Twitter, Flickr, Digg, Instagram* and many others. Also remember that blogs, web forums and chat rooms are also included, as is e-mail.

Consumer Confidentiality: The identity of individuals we support is confidential, as is their medical information. However, keep in mind that the daily activities, moods, and other routine information about these individuals may not be shared, absent the individual’s consent. For example, if you have a *Facebook* page, it would be inappropriate to post a picture of an individual we serve, or post information about them. So a *Facebook* entry that says, “Took Mary shopping today and she had a great time. Check out her new shoes?!” With a picture of Mary in her new shoes is inappropriate. Mary does not know who your *Facebook* friends are, and likely has no desire to share her shopping trip with strangers. Also, consider that by posting that information and photo, you lost control of it. Imagine someone else copying that picture of Mary and posting it somewhere else, making fun of or insulting Mary. Your well-meaning post could become a serious (and job-ending) problem.

The bottom line is this: absent special circumstances set forth below, the Board does not share information about individuals we serve. Because the Board and the individual lose control of information we post, send or otherwise publish, your intent in posting information is not relevant.

Exceptions: There are exceptions. First, you may share information as required by law or other Board policies. Second, if an individual’s guardian has provided written consent, which has been provided to the Board, you may share information using the means specified in that consent, for the information identified in the consent. For example, if an individual’s parent or guardian has requested that you send another family member photos of an outing, you can do that. Remember the Board will always have this request documented. If it is not documented, it is your obligation to see that it is before you share this information. Third, if an individual who is his/her own guardian desires to share certain information, you may assist them in doing that if it is within your job duties to do so. Whenever you have a question about sharing information with others, please ask your supervisor. Remember, the Board should be aware of what is being shared and with whom.

Identifying Yourself: Unless specifically directed, you are not authorized to represent to others that you are a representative of the Board. In fact, given the confidentiality issues we face, and to make this requirement as simple as possible, you should not identify yourself as an employee of the Board in your on-line file. Remember, you do not speak for the Board, nor for the individuals it serves. The best practice is to always use the first person when discussing your opinions, beliefs, desires, and so forth. The sentence, “I believe cats are better than dogs” is clear that you, individually hold this belief, not your employer or a person we serve.

Board Sponsored Social Networking Sites: All information appearing on the Board’s social networking sites must be specifically approved by the Superintendent or her designee. If a sub-group of Board employees (based on facility, activity, or other interest) seeks to establish such a site with respect to their activities as Board employees, it must be managed by the Superintendent or her designee. Furthermore, organizations with which the Board contracts who seek to establish a site concerning their activities involving the Board and/or its consumers should request that said site connected to the Board’s site.

Respectful Communications: Our relationships with the community, our business partners, our providers, our employees, and individuals we serve, are extremely important. If you have an issue or complaint, it must be handled through the appropriate chain of command, not aired on your Social Media Page.

Work Time: Unless directed otherwise, in writing, you may not access, read, post, or monitor social networking media while at work. This includes text messaging and e-mailing that is not part of your job duties.

Ask Questions: If you think you SHOULD be publishing information about the Board, the individuals we serve, or any other topic that might be prohibited by this policy, ask. You are welcome to seek guidance on these topics from your supervisor or the Superintendent.

Disclose: If you think you might have published something you should not have, tell us. If it occurred prior to this policy, we will take that fact into account. Our goal is to correct any problem that might exist.

Discipline: The Board reserves the right to take appropriate action for a violation of this policy.

Summary and Conclusion:

- ◆ The County Board will send social media releases out to all individuals served. Copies of these releases will be kept in the Media File and in the individual consumer file.
- ◆ The Adams County Board of DD and Venture Productions have Facebook Pages and Websites. Please feel free to give the Superintendent and the Employment Services Director any pictures and information to share on those sites rather than posting it on personal Social Media.
- ◆ We also ask that the individuals and families we provide services to do not post pictures of staff, providers, and other individuals on your Social Media Sites.

Adopted: 2/8/2017

TECHNOLOGY FIRST POLICY

Adams County Board of Developmental Disabilities is dedicated to promoting the use of technology to enhance the lives of those we support.

Individualized Service Plans

1. For those individuals served by the agency who have a person-centered plan (OISP), technology solutions will be explored as part of the initial and ongoing planning processes.
2. The plan will reflect the technology solutions explored by the person's team.
3. Technology solutions will be used to support outcomes in each plan to the greatest extent possible.
4. The OISP will identify the individual's unique strengths, interests, abilities, preferences, and resources and will explore how technology solutions might support the individual's desired outcomes.

B. Each year, Adams CBDD will incorporate technology into its annual plan with the goal of increasing access and the ability of those served to use technology. Annual plan goals will:

1. Identify specific steps related to being taken.
2. Include benchmarks and goals for increasing the use of technology among those served.
3. Identify strategies for increasing the level of knowledge, skill, and comfort of staff related to assessing how technology may help meet needs or achieve outcomes and the use of technology solutions.
4. Be reviewed annually.

C. The Adams CBDD will actively collaborate with individuals served and their families, providers of services, the department, and community partners (e.g., local schools, mental health agencies, area agencies on aging, county departments of job and family services, public transit authorities, local vocational rehabilitation centers, and employers) to expand awareness and use of technology solutions by individuals served.

Adopted: 6/22/2022

Policy and Procedure
Table of Contents
Section IV: Health and Safety of Individuals Served

Section IV	Health and Safety of Individuals Served
4.01	Health and Safety
4.01.1	Health and Safety Procedure
4.01.2	Emergency Plan and Procedure
4.02	Major Unusual Incidents and Unusual Incidents
4.02.1	Major Unusual Incidents and Unusual Incidents Procedure
4.03	Behavioral Support Strategies that Include Restrictive Measures
4.03.1	Behavioral Strategies that Include Restrictive Measures Procedure
4.04	Compliance and Quality Assessment Reviews
4.05	PASRR
4.05.1	PASSR Procedure

HEALTH AND SAFETY

- A. The Adams County Board of Development Disabilities shall establish policies and procedures to ensure and protect the health and safety of individuals.
- B. The design and maintenance of the Agency program facilities and equipment shall be in conformance with all applicable laws, including the Americans with Disabilities Act and Section 504 – Rehabilitation Act of 1973 and any reauthorization of these acts by the federal government.
- C. Each program facility owned, leased, or operated by the Agency shall be inspected annually by the local fire marshal or designee to ensure compliance with fire safety practices.
- D. The Agency is committed to protecting the health of employees and individuals as well as ensuring the right of individuals who may be infected with either a short-term or a life-threatening communicable disease.
- E. The Agency shall cooperate with local and state health officials with regards to infection control standards and reporting of communicable diseases.
- F. The Superintendent shall develop procedures for communicable diseases including but not limited to the following:
 - 1. Education of staff, including initial orientation and ongoing education, to understand their role in the prevention of communicable diseases and how to work with an individual who has a communicable disease. The education program shall include recognizing signs and symptoms of illness, injury or discomfort.
 - 2. Infection control and reporting.
 - 3. Management of communicable diseases.
- G. The Superintendent shall establish a program wide Safety Committee to be responsible for the oversight of the Agency's health and safety policies, plan and procedures.

Revised: 02/9/2022

HEALTH AND SAFETY PROCEDURE

The goal of the Individual Health and Safety Training program is to increase the awareness of individuals and staff regarding health and safety issues affecting the individuals we serve and to ensure that they are well protected.

A. Infection Control:

1. All new employees will be given infection control education during orientation.
2. All employees will be retrained annually to reinforce healthy and safe habits.
3. The Agency Nurse will ensure that the following training occurs and will submit documentation of staff training to the Human Resource Department to be maintained with personnel records:
4. Initial orientation and continuing education will be scheduled for employees concerning epidemiology, modes of transmission, and prevention of common and uncommon communicable diseases to which they may be exposed during their employment (i.e. Hepatitis B, CIV, Aids, lice, etc.).
5. Education will be scheduled to review current knowledge of laws, practices and policies regarding communicable disease contact.
6. Periodic training will be done for all staff on the need for routine use of precautions to control the spread of communicable diseases.
7. Provision of equipment and supplies (and appropriate training to use same) necessary to minimize the risk of infection will be available for employees use.

B. Communication Regarding Hazardous Materials:

1. Based upon activities/job duties, any individual who handles chemicals, such as cleaning products, will be informed of safe handling directions, prior to assignment to the activity/job.
2. Information will be given on proper storage and what to do if an emergency exposure occurs.
3. Material Data Safety Sheets will be maintained.
4. Cleaning supplies and chemicals will be kept in a locked cabinet.

C. Emergency Procedures Training:

1. All new employees will receive information regarding emergency plan and procedures during orientation covering fire/tornado/illness/injury.
2. Information presented during the initial and/or annual health and safety training may need to be reinforced on an ongoing basis.
3. The Agency Nurse will maintain AED certification and AED Instructor certification renewed as required through the American Red Cross or equivalent.

D. Documentation of Health and Safety Training:

1. Documentation will be maintained in personnel office of all trainings.
2. The Nurse may assist staff in implementing the Individual Health and Safety program and may make recommendations to improve the program.

E. Health and Safety

1. The Nurse may provide health education information to consumers, parents and other caregivers.
2. The Nurse may assist the family in addressing an individual's health problems through use of community resources and referral to appropriate specialists.
3. An individual's planning team may request a physical examination when an individual's condition appears to warrant such examination
4. Individuals will be excluded from board sponsored programs for health reasons if required by the local health department for specific diseases.

F. Communicable Diseases

1. When incidences of communicable diseases occur, the Superintendent or designee will notify, when appropriate, the parents/guardians/residential providers whose sons/daughters or residents have been exposed to infections. Notifications are given to incidences of chicken pox, measles, mumps, scarlet fever and diseases such as lice and scabies. The Adams County Health Department will be notified as appropriate.
2. Options for exposed staff will be discussed, which may include use of leave or working from home during the period of contagion. When the period of contagion has expired, staff will be required to submit a doctor's statement that he or she can safely return to work.
3. Upon diagnosis of a communicable disease, staff will use leave during the period of illness. While on leave, staff are not to perform any work on behalf of the Board. Upon full recovery, staff will be required to submit a doctor's statement that he or she can safely return to work.

G. Pandemic

The Adams County Board of DD (ACBDD) is committed to working cooperatively with the Adams County Health Department (ACHD) to ensure public safety during any public crisis. The ACBDD understands that the ACHD is the ultimate authority responsible for declaring a public emergency. The ACBDD also understands that Venture Productions facility may be used, upon request from the ACHD, as a site for surge capacity of healthcare and other services to meet the needs of the greater community during a crisis.

1. Action Steps During a Pandemic:

A. Level 1: (Mitigation/Prevention/Precautions)

- a. Communication via email to staff
- b. Educate staff regarding Health and Safety Procedure
- c. Educate staff regarding current signs and symptoms
- d. Update the plan as needed
- e. Ensure all necessary supplies are available (hand sanitizer, soap, disinfectant, etc.)
- f. Follow precautionary measures
- g. Stay at home if you are ill
- h. Institute rigorous cleaning practices

B. Level 2: (Surveillance and Heightened Awareness)

- i. Maintain contact with Adams County Health Dept.
- j. Continue to review Health and safety Procedure with all staff
- k. Communicate via email to staff

- l. Continue to educate staff
- m. Ensure all staff contact information is updated
- n. Reinforce to staff the necessity of adhering to precautionary measures
- o. Limit or temporarily eliminate staff travel for trainings, etc.
- p. Continue rigorous cleaning practices
- C. Level 3: (Possible Implementation of Remote Work/Closure of Buildings)
 - q. Maintain contact with Adams County Health Dept.
 - r. Make preparations for all staff to work remotely
 - s. Cancel all staff travel plans
 - t. Continue with rigorous cleaning practices
- D. Level 4: (Implementation of Remote Work/Closure of Buildings)
 - u. Maintain contact with Adams County Health Dept.
 - v. Implement remote work practices for all staff
 - w. Service and Support and Early Intervention staff to maintain contact with individuals, as needed and possible, in order to ensure health and safety and continuity of services
 - x. Secure premises/offices
 - y. Post notices of closure on buildings/website/social media
- E. Level 5: (Recovery)
 - z. Maintain contact with Adams County Health Dept.
 - aa. Notify staff via telecommunication of facility reopening
 - bb. Continue with rigorous cleaning practices prior to reopening
 - cc. Assess the effectiveness of this plan and adjust, in coordination with Adams County Health Dept., as appropriate
 - dd. Prepare for any second waves and re-implement this plan at Level 1
- 2. Prevention Steps
 - a. Wash hands often with soap and water for at least 20 seconds, dry hands with a clean towel or air dry
 - b. Use alcohol-based hand sanitizer when soap and water is not available
 - c. Cover your mouth and nose with a tissue or mask when sneezing or coughing, wash hands immediately after discarding
 - d. Avoid touching your eyes, nose, or mouth with unwashed hands
 - e. Stay at home if you are sick
 - f. Avoid contact with people if they are sick
 - g. Do not share personal items with others
 - h. Encourage staff with symptoms of acute respiratory symptoms
 - i. Inform staff that some people may be at higher risk for severe illness, such as older people and those with chronic medical conditions
 - j. Emphasize respiratory etiquette and hand hygiene by all employees at all times
 - k. Place posters that encourage staying home when sick, cough sneeze etiquette and hand hygiene at the entrance to the workplace and other areas where likely to be seen

- l. Provide tissues and no-touch disposal receptacles, if possible
 - m. Maintain adequate supplies of soap and water and alcohol-based hand rubs, if possible
 - n. Routinely clean all frequently touched surfaces, such as desks, countertops, and doorknobs. Use cleaning agents that are effective against viruses and follow the directions on the label
 - o. Limit non-essential travel plans, if possible
 - p. Prepare to consider cancelling large work-related meetings or events
- H. Good sanitation is the obligation of all employees. Attention will be given to facilities, grounds, and surroundings for environmental factors that may affect health. Maintenance and or custodial staff will give buildings close scrutiny, including equipment, floors, walls, ceilings. Routine housekeeping procedures will incorporate the use of disinfectants. The water supply waste disposal system toilets and locker room facilities, and food service operations will be periodically checked. Problems will be brought to the attention of the facility director for resolution.

Revised: 02/24/2021

EMERGENCY PLAN AND PROCEDURES

- A. An emergency plan and related procedures shall be developed by the Superintendent, pursuant to OAC 5123-4-01. The plan and related procedures shall be used as a guide in the event of emergency situations.
- B. Emergency procedures shall contain detailed responses to be implemented and should be used as a step by step guide in most cases. It is acknowledged that procedures will not address every aspect of every emergency situation. Accordingly, persons in charge during emergency situations are encouraged to use common sense and their own initiative when they judge that the situation warrants it. All board employees are to familiarize themselves with the plan and procedures and be prepared to implement procedures immediately in the event of an emergency.
- C. The emergency plan at Adams County Job and Family Services is what the Adams CBDD employees will follow.
- D. In the event of an emergency, board employees should refer all media inquiries to the Superintendent. The Superintendent may designate additional personnel to serve as spokesperson for the board when such action is necessary and appropriate.

Revised: 02/9/2022

**ADDRESSING MAJOR UNUSUAL INCIDENTS AND UNUSUAL
INCIDENTS TO ENSURE HEALTH, WELFARE, AND CONTINUOUS
QUALITY IMPROVEMENT**

- (A) The Adams County Board of Developmental Disabilities shall follow Ohio Administrative Code (OAC) 5123-17-02 which establishes the requirements for addressing major unusual incidents and unusual incidents and implements a continuous quality improvement process in order to prevent or reduce the risk of harm to individuals.
- (B) The Agency accepts the responsibility to review and report all major unusual incidents and unusual incidents as required by OAC 5123-17-02. The MUI Coordination is achieved through a contract with Highland CBDD. A procedure shall be in place to specify processes.
- (C) The Agency will ensure that all reported major unusual incidents occurring in Adams County are investigated by an Investigative Agent that is certified by the Ohio Department of Developmental Disabilities (ODDD). The Agency contracts with the Southern Ohio Council of Governments (SOCOG) for an Investigative Agent and for other services to ensure health, welfare, and continuous quality improvement.
- (D) Any person providing services to an individual, county board staff and providers of services are required to report alleged, suspected, or actual occurrences of abuse or neglect to the statutory responsible agent.
- (E) As per section 5123.61 of the Ohio Revised Code, any person who makes these reports will be immune from any civil or criminal liability that might otherwise be incurred or imposed as a result of such action except for liability for perjury or unless the person has acted in bad faith or with malicious purpose.
- (F) Reports and investigations of alleged abuse or neglect and other MUI's will be kept confidential. These reports are not public records as defined in section 149.43 of the Ohio Revised Code. Records will be provided to parties authorized to receive them in accordance with sections 5123:613 and 5126.044 of the Ohio Revised Code, to any governmental entity authorized to investigate the circumstances of the alleged abuse or neglect, misappropriation, or exploitation and to any party to the extent that release of records is necessary for the health and welfare of an individual.
- (G) Failure to report alleged, suspected, or actual occurrences of abuse or neglect may be a Major Unusual Incident and may result in penalties under the law, and/or appropriated action as defined in personnel policy. Substantiated incidents of Failure to Report MUI's may result in the person's name being added to the "Abuser Registry" maintained by the ODDD.

Revised: October 14, 2020

Adams County Board of Developmental Disabilities Incident Reporting Procedures

- I. Subject: Unusual Incident Reports written by Adams CBDD Staff**
- II. Purpose: To report all Unusual and Major Unusual Incidents Involving Individuals**
- III. Procedures:**
 - A.** When there is an incident involving an Individual, whether it is an unusual incident or major unusual incident, staff must complete an unusual incident report (UIR). All sections of the incident form shall be filled out in detail and all notifications made shall be documented with date, time and name of the person who was contacted.
 - B.** All staff will make verbal notification of the incident to the appropriate county board program as soon as possible after ensuring the individuals is not at risk to their health and welfare. All incidents which are a 4 hour reporting Major Unusual Incident shall be reported within the 4 hour window from the time the incident is discovered. (Please refer to OAC 5123-17-02)
 - C.** Upon completion of the report, staff will submit the UIR form to the appropriate county board program by 3 p.m. the following working day from the date of discovery of the incident.
 - D.** MUI Coordinator/SSA will review all incident reports to determine immediate actions have been taken to ensure the health and welfare of the individual and to make determination if the incident meets the level of a major unusual incident.
 - E.** MUI Coordinator/SSA will ensure that all required notification are made regarding the incident.
 - F.** The Superintendent of the county board will be notified within two working days for all major unusual incidents filed in the categories of misappropriation, neglect, sexual and physical abuse. This notification will be documented with date and time of the notification.
 - G.** The unusual incident report will become part of the individual's file.
 - H.** SSA will ensure that both the Investigative Agent and MUI Coordinator are notified of all major unusual incidents and will provide all preliminary documentation available at the time of filing.
 - I.** All investigations, follow-up, and case closures will be conducted in the manner outlined in OAC 5123-17-02.
 - J.** MUI Coordinator will obtain any additional documentation needed for Prevention Plans.
 - K.** The MUI Coordinator will review a representative sample of provider unusual incident logs on a quarterly basis for trends and patterns and missed MUI's.
 - L.** The MUI Coordinator will notify the SSA of a person who meets trends and patterns and ensure that it is properly addressed.
 - M.** All staff are required to prepare all UIR's in accordance with all federal, state, and local regulations; including, but not limited to, OAC 5123-17-02. Any staff, who fails to report in accordance to these regulations, may be subject to disciplinary action, up to and including termination; failure to report may also result in prosecution.

Revised: October 14, 2020

BEHAVIORAL SUPPORT STRATEGIES THAT INCLUDE RESTRICTIVE MEASURES

A. Purpose

The Adams County Board of Developmental Disabilities has set forth requirements for development and implementation of behavioral support strategies in this policy as required by O.A.C.5123-2-06 that include restrictive measures for the purpose of ensuring that:

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

B. Scope

This policy applies to persons and entities that provide specialized services regardless of source of payment, including but not limited to:

- (1) County boards of developmental disabilities and entities under contract with county boards;
- (2) Residential facilities licensed pursuant to section 5123.19 of the Revised Code, including intermediate care facilities;
- (3) Providers of supported living certified pursuant to section 5123.161 of the Revised Code; and
- (4) Providers of services funded by Medicaid home and community- based services waivers administered by the department pursuant to section 5166.21 of the Revised Code.

Individuals receiving services in a setting governed by the Ohio Department of Education shall be supported in accordance with rule 3301-35-15 of the Administrative Code.

C. Definitions

Definitions For the purposes of this rule, the following definitions apply:

(1) "Chemical restraint" means the use of medication in accordance with scheduled dosing or pro re nata ("PRN" or as needed) for the purpose of causing a general or non-specific blunt suppression of behavior (i.e., the effect of the medication results in a noticeable or discernible difference in the individual's ability to complete activities of daily living) or for the purpose of treating sexual offending behavior.

(a) A behavioral support strategy may include chemical restraint only when an individual's actions pose risk of harm or an individual engages in a precisely defined pattern of behavior that is very likely to result in risk of harm.

(b) A medication prescribed for the treatment of a physical or psychiatric condition in accordance with the standards of treatment for that condition and not for the purpose of causing a general or non-specific blunt suppression of behavior, is presumed to not be a chemical restraint.

(c) "Chemical restraint" does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.

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

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

(4) "Director" means the director of the Ohio department of developmental disabilities.

(5) "Emergency" means an individual's behavior presents an immediate danger of physical harm to the individual or another person or the individual being the subject of a legal sanction and all available positive measures have proved ineffective or infeasible.

(6) "Human rights committee" means a standing committee formed by a county board or an intermediate care facility for individuals with intellectual disabilities to safeguard individuals' rights and protect individuals from physical, emotional, and psychological harm. At an intermediate care facility for individuals with intellectual disabilities, the human rights committee may also be referred to as a "specially constituted committee" as that term is used in 42 C.F.R. 483.440 as in effect on the effective date of this rule.

(7) "Individual" means a person with a developmental disability.

(8) "Individual service plan" means the written description of services, supports, and activities to be provided to an individual and includes an "individual program plan" as that term is used in 42 C.F.R. 483.440 as in effect on the effective date of this rule.

(9) "Informed consent" means a documented written agreement to allow a proposed action, treatment, or service after full disclosure provided in a manner an individual or the individual's guardian, as applicable, understands, of the relevant facts necessary to make the decision. Relevant facts include the risks and benefits of the action, treatment, or service; the risks and benefits of the alternatives to the action, treatment, or service; and the right to

refuse the action, treatment, or service. An individual or guardian, as applicable, may withdraw informed consent at any time.

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

(11) "Manual restraint" means use of a hands-on method, but never in a prone restraint, to control an identified action by restricting the movement or function of an individual's head, neck, torso, one or more limbs, or entire body, using sufficient force to cause the possibility of injury and includes holding or disabling an individual's wheelchair or other mobility device.

(a) A behavioral support strategy may include manual restraint only when an individual's actions pose risk of harm.

(b) An individual in a manual restraint shall be under constant visual supervision by staff. (c) Manual restraint shall cease immediately once risk of harm has passed.

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

(12) "Mechanical restraint" means use of a device, but never in a prone restraint, to control an identified action by restricting an individual's movement or function.

(a) A behavioral support strategy may include mechanical restraint only when an individual's actions pose risk of harm.

(b) Mechanical restraint shall cease immediately once risk of harm has passed.

(c) "Mechanical restraint" does not include:

(i) A seatbelt of a type found in an ordinary passenger vehicle or an age appropriate child safety seat;

(ii) A medically-necessary device (such as a wheelchair seatbelt or a gait belt) used for supporting or positioning an individual's body; or

(iii) A device that is routinely used during a medical procedure for patients without developmental disabilities.

(13) "Precisely-defined pattern of behavior" means a documented and predictable sequence of actions that if left uninterrupted, will very likely result in physical harm to self or others.

(14) "Prohibited measure" means a method that shall not be used by persons or entities providing specialized services. "Prohibited measures" include:

(a) Prone restraint.

(b) Use of a manual restraint or mechanical restraint that has the potential to inhibit or restrict an individual's ability to breathe or that is medically contraindicated.

(c) Use of a manual restraint or mechanical restraint that causes pain or harm to an individual.

(d) Disabling an individual's communication device.

(e) Denial of breakfast, lunch, dinner, snacks, or beverages (excluding denial of snacks or beverages for an individual with primary polydipsia or a compulsive eating disorder attributed to a diagnosed condition such as "Prader-Willi Syndrome," and denial is based on specific medical treatment of the diagnosed condition and approved by the human rights committee).

- (f) Placing an individual in a room with no light.
- (g) Subjecting an individual to damaging or painful sound.
- (h) Application of electric shock to an individual's body (excluding electroconvulsive therapy prescribed by a physician as a clinical intervention to treat a diagnosed medical condition and administered by a physician or a credentialed advanced practice registered nurse).
- (i) Subjecting an individual to any humiliating or derogatory treatment.
- (j) Squirting an individual with any substance as an inducement or consequence for behavior.
- (k) Using any restrictive measure for punishment, retaliation, convenience of providers, or as a substitute for specialized services.

(15) "Prone restraint" means a method of intervention where an individual's face and/ or frontal part of an individual's body is placed in a downward position touching any surface for any amount of time.

(16) "Provider" means any person or entity that provides specialized services.

(17) "Qualified intellectual disability professional" has the same meaning as in 42 C.F.R. 483.430 as in effect on the effective date of this rule.

(18) "Restrictive measure" means a method of last resort that may be used by persons or entities providing specialized services only when necessary to keep people safe and with prior approval in accordance with paragraph (H) of this rule. "Restrictive measures" include:

- (a) Chemical restraint;
- (b) Manual restraint;
- (c) Mechanical restraint;
- (d) Rights restriction; and
- (e) Time-out

(19) "Rights restriction" means restriction of an individual's rights as enumerated in section 5123.62 of the Revised Code.

(a) A behavioral support strategy may include a rights restriction only when an individual's actions pose risk of harm or are very likely to result in the individual being the subject of a legal sanction such as eviction, arrest, or incarceration.

(b) Absent risk of harm or likelihood of legal sanction, an individual's rights shall not be restricted (e.g., by imposition of arbitrary schedules or limitation on consumption of tobacco products).

(20) "Risk of harm" means there exists a direct and serious risk of physical harm to an individual or another person. For risk of harm:

- (a) An individual must be capable of causing physical harm to self or others; and
- (b) The individual must be causing physical harm to self or others or very likely to begin doing so.

(21) "Service and support administrator" means a person, regardless of title, employed by or under contract with a county board to perform the functions of service and support administration and who holds the appropriate certification in accordance with rule 5123:2-5-02

of the Administrative Code.

(22) "Specialized services" means any program or service designed and operated to serve primarily individuals with developmental disabilities, including a program or service provided by an entity licensed or certified by the department. If there is a question as to whether a provider or entity under contract with a provider is providing specialized services, the provider or contract entity may request that the director make a determination. The director's determination is not subject to appeal.

(23) "Team," as applicable, has the same meaning as in rule 5123-4-02 of the Administrative Code or means an "interdisciplinary team" as that term is used in 42 C.F.R. 483.440 as in effect on the effective date of this rule.

(24) "Time-out" means confining an individual in a room or area and preventing the individual from leaving the room or area by applying physical force or by closing a door or constructing another barrier, including placement in such a room or area when a staff person remains in the room or area.

(a) A behavioral support strategy may include time-out only when an individual's actions pose risk of harm. (b) Time-out shall not exceed thirty minutes for any one incident nor one hour in any twenty-four hour period. (c) A time-out room or area shall not be key-locked, but the door may be held shut by a staff person or by a mechanism that requires constant physical pressure from a staff person to keep the mechanism engaged.

(d) A time-out room or area shall be adequately lighted and ventilated and provide a safe environment for the individual.

(e) An individual in a time-out room or area shall be protected from hazardous conditions including but not limited to, sharp corners and objects, uncovered light fixtures, or unprotected electrical outlets.

(f) An individual in a time-out room or area shall be under constant visual supervision by staff.

(g) Time-out shall cease immediately once risk of harm has passed or if the individual engages in self-abuse, becomes incontinent, or shows other signs of illness.

(h) "Time-out" does not include periods when an individual, for a limited and specified time, is separated from others in an unlocked room or area for the purpose of self-regulation of behavior and is not physically restrained or prevented from leaving the room or area by physical barriers.

D. Development of a behavioral support strategy

(1) The focus of a behavioral support strategy is the proactive creation of supportive environments that enhance an individual's quality of life by understanding and respecting the individual's needs and expanding opportunities for the individual to communicate and exercise choice and control through identification and implementation of positive measures such as:

(a) Emphasizing alternative ways for the individual to communicate needs and to have needs met;

(b) Adjusting the physical or social environment;

(c) Addressing sensory stimuli;

(d) Adjusting schedules; and

(e) Establishing trusting relationships.

- (2) A behavioral support strategy that includes restrictive measure requires:
- (a) Documentation that demonstrates that positive measures have been employed and have been determined ineffective.
 - (b) An assessment conducted within the past twelve months that clearly describes:
 - (i) The behavior that poses risk of harm or likelihood of legal sanction or the individual's engagement in a precisely defined pattern of behavior that is very likely to result in risk of harm;
 - (ii) The level of harm or type of legal sanction that could reasonably be expected to occur with the behavior;
 - (iii) When the behavior is likely to occur;
 - (iv) The individual's interpersonal, environmental, medical, mental health, communication, sensory, and emotional needs; diagnosis; and life history including traumatic experiences as a means to gain insight into origins and patterns of the individual's actions; and
 - (v) The nature and degree of risk to the individual if the restrictive measure is implemented.
 - (c) A description of actions to be taken to:
 - (i) Mitigate risk of harm or likelihood of legal sanction;
 - (ii) Reduce and ultimately eliminate the need for restrictive measures; and
 - (iii) Ensure environments where the individual has access to preferred activities and is less likely to engage in unsafe actions due to boredom, frustration, lack of effective communication, or unrecognized health problems.

(3) A behavioral support strategy shall never include prohibited measures.

(4) Persons who conduct assessments and develop behavioral support strategies that include restrictive measures shall:

- (a) Hold a valid license issued by the Ohio board of psychology;
- (b) Hold a valid license issued by the Ohio counselor, social worker and marriage and family therapist board;
- (c) Hold a valid physician license issued by the state medical board of Ohio; or
- (d) Hold a bachelor's or graduate-level degree from an accredited college or university and have at least three years of paid, full-time (or equivalent part-time) experience in developing and/or implementing behavioral support and/or risk reduction strategies or plans.

(5) A behavioral support strategy that includes restrictive measures shall:

- (a) Be designed in a manner that promotes healing, recovery, and resilience;
- (b) Have the goal of helping the individual to achieve outcomes and pursue interests while reducing or eliminating the need for restrictive measures to ensure safety;
- (c) Describe tangible outcomes and goals and how progress toward achievement of outcomes and goals will be identified;
- (d) Recognize the role environment has on behavior;
- (e) Capitalize on the individual's strengths to meet challenges and needs;
- (f) Delineate restrictive measures to be implemented and identify those who are responsible for implementation;
- (g) Specify steps to be taken to ensure the safety of the individual and others;
- (h) As applicable, identify needed services and supports to assist the individual in meeting court-ordered community controls such as mandated sex offender registration, drug-testing, or participation in mental health treatment; and

(i) As applicable, outline necessary coordination with other entities (e.g., courts, prisons, hospitals, and law enforcement) charged with the individual's care, confinement, or reentry to the community.

(6) A behavioral support strategy that includes chemical restraint, manual restraint, or time-out will specify when and how the provider will notify the individual's guardian when such restraint is used.

(7) When a behavioral support strategy that includes restrictive measures is proposed by an individual and the individual's team, the qualified intellectual disability professional or the service and support administrator, as applicable, shall:

(a) Ensure the strategy is developed in accordance with the principles of person-centered planning and trauma-informed care and incorporated as an integral part of the individual service plan.

(b) When indicated, seek input from persons with specialized expertise to address an individual's specific support needs.

(c) Secure informed consent of the individual or the individual's guardian, as applicable.

(d) Submit to the human rights committee the strategy and documentation, including the record of restrictive measures described in paragraph (F)(4) of this rule, based upon an assessment that clearly indicates:

(i) The justification for the proposed restrictive measure, that is:

(a) When manual restraint, mechanical restraint, or time-out is proposed -- risk of harm;

(b) When chemical restraint is proposed -- risk of harm or how the individual's engagement in a precisely defined pattern of behavior is very likely to result in risk of harm; or

(c) When rights restriction is proposed -- risk of harm or how the individual's actions are very likely to result in the individual being the subject of a legal sanction.

(ii) The nature and degree of risk to the individual if the restrictive measure is implemented.

(e) Ensure the strategy is reviewed and approved in accordance with paragraph (H) of this rule prior to implementation and whenever the behavioral support strategy is revised to add restrictive measures.

(f) Ensure the strategy is reviewed by the individual and the individual's team at least every ninety calendar days or more frequently when specified by the human rights committee to determine and document the effectiveness of the strategy and whether the strategy should be continued, discontinued, or revised.

(i) The review shall consider:

(a) Numeric data on changes in the severity or frequency of behaviors that had been targeted for reduction due to a threat to safety or wellbeing;

(b) New skills that have been developed which have reduced or eliminated threats to safety or wellbeing; 5123-2-06 11

(c) The individual's self-report of overall satisfaction in achieving desired outcomes and pursuing interests; and

(d) Observations by paid staff and/or natural supports as they relate to safety or wellbeing and the individual's achievement of desired outcomes and pursuit of interests.

(ii) When a manual restraint has been used in the past ninety calendar days, the review shall

include seeking the perspective of the individual and at least one direct support professional involved in use of the manual restraint regarding the reason the manual restraint occurred and what could be done differently in the future to avoid manual restraint.

(iii) A decision to continue the strategy shall be based upon review of up to-date information justifying the continuation of the strategy.

E. Reconsideration of a medication initially presumed to not be a chemical restraint

(1) When administration of a medication initially presumed to not be a chemical restraint in accordance with paragraph (C)(1)(b) of this rule actually results in a general or non-specific blunt suppression of behavior, the provider is to alert the individual's qualified intellectual disability professional or service and support administrator, as applicable. The qualified intellectual disability professional or the service and support administrator is to ensure the prescriber of the medication and the individual's team are notified.

(a) The prescriber of the medication may adjust the medication (type or dose) in an effort to abate the general or non-specific blunt suppression of behavior.

(b) When the prescriber of the medication is not inclined to adjust the medication, the individual's team is to meet to consider what actions may be necessary (e.g., seeking an opinion from a different prescriber or introducing activities that may mitigate the impact of the medication on the individual's ability to complete activities of daily living).

(2) When a medication (as originally administered or as adjusted) continues to cause a general or non-specific blunt suppression of behavior beyond thirty calendar days, the medication is to be regarded as a chemical restraint and submitted to the human rights committee in accordance with paragraph (H) of this rule.

F. Implementation of behavioral support strategies with restrictive measures

(1) Restrictive measures shall be implemented with sufficient safeguards and supervision to ensure the health, welfare, and rights of individuals receiving specialized services.

(2) Each person providing specialized services to an individual with a behavioral support strategy that includes restrictive measures shall successfully complete training in the strategy prior to serving the individual.

(3) After each incidence of manual restraint, a provider shall take any measures necessary to ensure the safety and wellbeing of the individual who was restrained, individuals who witnessed the manual restraint, and staff and minimize traumas for all involved.

(4) Each provider shall maintain a record of the date, time, and antecedent factors regarding each event of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g., bed alarm or locked cabinet). The record for each event of a manual restraint or a mechanical restraint will include the duration. The provider will share the record with the individual or the individual's guardian, as applicable, and the individual's team whenever the individual's behavioral support strategy is being reviewed or reconsidered.

G. Establishment of Human Rights Committees

(1) Each county board and each intermediate care facility for individuals with intellectual disabilities shall actively participate in an established human rights committee. A human rights

committee may be established by a county board or an intermediate care facility for individuals with intellectual disabilities acting independently or jointly in collaboration with one or more other county boards and/or intermediate care facilities for individuals with intellectual disabilities. The human rights committee shall:

- (a) Be comprised of at least four persons;
- (b) Include at least one individual who receives or is eligible to receive specialized services;
- (c) Include qualified persons who have either experience or training in contemporary practices for behavioral support; and
- (d) Reflect a balance of representatives from each of the following two groups:
 - (i) Individuals who receive or are eligible to receive specialized services or family members or guardians of individuals who receive or are eligible to receive specialized services; and
 - (ii) County boards, intermediate care facilities for individuals with intellectual disabilities or other providers, or other professionals.

(2) All information and documents provided to the human rights committee and all discussions of the committee are confidential and shall not be shared or discussed with anyone other than the individual, the individual's guardian, and the individual's team.

(3) Members of the human rights committee shall receive department-approved training within three months of appointment to the committee in:

- (a) Rights of individuals as enumerated in section 5123.62 of the Revised Code;
- (b) Person-centered planning;
- (c) Informed consent;
- (d) Confidentiality; and
- (e) The requirements of this rule.

(4) Members of the human rights committee shall annually receive department approved training in relevant topics which may include but are not limited to:

- (a) Self-advocacy and self-determination;
- (b) Role of guardians and section 5126.043 of the Revised Code;
- (c) Effect of traumatic experiences on behavior; and
- (d) Court-ordered community controls and the role of the court, the county board or intermediate care facility for individuals with intellectual disabilities, and the human rights committee.

H. Review of behavioral support strategies that include restrictive measures

There are two distinct processes for review of behavioral support strategies that include restrictive measures based on the nature of the request:

(1) Emergency request.

- (a) An emergency request for a behavioral support strategy that includes restrictive measures shall consist of:
 - (i) A description of the restrictive measures to be implemented;
 - (ii) Documentation of risk of harm or legal sanction which demonstrates the situation is an emergency;

- (iii) A description of positive measures that have been implemented and proved ineffective or infeasible;
- (iv) Any medical contraindications; and
- (v) Informed consent by the individual or the individual's guardian, as applicable.

(b) Prior to implementation of a behavioral support strategy submitted via the emergency request process, the strategy must be approved by:

- (i) A quorum of members of the human rights committee in accordance with 42 C.F.R. 483.440 as in effect on the effective date of this rule for an individual who resides in an intermediate care facility for individuals with intellectual disabilities; or
- (ii) The superintendent of the county board or the superintendent's designee for an individual who does not reside in an intermediate care facility for individuals with intellectual disabilities.

(c) A behavioral support strategy approved via the emergency request process may be in place for a period not to exceed forty-five calendar days. Continuation of the strategy beyond the initial forty-five calendar days requires approval by the human rights committee in accordance with the process for a routine request described in paragraph (H)(2) of this rule.

(2) Routine request.

(a) Absent an emergency, a human rights committee shall review a request to implement a behavioral support strategy that includes restrictive measures.

(b) An individual or the individual's guardian, as applicable, is to be notified at least seventy-two hours in advance of the date, time, and location of the human rights committee meeting at which the individual's behavioral support strategy will be reviewed. The individual or guardian has the right to attend to present related information in advance of the human rights committee commencing its review.

(c) In its review of an individual's behavioral support strategy, the human rights committee is to

(i) Ensure that the planning process outlined in this rule has been followed and that the individual or the individual's guardian, as applicable, has provided informed consent.

(ii) Ensure that the proposed restrictive measures are necessary to reduce risk of harm or likelihood of legal sanction.

(iii) When indicated, seek input from persons with specialized expertise to address an individual's specific support needs.

(iv) Ensure that the overall outcome of the behavioral support strategy promotes the physical, emotional, and psychological wellbeing of the individual while reducing risk of harm or likelihood of legal sanction.

(v) Ensure that a restrictive measure is temporary in nature and occurs only in specifically defined situations based on:

(a) Risk of harm for manual restraint, mechanical restraint, or timeout;

(b) Risk of harm or an individual's engagement in a precisely defined pattern of behavior that is very likely to result in risk of harm for chemical restraint; or

(c) Risk of harm or likelihood of legal sanction for a rights restriction.

(vi) Verify that any behavioral support strategy that includes restrictive measures also incorporates positive measures designed to enable the individual to feel safe, respected, and

valued while emphasizing choice, self-determination, and an improved quality of life.

(vii) Determine the period of time for which a restrictive measure is appropriate and may approve a strategy that includes restrictive measures for any number of days not to exceed three hundred sixty-five.

(viii) Approve in whole or in part, reject in whole or in part, monitor, and when indicated, reauthorize behavioral support strategies that include restrictive measures. (ix) Communicate the committee's determination including an explanation of its rejection of a strategy in writing to the qualified intellectual disability professional or service and support administrator that submitted the request for approval.

(d) The qualified intellectual disability professional or service and support administrator shall communicate in writing to the individual or the individual's guardian, as applicable, the determination of the human rights committee including an explanation of rejection of a strategy as well as the individual's or guardian's right to seek reconsideration when the human rights committee rejects a strategy.

(e) An individual or the individual's guardian, as applicable, may seek reconsideration of rejection by the human rights committee of a strategy that includes restrictive measures by submitting the request for reconsideration with additional information provided as rationale for the request to the qualified intellectual disability professional or service and support administrator, as applicable, in writing within fourteen calendar days of being informed of the rejection. The qualified intellectual disability professional or service and support administrator is to forward the request to the human rights committee within seventy-two hours. The human rights committee will consider the request for reconsideration and respond in writing to the individual or guardian within fourteen calendar days of receiving the request.

(f) An individual who resides in an intermediate care facility for individuals with intellectual disabilities or the individual's guardian, as applicable, may appeal to the facility's specially constituted committee in accordance with the facility's procedure if the individual or guardian, as applicable, is dissatisfied with the strategy or the process used for development of the strategy.

(g) An individual who does not reside in an intermediate care facility for individuals with intellectual disabilities or the individual's guardian, as applicable, may seek administrative resolution in accordance with rule 5123-4-04 of the Administrative Code if the individual or guardian is dissatisfied with the strategy or the process used for development of the strategy.

I. Use of a restrictive measure without prior approval

(1) Nothing in this rule shall be construed to prohibit or prevent any person from intervening in a crisis situation as necessary to ensure a person's immediate health and safety.

(2) Use of a restrictive measure, including use of a restrictive measure in a crisis situation (e.g., to prevent an individual from running into traffic), without prior approval in accordance with paragraph (H) of this rule shall be reported as an "unapproved behavioral support" in accordance with rule 5123-17-02 of the Administrative Code.

J. Reporting of behavioral support strategies that include restrictive measures

Each county board and each intermediate care facility for individuals with intellectual disabilities shall enter information regarding behavioral support strategies that include restrictive measures

in the department's restrictive measures notification system. Corresponding entries are to be made:

- (1) After securing approval in accordance with paragraph (H) of this rule and prior to implementation of a behavioral support strategy that includes restrictive measures; and
- (2) When a restrictive measure is discontinued.

K. Analysis of behavioral support strategies that include restrictive measures

(1) Each county board and each intermediate care facility for individuals with intellectual disabilities shall annually compile and analyze aggregate data extracted from the department's restrictive measures notification application regarding behavioral support strategies that include restrictive measures and furnish the data and analyses to the human rights committee by March fifteenth of each year for the preceding calendar year. Data compiled and analyzed shall include, but are not limited to:

- (a) Nature and frequency of risk of harm or likelihood of legal sanction that triggered development of strategies that include restrictive measures;
- (b) Number of strategies that include restrictive measures by type of restrictive measure (i.e., chemical restraint, manual restraint, mechanical restraint, rights restriction, and time-out) reviewed, approved, rejected, and reauthorized in accordance with paragraph (H) of this rule;
- (c) Number of restrictive measures by type of restrictive measure (i.e., chemical restraint, manual restraint, mechanical restraint, rights restriction, and time-out) implemented;
- (d) Number of strategies that include restrictive measures that have been discontinued and the reasons for discontinuing the strategies; and
- (e) An in-depth review and analysis of either:
 - (i) Trends and patterns regarding strategies that include restrictive measures for purposes of determining methods for enhancing risk reduction efforts and outcomes, reducing the frequency of restrictive measures, and identifying technical assistance and training needs; or
 - (ii) A sample of implemented strategies that include restrictive measures for purposes of ensuring that strategies are developed, implemented, documented, and monitored in accordance with this rule.

(2) County boards and intermediate care facilities for individuals with intellectual disabilities shall make the data and analyses available to the department upon request.

L. Department oversight

(1) The department will take immediate action as necessary to protect the health and welfare of individuals which may include, but is not limited to:

- (a) Suspension of a behavioral support strategy not developed, implemented, documented, or monitored in accordance with this rule or where trends and patterns of data suggest the need for further review;
- (b) Provision of technical assistance in development or redevelopment of a behavioral support strategy; and

(c) Referral to other state agencies or licensing bodies, as indicated.

(2) The department will compile and analyze data regarding behavioral support strategies for purposes of determining methods for enhancing risk reduction efforts and outcomes, reducing the frequency of restrictive measures, and identifying technical assistance and training needs. The department will make the data and analyses available.

(3) The department may periodically select a sample of behavioral support strategies for review to ensure that strategies are developed, implemented, documented, and monitored in accordance with this rule.

(4) The department will conduct reviews of county boards and providers as necessary to ensure the health and welfare of individuals and compliance with this rule. 5123-2-06 19 Failure to comply with this rule may be considered by the department in any regulatory capacity, including certification, licensure, and accreditation.

M. Waiving provisions of this rule

For good cause, the director may waive a condition or specific requirement of this rule except that the director shall not permit use of a prohibited measure as defined in paragraph (C)(14) of this rule. The director's decision to waive a condition or specific requirement of this rule shall not be contrary to the rights, health, or safety of individuals receiving services. The director's decision to grant or deny a request is not subject to appeal.

Revised: 10/11/2022

BEHAVIORAL SUPPORT STRATEGIES THAT INCLUDE RESTRICTIVE MEASURES

The Adams County Board of Developmental Disabilities (ACBDD) provides Behavior Support services to Individuals served including, but not limited to: observations, assessments, the development of behavioral support strategies and outcomes through the person-centered planning process, to attend and participate in the Human Rights Committee (HRC) meetings and to provide training to County Board employees and Providers of service as indicated in Administrative Rule 5123-2-06. If additional behavior support services are needed, a contractual agreement between the Adams County Board of DD and Southern Ohio Council of Governments (SOCOG) is available, with renewals being completed as specified.

Administrative Rule 5123-2-06 applies to all programs and services provided by a County Board of DD. The rule limits the use of and sets forth requirements for development and implementation of behavioral support strategies that include restrictive measures. These procedures/guidelines direct plans to be developed; which incorporate actions designed to enable individuals to feel safe, respected, and valued while emphasizing choice, self-determination, and an improved quality of life. When services are contracted, the County Board of DD is responsible for ensuring that services provided are in accordance with the Administrative Rule 5123-2-06.

A. THESE PROCEDURES APPLY TO:

All persons and entities that provide specialized services regardless the source of payment, including, but not limited to:

1. County Boards of Developmental Disabilities and entities under contract with County Boards.
2. Residential facilities licensed pursuant to section 5123.19 of the Ohio Revised Code, including intermediate care facilities.
3. Providers of Supported Living certified pursuant to section 5123.161 of the Ohio Revised Code.
4. Providers of services funded through Medicaid Home and Community-Based Services Waivers administered by the Ohio Department of DD to section 5166.21 of the ORC.

B. FOCUS:

The focus of a behavioral support strategy shall be the creation of supportive environments that enhance the individual's quality of life. Effort is directed at:

1. Mitigating risk of harm or likelihood of legal sanction;

2. Reducing and ultimately eliminating the need for restrictive measures; and
3. Ensuring individuals are in environments where they have access to preferred activities and are less likely to engage in unsafe actions due to boredom, frustration, lack of effective communication, or unrecognized health problems.

C. BEHAVIORAL SUPPORT STRATEGIES WITH RESTRICTIVE MEASURES:

1. Shall never include prohibited measures.
2. May include Manual Restraint, Mechanical Restraint, Time-Out, or Chemical Restraint only when an individual's actions pose risk of harm.
3. May include restriction of an individual's rights only when an individual's actions pose risk of harm or are very likely to result in the individual being the subject of a legal sanction such as eviction, arrest, or incarceration.
4. Requires documentation that demonstrates that positive and non-restrictive measures have been employed and have been determined ineffective.
5. Requires an assessment being conducted within the past twelve months.
6. Shall be incorporated as an integral part of the Individual Service Plan.
7. Requires informed consent of the individual or the individual's guardian, as applicable.
8. Requires approval by the HRC.
9. Requires that each person providing specialized services to an individual shall successfully complete training in the strategies to be implemented prior to serving the individual.
10. Must be reviewed by the individual and the team at least every ninety days.

D. INDIVIDUAL SERVICE PLAN TIMELINES:

All Behavioral support strategies including those with restrictive measures must be incorporated as an integral part of an Individual's Service Plan. The time line for development is as follows:

1. 120 days prior to the span date for the Individual Service Plan, the process begins. The behavior assessment is initiated by the Adams County Board of DD and/or the Southern Ohio Council of Governments, if needed or requested.
2. 60- 90 days prior to the span date for the Individual Service Plan the individual service plan meeting is scheduled.

3. 45-60 days prior to the span date for the Individual Service Plan, the behavior assessment is finalized by the Behavior Specialist. Individual Service Plan outcomes are developed and the team meeting will be held.
4. A minimum of 45 days prior to the span date for any Individual Service Plans with restrictive behavior support strategies, the Behavior Specialist will present the plans to the HRC.
5. 30 days prior to the span date for the Individual Service Plan, the Behavior Specialist will train staff on the restrictive behavior support strategies listed in the Individual Service Plan.
6. 15 - 30 days prior to the span date for the Individual Service Plan, the Individual Service Plan is forwarded to service providers.
7. 5 days prior to the span date for the Individual Service Plan, the Ohio Department of Developmental Disabilities must be notified of restrictive behavior support strategies in the Individual Service Plan. The Restrictive Measure Notification (RMN) form will be completed and submitted to the Ohio Department of Developmental Disabilities by the Behavior Specialist. The RMN form will be maintained on file with the Adams County Board of DD.
8. The plan is then initiated on the span date.
9. The individual and the team will meet a minimum of every ninety days to review Individual Service Plans that include behavioral support strategies with restrictive measures.
10. The team shall provide a summary to the HRC on the progress and implementation of the behavioral support strategies; make recommendations for revisions, and/or fading.

E. HUMAN RIGHTS COMMITTEE:

The Adams County Board of Developmental Disabilities shall establish a Human Rights Committee (HRC) to safeguard individuals' rights and protect individuals from physical, emotional, and psychological harm.

1. The HRC shall be comprised of a minimum of 4 persons.
2. Recommendations for committee membership shall be made by the SSA Lead/Director and approved by the Superintendent. The HRC shall include:
 - (a) A Chairperson and a Co-Chair appointed by the Superintendent;

- (b) One individual who receives or is eligible to receive specialized services;
 - (c) Qualified persons who have either experience or training in contemporary practices for behavioral support;
 - (d) Reflect a balance of representatives from each of the following:
 - (i) Individuals who receive or are eligible to receive specialized services or family members or guardians of individuals who receive or are eligible to receive specialized services; and
 - (ii) County boards or providers.
 - (e) The HRC may be comprised of other members who shall be considered as Ad Hoc Members and who will not have the authority to approve or reject plans.
3. The HRC shall only meet to approve plans when a majority, or more than half of the members, not including Ad Hoc members, are present.
4. The HRC shall be responsible for the following:
- (a) Determining whether Individual Service Plans are classified as having Behavioral Support Strategies that Include Restrictive Measures;
 - (b) Reviewing, approving or rejecting, monitoring, and reauthorizing strategies that include restrictive measures;
 - (c) Meeting to review plans a minimum of bi-annually;
 - (d) Ensuring that the person-centered planning process has been followed;
 - (e) Ensuring that restrictive measures only occur in specifically defined situations based on risk of harm or likelihood of legal sanction;
 - (f) Identifying that there are steps or measures in place to ensure the safety of the individual and others;
 - (f) Restrictive measures are temporary in nature;
 - (g) An individual's well-being is promoted while risk of harm or likelihood of legal sanction is reduced;
 - (h) Ensuring Informed Consent has been obtained and submitted prior to approval;

- (i) Ensuring that Due Process has been provided;
- (j) Maintaining confidentiality of information shared about individuals being served.
- (k) Ensuring that behavioral support strategies with restrictive measures include:
 - (i) Actions designed to enable the individual to feel safe, respected and valued;
 - (ii) Strategies emphasize choice, self-determination, and improved quality of life;
- (l) Utilize a review form/checklist that:
 - (i) Ensures all Individual Service Plans are developed, implemented and approved according to Administrative Rule 5123-2-06; and
 - (ii) Contains a place for comments or recommendations, dissenting opinions, and approvals which will be provided to the Service and Support Coordinator and maintained in the individual's records.
- (m) Attend department-approved trainings scheduled by the Chair and/or Co-Chair within three months of appointment to the committee in: rights of individuals, person-centered planning, informed consent, confidentiality, and the requirements of the Administrative Rule 5123-2-06.
- (n) Attend department-approved trainings annually scheduled by the Chair and/or Co-Chair in relative topics which may include but are not limited to: self-advocacy and self-determination; role of guardians and section 5126.043 of the Revised Code; effect of traumatic experiences on behavior; and court-ordered community controls and the role of the court, the county board, and the HRC.

5. After HRC approval the Chair or Co-Chair will be responsible for signing the Individual Service Plan containing behavioral support strategies that include restrictive measures.

6. The Chair or Co-Chair will be responsible for reviewing, updating and obtaining annual membership forms from HRC members which outlines membership responsibilities and qualifications. The annual membership forms will be maintained on file with the Adams County Board of DD.

F. RESTRICTIVE MEASURES WITHOUT HRC APPROVAL

1. Restrictive measures without HRC approval may be implemented only in crisis situations per the Adams County Board Policy 4.03.
2. Restrictive measures that are implemented without HRC approval must be reported as an Unapproved Behavior Support Unusual Incident or Major Unusual Incident per the Adams County Board of DD Policy 4.02 and Procedures 4.02.1.

G. PSYCHOTROPIC MEDICATIONS AND CHEMICAL RESTRAINTS:

1. An individual's team is responsible for ensuring that psychotropic medications are prescribe for the treatment of a diagnosed disorder identified in the "Diagnostic and Statistical Manual of Mental Disorders", the fifth edition (DSM-V).

a. Psychotropic Medications that are prescribed for a seizure disorder; or that are routinely prescribed to patients with or without disabilities, in conjunctions with a medical procedure, are not considered as a chemical restraint.

2. An Individual's team is responsible for ensuring that psychotropic medications are not prescribed or administered as a chemical restraint (for the purpose of modifying, diminishing, controlling, or altering a specific behavior), without approval from the Human Rights Committee.

3. If an Individual is prescribed a psychotropic medication, as a chemical restraint, the Individual's team will submit the Individual Service Plan that includes the prescribed chemical restraint to the HRC for approval/denial.

a. The HRC will review the Individual Service Plan and approve the chemical restraint/restrictive strategy only if the chemical restraint is to be given when an Individual's actions pose a risk of harm.

b. If the HRC approves a chemical restraint as a restrictive strategy, the HRC Chair or Co-Chair will ensure that the Restrictive Measure Notification (RMN) form is completed and submitted to the Ohio Department of Developmental (DODD)

Reference: OAC 5123-2-06, OAC 5123-17-02

Revised: 10/11/2022

COMPLIANCE AND QUALITY ASSESSMENT REVIEWS

- A. To assure that individuals receive high quality services, the Adams CBDD is committed to implementing an effective quality assurance and continuous improvement process that consists of both formal and informal activities.
- B. The Adams CBDD may contract with the Southern Ohio Council of Governments for the provision of Provider Compliance reviews and Quality Assessment reviews.
- C. A Provider Compliance review is a review of a certified provider conducted by DODD, or a county board or contracted entity for the purpose of determining provider compliance with applicable requirements in order to ensure the health, safety, and welfare of individuals served per OAC 5123-2-04.
- D. The Adams CBDD may contract with the SOCOG for a registered nurse, a registered nurse instructor, or a registered nurse trainer who will serve a quality assessment registered nurse to assist with completing Quality Assessment reviews, for consultation an oversight.
- E. In accordance with OAC 5123-6-07, quality assessment reviews will be conducted when certified developmental disabilities personnel perform health-related activities, administer oral prescribed medication, administer topical prescribed medication, administer topical over-the-counter musculoskeletal medication, administer oxygen, or administer metered dose inhaled medication.
- F. Quality assessment review and reports will be completed in a format prescribed by DODD.
- G. The registered nurse will evaluate for patterns of failure to comply or maintain compliance with OAC 5123-6-07.
- H. The registered nurse will act as a resource for the county board and providers of services concerning health management issues and may assist in expanding health care services in the community.
- I. When a registered nurse receives a complaint or identifies concerns based on a quality assessment review; the registered nurse will conduct an initial investigation which will include a discussion with the developmental disabilities personnel and his or her employer. After completing the initial investigation, the registered nurse will contact and work with the department's designee to ensure that cases are handled in a consistent manner statewide.
- J. The Adams CBDD will cooperate fully with reviewers from local, state, and federal entities.

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02/9/2022

**PRE-ADMISSION SCREENING AND RESIDENT REVIEW
FOR NURSING FACILITY APPLICANTS AND NURSING FACILITY RESIDENTS
WITH DEVELOPMENTAL DISABILITIES**

In accordance with the Ohio Administrative Code 5123-14-01, the Service and Support Administration Department of the Adams County Board of DD (ACBDD) shall participate in the PASRR (Preadmission Screening and Resident Review) evaluation process for individuals seeking admission to a nursing facility (NF) who have indications of developmental disabilities (DD), residents of a NF who have indications of DD, and persons acting on behalf of these applicants or residents.

The PASRR is a federal requirement to help ensure that individuals are not inappropriately placed in a Medicaid Certified nursing facility for long term care unless it is the “least restrictive setting” possible. The purpose of the PASRR evaluation is to determine whether an individual is eligible for admission to a NF or eligible to continue to receive services in a NF.

If determined necessary, specialized services shall be provided or arranged for by the ACBDD to ensure continuous active treatment. No one who has indications of DD shall move into a NF in Ohio until the PAS-DD determinations have been made by the DODD.

A. Adverse Determination means a determination made in accordance with rules 5160-3- 15.1, 5160-3- 15.2, 5122-21-03 and 5123-14-01 of the Administrative Code, that an individual does not require the level of services provided by a nursing facility. An adverse determination that an individual does not require nursing facility services shall include

1. A face-to-face assessment of the individual performed by a Service and Support Administrator or other professional as outlined in 5123-14-01.
2. A review of the medical records accurately reflecting the individual's current condition.

B. Categorical Determination means a preadmission screening developmental disabilities (PAS-DD) determination which may be made for an individual with a developmental disability (DD) without first completing a full PAS-DD evaluation when the individual's circumstances fall within one of the following two categories:

1. The individual requires an 'emergency nursing facility stay', as defined in rule 5123-14-01;
2. The individual is seeking admission to a nursing facility for a 'respite nursing facility stay' as defined in rule 5123-14-01.

C. Ruled out means that the individual has been determined not to be subject to further review by DODD or the Ohio Mental Health and Addiction Services (Ohio MHAS). An individual may be ruled out for further PASRR review at any point in the PASRR process. When DODD or Ohio MHAS finds at any time during the evaluation that the individual being evaluated:

1. Does not have a developmental disability or serious mental illness; or
2. Has a primary diagnosis of dementia (including Alzheimer's disease or a related disorder); or
3. Has a non-primary diagnosis of dementia without a primary diagnosis that is serious mental illness, and does not have a diagnosis of a developmental disability or a related condition.

D. Preadmission Screening (PAS) for DD, also known as a level two screen, means the process by which the department determines: whether, due to the individual's physical and mental condition, an individual who has DD requires the level of services provided by a NF or another type of setting; and if the level of services provided by a NF is needed, whether the individual requires specialized services for DD.

E. Resident review for (RR) DD means the process set forth in this rule by which the department determines whether, due to the individual's physical and mental condition, an individual who is subject to RR, and who has DD, requires the level of services provided by a NF or another type of setting and whether the individual requires specialized services for DD.

A Resident Review (RR) is required when the NF resident meets specific criteria including one of the following:

1. Admission to the NF was under the hospital exemption and then found to need more than 30 days of NF services;
2. NF transfer or readmission and the NF realize that there are no previous PASRR records;
3. Admission or readmission following a hospital stay for psychiatric treatment;
4. The individual has experienced a significant change;
5. The individual has received a categorical PAS-DD determination and has been found to require a stay in a NF that will exceed the specified time limit for that category;
6. The individual received an RR Determination for a specified period of time as established by DODD and the time period will be exceeded.

F. Preadmission Screening (PAS-DD) or Resident Review (RR-DD) Referral

1. Within ten (10) working days of receipt of a referral, the SSA shall:

- (a) Gather data,
- (b) Complete an evaluation, and
- (c) Submit its recommendations in the form of a written evaluative report to the DODD regarding whether the individual has DD and whether NF services and specialized services are required.

2. The SSA shall request any information necessary to make the PAS-DD evaluation and recommendations. The evaluation shall be based on relevant data that are valid, accurate, and reflect the current functional status of the individual being evaluated.

3. The SSA completing the PAS-DD evaluations shall not have a direct or indirect affiliation with a NF.

4. The following individuals shall be involved in PAS-DD evaluations:

- (a) The individual being evaluated,
- (b) The individual's guardian,
- (c) The individual's family if available and if the individual or guardian agrees to family participation.

5. PAS-DD evaluations shall be adapted to the cultural background, language, ethnic origin, and means of communication used by the individual being evaluated.

6. PAS-DD assessment - shall be based on the following documentation:

- (a) Intellectual functioning as measured by a psychologist or other related condition(s) as identified by a physician; and
- (b) A determination of whether the individual meets DD eligibility criteria (ORC 5123.01).

G. Specialized services need assessment.

1. Specialized Services for DD means the services specified by the PASRR determination and provided or arranged for by the Board resulting in continuous active treatment to address needs in each of the life areas for which functional limitations are identified by the Board. Specialized Services shall be made available at the intensity and frequency necessary to meet the needs of the individual. OAC 5123-14-01 (C) (21).

2. Active treatment means a continuous treatment program which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services for individuals with DD that are directed towards the following:

- (a) The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and
- (b) The prevention or deceleration of regression or loss of current optimal functional status.

3. The SSA shall evaluate and recommend whether the individual currently has a need for specialized services and shall document the type of specialized services to be provided or arranged for by the county board.

4. The recommendation for specialized services shall be made for individuals whose needs are such that continuous supervision, treatment, and training by qualified DD personnel are necessary to address needs in each of the life areas for which functional limitations have been identified.

H. The Board shall submit documentation and a written recommendation to the DODD that the individual be ruled out if the individual does not meet DD eligibility criteria.

1. The report shall:

(a) Identify the name and professional title of the persons who performed the evaluations and the dates upon which the evaluations were performed;

(b) Provide a summary of the evaluated individual's medical and social history;

(c) If NF services are recommended, identify the services which are required to meet the evaluated individual's needs;

(d) Identify whether specialized services are needed;

(e) Include the basis for the report's conclusions; and

(f) Include copies of the documentation gathered and reviewed

2. When the DODD determines the individual does not meet the level of services for NF, the SSA shall assist the individual with alternative placement and/or services.

3. In the case of a discharge from a NF for individuals with DD, the SSA shall work with the NF to arrange an appropriate placement.

I. The individual or the individual's guardian may appeal adverse determinations made by the DODD within ninety (90) calendar days of the date of determination by filing an appeal with Ohio Department of Medicaid (ODM) in accordance with OAC 5101:6 of the Administrative Code.

Reference: OAC 5123-14-01; 5160-3-15; 5160-3-15.1; & 5160-3-15.2

Revised: 02/9/2022

**PRE-ADMISSION SCREENING AND RESIDENT REVIEW
FOR NURSING FACILITY APPLICANTS AND NURSING FACILITY RESIDENTS
WITH DEVELOPMENTAL DISABILITIES**

The purpose of the PASRR evaluation is to determine whether an individual is eligible for admission to a NF or eligible to continue to receive services in a NF.

A. Preadmission screening for developmental disabilities (PAS-DD), also known as a level two screen, means the process by which DODD determines:

1. Whether, due to the individual's physical and mental condition, an individual who has a developmental disability requires the level of services provided by a nursing facility or another type of setting; and
2. When the level of services provided by a nursing facility is needed, whether the individual requires specialized services for a developmental disability.

B. Resident review for developmental disabilities (RR-DD) means the process, set forth in rule 5123-14-01 of the Administrative Code, by which DODD determines whether, due to the individual's physical and mental condition, an individual who is subject to resident review, and who has a developmental disability requires the level of services provided by a nursing facility or another type of setting; and, whether the individual requires specialized services for a developmental disability.

C. Specialized Services are:

1. Specified by the PASRR determination;
2. To be provided or arranged for by the county in conjunction with DODD;
3. What is required to equip the individual with the knowledge, resources and experiences necessary to enable the individual to reach his/her maximum level of independency;
4. To be provided in each part of the individual's daily activity, as appropriate;
5. To be coordinated in such a way to unify all providers (professional, paraprofessional, and non-professional) in design, approach and delivery of services rendered to the individual to meet his/her unique educational training needs;
6. To result in an uninterrupted and connected acquisition of knowledge, resources and experiences by the individual through proper or appropriate interactions between all staff and the individual which are designed to meet specific Individual Service Plan (ISP) goals and objectives; and

7. To be made available at the number of times and to the degree specified by the ISP.

D. Review of Assessments:

1. Current medical history, physical, and physician's progress notes (current within one (1) year).

(a) Review to determine if any medical needs have been noted that could be addressed through Specialized Services (i.e., individual has medications administered, but is capable intellectually and cognitively to self-administer medication).

(b) Review to determine if the individual's medical condition has deteriorated to the point that Special Services would not show any measurable benefit to the individual (i.e., individual's Alzheimer's has progressed to the point that dementia significantly effects any measurable benefit a current or proposed self-medication program would have for the individual).

E. Review Minimum Data Set (M.D.S.) available at the NF:

1. Review to gain insight into the individual's behaviors, receptive and expressive language skills, self-care abilities, physical restrictions and limitations, emotional stability, adaptive equipment used, special therapy or treatments currently in place, rehabilitative/restorative care, and types of medication now being administered.

2. Use this information to assist in determining the individual's needs through appropriate assessment/evaluations, program development and implementation, and/or consultation and training.

F. Nursing Care Plan:

1. Review and gain additional insight into the individual's current physical, mental, and social condition as well as the facilities approach to address the various needs of the individual.

2. Combine this information with the M.D.S. information to gain knowledge of the individual's characteristics and skills. Use this to assist in determining if Specialized Services would enhance the individual's capabilities towards greater independence, self-determination, and/or prevention or reduction of any loss in skills the individual already possesses.

G. Professional Evaluations and Consultations:

1. Review to obtain any recommendations for treatment of needs identified through the evaluation process.

2. Determine if the needs and recommendations are to be addressed through Specialized Services.

H. When making recommendations for Specialized Services determination, the following points may be useful to apply:

1. The assessments are to be a true reflection of the individual's current condition/functional status. Therefore, information that is outdated or is not reflective of the individual's current condition/functional status should not be submitted (i.e., outdated M.D.S., physical, social history, evaluations, nursing care plans, ISP, IEP).

2. A Specialized Services determination is given only to those individuals who require continuous supervision, treatment, and training to address needs in each of the life areas in which functional limitations have been identified.”

3. Documentation of the need for Specialized Services is to accompany the Individual Service Plan (ISP). The Specialized Service must be of measurable benefit to the individual.

4. Assessments/Evaluations should give the present status of the individual, including strengths and needs, and present recommendations designed to meet the needs of the individual.

5. The Department may request additional information in order to address any areas that may remain unclear.

I. Where are Specialized Services to be delivered and by whom:

Specialized Services are to be rendered to the individual wherever the individual is located during the daily routine of the individual. (The ISP may designate that the individual is to attend the workshop or some other function provided by the County Board; then, Specialized Services are provided at the location of the function. However, the ISP may designate that services are to be provided in the nursing facility; then the Specialized Services are to be provided in the facility).

J. After the individual's ISP team has met:

1. The team is to review all evaluations/assessments to establish a list of the individual's strength and needs, stated in behavioral terms that are based on the individual's current functional status.

2. The team is to state specific objectives necessary to meet the individual's needs and the planned sequence for dealing with those objectives. These objectives are to be:

- (a) Stated for each behavioral outcome the team intends the individual to learn;
- (b) Expressed in behavioral terms that can show a measurable benefit to the individual;
- (c) Organized to show a developmental progression appropriate to the individual;
- (d) Prioritized from the most to least important for implementation;
- (e) Addressed through written training programs, that indicate:
 - i. The method to be used;
 - ii. The schedule for use of the method;
 - iii. The person responsible for the program;
 - iv. The type of data and frequency of data collection necessary to be able to assess the benefit to the individual towards the desired objectives; and
 - v. The individual's inappropriate behaviors, if applicable.

K. Initiated and Delivered:

Specialized Services should be initiated and delivered as soon as the Individual Service Plan (ISP) programs are developed and staff is trained to provide the service in all appropriate situations.

Specialized Services should be monitored on an ongoing basis to ascertain the benefit the individual obtains by receiving the service.

1. When the individual benefits from the service, the service should be continued as is. Perhaps the service should be continued with adjustments to allow the individual to receive maximum benefit.
2. When the individual does not benefit from the service, the service should be reviewed and adjustments made so that the benefit to the individual is established. Otherwise, the service is to be discontinued.

L. Evaluation of Specialized Services:

To determine if the delivery and receipt of Specialized Services are benefiting the individual, the ACBDD must:

1. Evaluate the data relevant to the accomplishment of the objectives specified in the ISP
2. Evaluate significant events in the individual's daily activity that relate to the individual's ISP and that contribute to the overall understanding of the individual's on-going level and quality of functioning.

M. Coordination of Specialized Services:

1. Specialized Services are to be coordinated by the ACBDD and documented in the ISP.
 - (a) The ACBDD is to assure that training and technical assistance is made available to all service providers in order for the individual to receive the maximum benefit from services rendered.
 - (b) The ACBDD is to monitor the services being rendered to ascertain the benefit the individual is receiving from the combined efforts offered in relation to the goals and objectives stated in the ISP.

N. The DODD has the ultimate responsibility to monitor the need for, and delivery of, an individual's outcomes resulting from receipt of Specialized Services. Therefore, the PASRR Specialist will provide periodic review.

O. Refusal to Receive Specialized Services:

An individual has the right to refuse any attempt at service delivery. When and if this occurs, the ACBDD should ensure the following:

1. Refusal must be persistent from the individual/guardian (individual/guardian should be asked at least on two separate occasions under different circumstances).
2. Refusal must be consistently documented in the individual's records and reflected as part of the ISP updates.
3. ACBDD must document and discuss with the individual/guardian possible consequences of refusal of services.

Revised: 2/9/2022

Policy and Procedure
Table of Contents
Section V: Programs

Section V	Programs
5.00	Program Philosophy
5.01	Employment First
5.01.1	Employment First Procedure
5.02	Early Intervention Services
5.02.1	Early Intervention Personnel Qualifications
5.02.2	Early Intervention Intake and Referral Procedure
5.02.3	Early Intervention Parents' Rights and Procedural Safeguards Procedure
5.02.4	Early Intervention Child and Family Evaluation and Assessment Procedure
5.02.5	Early Intervention Individualized Family Service Plan (IFSP) Procedure
5.02.6	Early Intervention Home Visits Procedure
5.02.7	Early Intervention Staffing Ratio Procedure
5.02.8	Early Intervention Reporting and Monitoring Requirement Procedure
5.02.9	Early Intervention Child Records Procedure
5.03	Education of Children with Disabilities
5.03.1	Description of Services for School Age Individuals
5.04	Adult Services
5.05	Service and Support Administration
5.05.1	Primary Point of Coordination Procedure
5.05.2	Assessments Procedure
5.05.3	Budgets Procedure
5.05.4	Coordinating Services Procedure
5.05.5	Monitoring Implementation Procedure
5.05.6	Quality Assurance Reviews Procedure
5.05.7	On-Call Emergency Response Procedure
5.05.8	Individual Service Plan Procedure
5.06	Family Support Services
5.06.1	Family Support Services Procedure
5.07	Residential and Supported Living
5.07.1	Supported Living Contract Procedure
5.07.2	Residential Programs for Children Procedure
5.07.3	Residential Services Emergency Determination Procedure
5.08	Transportation
5.08.1	Transportation Procedure
5.09	Home and Community Based Services Waivers
5.10	Non-Waiver Policy Utilizing County Dollars as a Last Resort
5.11	Title XX Block Grant
5.12	Targeted Case Management Services
5.12.1	Targeted Case Management Services Procedure

PROGRAM PHILOSOPHIES

Early Intervention

The Early Intervention Program is for children from birth through age two and their families. It helps the parents of young children who are showing delays to understand why the child is behind and what can be done to stimulate his or her development. The Adams County Board's early intervention program is part of a comprehensive, collaborative, coordinated, and family centered system. Parents are given the opportunity to design a program with the services they have chosen reflective of their cultural beliefs, values, and family structures. They may enter and exit the program as they wish. In some cases, early intervention can lessen delays. Some children attain developmental age level and are no longer in need of special services.

Without early intervention, children may continue to fall behind. Research indicates that children learn and grow most quickly from birth to five years. Special help during this time for children who are delayed can make the difference between special or regular classroom education when the child is school age.

The Early Intervention program serves the child with supportive services in the home. An attempt is made to address the complete needs of the family of a child who has delays or a disability. Other components of the program include: child find, program evaluation, family-support, follow along, and transition. The following outline explains guidelines which are followed to ensure a successful program.

The purpose of the early intervention program is to meet the identified needs of infants and toddlers birth through age two and to meet the needs of the family related to promoting the child's development.

Preschool

Preschool supervisory services are provided through the Adams County Board of Developmental Disabilities to support the school districts in Adams County.

Adult Services

Persons with developmental disabilities have the right to receive the full range of supports and services they need to be participating members of their communities. Services will be available to individuals dependent upon their choices, desires and preferences. Regardless of the individual's choice of a work site, adults should have access to the supports necessary to be successful and should receive the benefits provided to other workers in the same setting.

Individuals should have supports as needed to have access to retirement, recreational, social and employment activities. Services may be provided in an individual's home if appropriate.

Individuals for whom work is not a priority have the right to spend their days involved in activities of interest and personal benefit in integrated, community-based settings.

The central purpose of adult services is to assist each adult to (1) grow into the fullness of their individual capabilities and (2) to help equip them for becoming a member of society.

The primary indicators that such processes are serving their central purpose are these:

- Individual differences among individuals are understood so keenly by the staff that each person acquires indispensable basic skills and knowledge.
- Each person is able to communicate.
- Each person is able to live in satisfactory relationships with others. Each person is able to use time in meaningful and rewarding ways.
- Each person can understand and accept himself or herself.
- Each person can accept responsibilities for him/herself.

The instructional program offers training in:

- The ability to communicate
- Managing one's body
- Understanding self and others
- Home and work responsibilities
- The ability to travel

Services are designed to assist individuals with disabilities in achieving their highest level of independent functioning and to aid them in being productive and active members of society. In doing so, the adult program emphasizes the teaching of self-care skills, independent travel, use of recreational and leisure time and, whenever appropriate, movement toward job training and placement in community employment. Of utmost importance is the effort to teach the concepts of self-worth and independence in order to maximize the process of becoming fully integrated into society, as well informed and active participants.

Service and Support Administration

The Adams County Board of DD believes that service and support administration should be a person centered process that assists with:

- Supporting people in determining and pursuing life goals,
- Working with families, guardians and natural supports to access, provide and/or enlist whatever support is needed in any life area, including protective intervention and
- Maintaining the person as the focus while coordinating services across multiple systems.

Residential Alternatives, Waiver, and Support Living Services

The Adams County Board of DD supports the premise that it is the right of all individuals with a developmental disability to live within the community. A selection of quality residential alternatives should be planned and developed reflecting the needs and choices of the individuals to be served. We recognize the uniqueness of teaching individuals and the need to individualize all services to best meet unique needs. We believe that every individual must be given the

maximum opportunity to determine his/her own destiny. We, therefore, encourage the development of a continuum of alternatives from which persons with disabilities, their families, guardians and/or those responsible for their care may choose.

We perceive the family as being the primary residential resource. Essential to family maintenance and stability is the provision of an adequate network of community support services. However, should the time come when it is in the best interest of the individual and/or his/her family to reside away from the natural home setting, a community based residential option should be available.

A functional model will serve as the basis for all residential programming. This model generates an optimistic orientation toward all individuals, regardless of type or degree of handicap. It assumes that given a supportive environment each individual is capable of growth, development and learning, and has the potential to progress through training to live in the least restrictive environment.

We support the philosophy of normalization. Stated simply, normalization means a normal environment will nurture and encourage more normalized behavior.

The county board believes and adheres to the human, civil, and legal rights of persons with developmental disabilities.

Revised: 10/10/2018

EMPLOYMENT FIRST

The Adams County Board of Developmental Disabilities supports the Employment First Initiative instituted by Executive Order 2012-05K. The Executive Order established statewide collaboration and coordination by creating the Employment First Taskforce and Advisory Committee and made community employment the preferred outcome for individuals with developmental disabilities.

The purpose of the Employment First Policy is to:

- A. Expand community employment opportunities by reducing barriers and aligning state policy.
- B. Enhance lives by creating greater opportunities for all people to advance their careers.
- C. Provide diversity and enrichment to the community, promote equal opportunity within the community, and decrease dependency on public funding.
- D. Provide employers and their businesses with more value because of access to dependable and qualified employees.
- E. Encourage, provide, create, and reward integrated employment in the workforce as the first and preferred option of all students and adults with disabilities who are served by the Board.
- F. For students, Board staff will work with school district personnel, students, families, and other applicable entities to draft Individualized Education Programs (IEP's) and Transition Plans that consider the ultimate outcome of integrated employment as the preferred option and shall work cooperatively to attain career goals. In support of this, the Board shall develop and maintain a "Local Interagency Agreement for Transition of Students with Disabilities to the Workforce". Any decision by the student and/or family to not pursue career planning activities as part of a Transition Plan OR to not consider employment in the community upon graduation from a school program shall be documented, with reasons and rationale provided.
- G. For adults, Individual Service Plans (ISP's) shall consider integrated employment as the preferred option for each person served and the team shall work cooperatively with persons served to attain that career goal. Any decision to not consider employment in the community for specific individuals is to be re-evaluated on a regular basis, with the reasons and rationale for these decisions fully documented and addressed in service plans.

For purposes of the policy, the Board shall:

- A. Engage in the person-centered planning process. The purpose of a person-centered planning process is to identify an individual's unique strengths, interests, abilities, preferences, resources, and desired outcomes as they relate to community employment.
- B. Incorporate Employment First principles in its strategic plan.
- C. Collect data and submit it to the Ohio Department of Developmental Disabilities regarding individuals who received employment services, as well as individuals who do not receive employment services but who are engaged in competitive or community employment.

- D. Develop and monitor on-going benchmarks for increasing the number of individuals of working-age who are engaged in community employment services.
- E. Work collaboratively with local school districts in the county to ensure a framework exists for individuals approaching completion of a school program that supports community employment and reduces or eliminates duplication of efforts.
- F. Disseminate information to individuals served, families, and community partners that promote and facilitate community employment.
- G. Adopt procedures that align with this policy that outline appropriate roles, tasks, and coordination activities.

Revised: 10/10/2018

EMPLOYMENT FIRST

Mission: To inspire people of all abilities to embrace the pursuit of self-advocacy, choice, and integration.

A. Description of Services

Employment First ensures that people live, work, and recreate in their community and are seen as full, engaged partners with other members of the community. Employment First is about removing barriers and identifying supports needed to help people make more money and contribute to the community and society overall. Ultimately, integrated employment is the preferred option for individuals.

The initiative of the Adams County Board of Developmental Disabilities (ACBDD) and the State of Ohio is to encourage all individuals with developmental disabilities to work and engage in their community and to receive the needed supports to do so. The initiative encourages the exploration and growth of skills, interests, and job goals with the individual so that they will be successful in their pursuit.

The Adams CBDD serves as the Adams County Transition Services Coordinator and for the purpose of meeting the criteria through the Ohio Department of Developmental Disabilities' role in the state and federal requirements for employment services for school age youth with disabilities.

Referrals to other agencies are made for the purpose of employment training, skill development and overall supportive services designed to enhance an individual's quality of life. The services are coordinated with team members for school and summer work experiences for junior and senior high school students and other programs such as Ohio Means Jobs, Project S.T.I.R. (Steps Toward Independence and Responsibility) in the schools, etc. The coordinator attends student Individual Education Program (IEP) meetings, coordinates School to Adult Life Transition (S.A.L.T.) sessions for students and their families to gain information regarding employment and adult living.

B. Definitions

1. Employment First: Ensures that people live, work, and recreate in their community and are seen as fully engaged partners with other members of the community. Employment First is about removing barriers and identifying supports needed to help people to earn at or above the minimum wage and not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by persons who do not have disabilities. Ultimately, integrated employment is the preferred option for individuals.
2. Community First: The initiative of the Adams CBDD and the State of Ohio is to encourage all individuals with developmental disabilities to work and engage in their community and to receive the needed supports to do so. The initiative encourages the exploration and growth of skills, interests, and job goals with the individual so that they will be successful in their pursuit.
3. Least Restrictive: When a person receives only the services and supports needed to participate in activities and become full partner and participant and to receive services and support in the most typical environment.
4. Individual: A student or adult with a developmental disability.

5. IEP: The IEP is the Individualized Education Program for each student that is authorized by the local school district.
6. ISP: The ISP is the Individual Service Plan for each adult that is authorized by the County Board of Developmental Disabilities.
7. Person-Centered Planning Process: The purpose of the person-centered planning process is to identify an individual's unique strengths, interests, abilities, preferences, resources, and desired outcomes as they relate to community employment.
8. Team: The individual's supports and advocates that include but not limited to a Service and Support Administrator, a personal advocate, family, direct support staff, providers, licensed or certified professionals, and other persons chosen by the individual to help the individual think through possibilities and decisions. The purpose of the team is to provide written and/or verbal information relevant to the development of the IEP or ISP for the individual. Team members may be invited by the individual to actively participate in the development of the IEP or ISP.
9. Community Employment: Competitive employment that takes place in an integrated setting.
10. Competitive Employment: Full-time or part-time work in the competitive labor market in which payment is at or above the minimum wage and not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by persons who do not have disabilities.
11. Supported Employment Services: Intensive, ongoing supports provided in the community that enable participants, for whom competitive employment at or above minimum wage is unlikely, due to their disability, absent the provision of supports.
12. Vocational Habilitation: Services designed to teach and reinforce habilitation concepts related to work including responsibility, attendance, task completion, problem solving, social interaction, motor skill development, and safety.
13. Benefits Analysis: Information provided to individuals about the impact of work on public assistance programs, including but not limited to, social security disability insurance, supplemental security income, Medicaid/Medicare coverage, Medicaid buy-in for workers with disabilities, veteran's benefits, housing assistance, and food stamps.
14. Natural Support: A support that is not paid. Natural supports can include but are not limited to family members, significant others, and community members who share interests with the person they are supporting. Natural supports should be documented in the IEP or ISP.
15. OOD/BVR: Opportunities for Ohioans with Disabilities (OOD)/the Ohio Bureau of Vocational Rehabilitation (BVR) provides direct, personalized services to help individuals with disabilities obtain or retain employment. The Vocational Rehabilitation counselor works with individuals one-on-one to plan an individualized program leading to gainful employment.
16. Provider: An agency provider or an independent provider that is certified or licensed by The Ohio Department of Developmental Disabilities.
17. Transition: Refers to the time period before the individual exits high school and enters work or college. Effective transition services and supports shall be in place in sufficient time to discover the services and supports needed to ensure success.
18. Community Employment Skills Assessment: An instrument that is used to gather information and data regarding a student's preferences, abilities, job readiness, etc.
19. Working Age means at least 18 years of age.

C. Transition Plan for Students

1. Individuals with developmental disabilities have the right to make informed decisions about where they work, and to have opportunities to obtain community jobs that may result in greater earnings, better benefits, improved health and increased quality of life. Individuals with developmental disabilities should be encouraged to take part in the workforce and to bring their individual strengths and talents to participate in business and industry.
2. The Adams CBDD Employment First Coordinator will collaborate with local school districts, as well as workforce development, vocational rehabilitation, mental health, and other applicable agencies, to facilitate the transition from school to work for students. The Employment First Coordinator will serve as a key resource regarding employment skill assessments, career planning, job training, and employment options. The Employment First Coordinator will establish an effective link between all interested stakeholders leading to a successful transition for each student.
3. All students are expected to engage in activities that will prepare them for community employment as supported by the State of Ohio Employment First Initiative. Students at age 14, as part of their IEP planning, will develop a transition plan through the student's IEP. Their plan will include a specific statement of their perceived future as well as goals that lead to the development of job readiness skills.
4. When a student reaches working age, or approaches the completion of program or service, they will participate in person-centered planning process which shall include identification and documentation of:
 - a. The individual's place on the path to community employment, that is:
 - i) The individual is already engaged in community employment and needs support for job stabilization, job improvement, or career advancement;
 - ii) The individual expresses a desire to obtain community employment but is not currently employed and needs support to obtain employment or identify career options and employment opportunities;
 - iii) The individual is unsure about community employment and needs support to identify career options and employment opportunities and the economic impact for the individual of the decision to work; or
 - iv) The individual does not express a desire to work and needs support to learn more about careers and employment opportunities and the economic impact for the individual of the decision not to work.
 - b. The individual's desired community employment outcome.
 - c. Clearly defined activities, services, and supports necessary for the individual to achieve or maintain community employment, job improvement, or career advancement.
5. The results of the person-centered planning process, including the individual's desired outcomes as they relate to community employment, shall be integrated into the individual plan or individual service plan, as applicable.
6. Integrated employment is the preferred option for each person served and the team shall work cooperatively with persons served to obtain that career goal. Any decision to not consider employment in the community for specific individuals is to be re-evaluated on a regular basis with the reasons and rationale for these decisions fully documented and addressed in service plans.

7. The results of the person-centered planning process shall be reviewed at least once every twelve months and whenever a significant change in employment, training, continuing education, services, or supports occurs or is proposed.
8. At age 14, a referral to Bureau of Vocational Rehabilitation (BVR/OOD) can be made by the local school district, Employment First Coordinator, Transition Team or family.
9. As appropriate, students will be encouraged to begin the eligibility process with the Adams CBDD's Intake/Eligibility Coordinator.
10. Students who do not follow through with the intake/eligibility process, but are suspected of a qualifying disability by the County Board of DD staff, may receive services provided by the Employment First Coordinator until graduation or exit from high school.
11. In addition, referrals will be made to appropriate agencies or providers on their behalf.

D. Plan for Adults

1. Individuals with developmental disabilities have the right to make informed decisions about where they work, and to have opportunities to obtain community jobs that may result in greater earnings, better benefits, improved health and increased quality of life. Individuals with developmental disabilities should be encouraged to take part in the workforce and to bring their individual strengths and talents to participate in their communities.
2. Adults who are currently interested in adult service programs shall go through eligibility and intake through Adams CBDD.
3. A Service and Support Administrator will be assigned to each eligible adult. An Individual Service Plan (ISP) will be developed using the person-centered planning approach. The person-centered planning process shall include identification and documentation of:
 - a. The individual's place on the path to community employment, that is:
 - i) The individual is already engaged in community employment and needs support for job stabilization, job improvement, or career advancement;
 - ii) The individual expresses a desire to obtain community employment but is not currently employed and needs support to obtain employment or identify career options and employment opportunities;
 - iii) The individual is unsure about community employment and needs support to identify career options and employment opportunities and the economic impact for the individual of the decision to work; or
 - iv) The individual does not express a desire to work and needs support to learn more about careers and employment opportunities and the economic impact for the individual of the decision not to work.
 - b. The individual's desired community employment outcome.
 - c. Clearly defined activities, services, and supports necessary for the individual to achieve or maintain community employment, job improvement, or career advancement.
4. The results of the person-centered planning process, including the individual's desired outcomes as they relate to community employment, shall be integrated into the individual plan or individual service plan, as applicable.
5. The results of the person-centered planning process shall be reviewed at least once every twelve months and whenever a significant change in employment, training, continuing education, services, or supports occurs or is proposed.

6. As part of the ISP process individuals will choose their provider of services. The ISP shall consider integrated employment as the preferred option for each person served and the team shall work cooperatively with persons served to obtain that career goal. Any decision to not consider employment in the community for specific individuals is to be re-evaluated on a regular basis with the reasons and rationale for these decisions fully documented and addressed in service plans.
7. A referral, and all communication regarding adults, will be made by the Service and Support Administrator to the Bureau of Vocational Rehabilitation (OOD) as appropriate.
8. The Service and Support Administrator will facilitate a referral for a Benefits Analysis consultation with the individual as needed.

E. Data Collection

1. The Employment First Coordinator (for students) and Service and Support Administrators (for adults) will facilitate the development of ongoing benchmarks for increasing the number of individuals of working-age who are engaged in Community Employment services.
2. The Employment First Coordinator (for students) and Service and Support Administrators (for adults) will be responsible for the collection of data regarding individuals who currently receive employment services as well as individuals who do not receive employment services but who are engaged in competitive or community employment.

F. Additional Tasks

1. The Employment First Coordinator and Service and Support Administrators will use collected data to assist with the development of the County Board's strategic plan.
2. The Employment First Coordinator and Service and Support Administrators will disseminate information to individuals served, school districts, families and other community partners that promote and facilitate community employment.
3. The Employment First Coordinator will maintain the "Local Interagency Agreement for Transition of Students with Disabilities to the Workforce".
4. The Employment First Coordinator will successfully complete the online Employment First training, Ohio's Orientation to Supported Employment, which is provided by Employment First of Ohio.
5. The Employment First Coordinator will notify the Service and Support Department (Waiver Coordinator) of providers who are active employment service vendors for the county so that outreach efforts can be made to provide them with basic provider training.
6. The Service and Support Administrators will be responsible for submitting data to the Ohio Department of Developmental Disabilities as well as to community partners.

Revised: 02/24/2021

EARLY INTERVENTION SERVICES

The Ohio Department of Developmental Disabilities is the lead agency for the Early Intervention program. Central Coordination (CC) duties and Home Visiting Services (HV) are overseen through the Ohio Department of Health Help Me Grow.

- A. The Adams County Board of Developmental Disabilities shall provide year-round early intervention services and supports to eligible infants and toddlers birth through two years of age with developmental delays and their families as part of a comprehensive, coordinated, transdisciplinary, interagency early intervention system in accordance with OAC rule 5123-10-02 (Part C Early Intervention) and all other applicable local, state, and federal laws, rules and regulations.
- B. The ACBDD shall provide choices and options to families that enhance quality outcomes for children and their families. The ACBDD shall communicate this information to families, county agency partners and regulatory bodies for the purpose of clarifying the county board's role for the Early Intervention Program.

The ACBDD's Early Intervention services shall include the provision of the following components:

- a. outreach/child find/intake through Central Coordination;
- b. assurance of procedural safeguards to families;
- c. mandated service coordination activities which include the individualized family service plan development and transition activities for the child and family prior to the age of three;
- d. family support services as defined in OAC 5123-4-01 and in ACBDD board policy 5.06;
- e. evaluation from qualified personnel to determine Part C eligibility and child and family assessment;
- f. qualified personnel to participate in the development, implementation, review, and monitoring of the IFSP and its timelines;
- g. early intervention service provision in everyday routines, activities, and in natural environments as developed through the individual family service plan development process. Services shall be culturally sensitive to the diversity in beliefs, values, and family configurations;
- h. specialized instruction, physical, occupational, and speech therapy by qualified personnel as available;
- i. nursing services and contracted behavioral specialist services as a consultative resource;
- j. facilitated in collaboration with other agencies, play and social opportunities in the community for children and families receiving services as well as typically developing children and families;
- k. support to children in the Early Intervention program with specific communication and sensory needs through an Autism P.L.A.Y. Project (Play and Language for Autistic Youngsters). This project utilizes a research-driven curriculum that is designed to

provide intensive relationship-based interventions to children driven by the IFSP process.

- C. The Agency shall assure employees of the county board or contracting entities who are hired to work shall hold applicable registration or certification in accordance with rule 5123-10-04 for Service Coordinators and Supervisors of Service Coordinators and Ohio Administrative Code 5123-10-05 for Developmental Specialists and Supervisors of Developmental Specialists.
- D. The Agency shall maintain caseloads in a manner that ensures the Agency will be able to provide services and supports to families as outlined on the IFSP. Caseloads shall be reviewed as needed (at least annually) and variables considered which may affect the family-to-primary service provider ratio.
- E. The provision of and payment for Early Intervention services shall be in accordance with OAC 5123-10-03. This includes but is not limited to the Early Intervention service coordinators' responsibility to explain this rule in determining a parent's ability to pay for Early Intervention Services.

Revised: 02/9/2022

EARLY INTERVENTION PERSONNEL QUALIFICATIONS

- A. Employees of the Agency who are hired to work as Early Intervention personnel shall hold applicable registration or certification in accordance with rule 5123-10-05 or 5123-10-04 (and as listed in Appendix B of the EI program rule) of the Ohio Administrative Code.

Revised: 02/9/2022

EARLY INTERVENTION INTAKE AND REFERRAL PROCEDURE

- A. Upon receipt of a referral from the family or other source, the Adams CBDD shall immediately refer the family to the centralized intake and referral system through Hel Me Grow. Communication to the centralized intake and referral system shall include the date and time the initial referral was received by the Adams CBDD to ensure that verbal or written contact can be made with the family.

(In accordance with rule 3701-8-10 of the Ohio Department of Health Help Me Grow).

Revised: 02/24/2021

EARLY INTERVENTION PARENTS' RIGHTS AND PROCEDURAL SAFEGUARDS PROCEDURE

For infants and toddlers in the Early Intervention program, the Agency has established parents' rights and procedural safeguards that protect the rights of parents and their eligible children.

A. For all Part C eligible infants and toddlers served by the Agency, the Agency shall:

1. Comply with rule 5123-10-01 of the Ohio Administrative Code. In addition, will comply with the 5123.62 of the Ohio Revised Code Rights for Persons with Developmental Disabilities). The Procedural Safeguards and Resolution of Complaints are outlined in the Clinton County Board of Developmental Disabilities Early Intervention Handbook and Early Intervention Parents Rights Brochure, and documented that the parent has received a copy.

Revised: 02/24/2021

EARLY INTERVENTION CHILD AND FAMILY EVALUATION AND ASSESSMENT PROCEDURE

- A. Qualified Early Intervention (EI) team members shall conduct the evaluation with the child and family to determine eligibility for EI services (per parental consent). In the case that Informed Clinical Opinion is used to determine eligibility, the team shall conduct the evaluation prior to annual re-determination of eligibility for ongoing Early Intervention Services.

- B. Child and Family assessments to determine need for services and program planning shall be completed by qualified team member (personnel) and shall be summarized, documented, and provide detailed, strength-oriented information on the child's abilities and recommended approaches for future interventions. This information shall be provided to parents and other team members as parental consent allows. The family shall be provided every opportunity to take an active role in the assessment process.

(In accordance with 5123-10-02 of the Ohio Administrative Code)

Revised: 02/24/2021

**EARLY INTERVENTION INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)
PROCEDURE**

- A. The IFSP is a functional document resulting from an ongoing process that begins at first contact and continues throughout the family's involvement with early intervention services.
- B. The child's Early Intervention (EI) Service Coordinator is responsible to ensure the development, implementation, review and monitoring of the IFSP and its timelines.
- C. The Agency's Early Intervention Personnel shall conduct evaluations and assessments.
- D. The Agency team shall:
 - 1. Use the statewide IFSP form referenced in rule 5123-10-02 of the OAC made available through the Ohio Department of Developmental Disabilities Early Intervention.
 - 2. Develop a written plan (IFSP) with the parent to record parent's priorities and concerns about their child's development in everyday activities and routines. The child's team will also review the written plan (IFSP) every six months or sooner if needed.
 - 3. Participate in transition planning no less than 90 calendar days and no greater than nine (9) months prior to the child's third birthday or when the child exits the system at age three.

(In accordance with rule 5123-10-02 of the Ohio Administrative Code)

Revised: 02/24/2021

EARLY INTERVENTION HOME VISITS PROCEDURE

- A. The Agency's Early Intervention services, includes visits to provide services to infants and toddlers and their families in their homes.
- B. The Early Intervention Personnel will schedule home visits at the convenience of the families and provide reminders of the visits when possible.
- C. Should a family not be home during a scheduled visit the Early Intervention Primary Service Provider will leave a note or a phone/text message based on the family's communication preference of their attempted visit and a request for the family to reschedule the visit.
- D. Due to limited Agency resources a family who misses two consecutive scheduled visits shall receive a letter informing the family of the need to respond to their child's Early Intervention Primary Service Provider. In the event that the family does not respond to the request of the EI-PSP they will be exited from the program.

Revised: 02/24/2021

EARLY INTERVENTION STAFFING RATIOS PROCEDURE

- A. Each year as part of the Annual Action Plan process, the Superintendent and the Early Intervention Personnel will review the EI caseloads to determine that services and supports to families and children can be supplied as determined by the IFSP teams.

- B. Variables that may affect the ratio and be incorporated into planning include:
 - 1. The extent and intensity of the family supports provided;
 - 2. The extent and intensity of the child's needs;
 - 3. Location of services and supports including travel time for home-based services;
 - 4. The extent and time required to ensure completion of service coordination responsibilities, if applicable;
 - 5. The involvement and assistance of other services, supports, and agencies;
 - 6. The resources and support from the EI team available within the Agency and the community.

Revised: 10/10/2018

EARLY INTERVENTION REPORTING AND MONITORING REQUIREMENTS PROCEDURE

- A. To establish and maintain standards for Early Intervention Services offered by the Agency, the Agency shall:
 - 1. Participate in the department's monitoring system through the accreditation process established pursuant to section 5126.081 of the Revised Code and rule 5123-4-01 of the Administrative Code; and
 - 2. Provide information requested by the lead agency for the purpose of monitoring for compliance with Ohio Department of Developmental Disabilities rules for Part C federal regulations.

Revised: 02/9/2022

EARLY INTERVENTION CHILD RECORDS PROCEDURE

For each child, birth through two years of age receiving early intervention services and supports or service coordination from the Adams County Board of Developmental Disabilities (ACBDD), the following information, in accordance with the records retention schedule, may be compiled and kept on file:

1. Documentation verifying the date of request for or referral to services in Early Intervention (EI) program and the date of initial contact with the ACBDD if the county board is assisting in the initial evaluation/assessment process.
2. Documents used to determine eligibility, which may include the written report of the developmental evaluation or the written medical report.
3. Signed written consents and releases including, but not limited to, a developmental evaluation from EI; parents' rights and procedural safeguards; photo and video consent for publication, educational materials, and for coaching purposes; and ongoing services.
4. A health record that contains pertinent health information, which may include a record of current immunizations and a list of medications and any allergies.
5. Current IFSP, subsequent reviews, written notices regarding meetings, and other related correspondence with the family.
6. Documentation (case summary notes) by each primary service provider that includes date, duration, frequency, intensity and specific type of service provided, and outcomes in accordance with the IFSP. A summary of this data shall be used to measure progress on the outcomes identified on the IFSP.
7. Any ongoing assessments of the child and family.
8. Documentation of an unusual incident and major unusual incidents (forms completed and on file with Service and Support department).
9. Documentation that a request for a copy of any required information was made, but the information was not available.
10. Parent and child play group attendance, home and other community-based visitation records (Family Fun Days and Parent trainings), and ongoing, systematic program data shall be kept on file at the ACBDD office.

(In accordance with rule 3701-8-01, 3701-8-09 of the Ohio Department of Health Help Me Grow and rule 5123-10-01 of the Ohio Administrative Code in DODD)

Revised: 02/9/2022

EDUCATION OF CHILDREN WITH DISABILITIES

The Agency may provide pre-school special education and related services to eligible students in Adams County, in accordance with procedures, standards, and guidelines adopted by the state board of education. At this time the children in Adams County are receiving their special education preschool services by their Local Education Agencies (LEA). The Adams County Board of Developmental Disabilities provides Preschool supervisory services to LEA's in Adams County.

Adopted: 10/10/2018

DESCRIPTION OF SERVICES FOR SCHOOL AGE INDIVIDUALS

The Transition Coordinator assists pre-school programs with transition plan conferences, evaluations and meetings as requested by the school districts. In addition, the Transition Coordinator coordinates a leadership team that meets regularly in efforts to collaborate with districts regarding transition services and also maintains an Interagency Agreement for Early Intervention, Pre-school, and Transition to Work Services with all stakeholders involved.

During the school age years, the Transition Coordinator serves as a consultant for school district staff and families regarding special education services. The support may include answering questions, making referrals to the Adams County Board of Developmental Disabilities for eligibility of services, attendance at students' meetings, sharing information about resources and/or activities in the community for families, etc. The Transition Coordinator also oversees the duties of the Employment First Coordinator who coordinates transition activities for high school youth. The Transition Coordinator may assist with referrals to the Adams County Board of Developmental Disabilities at any time for an individual. Currently, the Superintendent of the ACBDD serves as the Transition Coordinator for Adams County.

Approved: 10/10/2018

EARLY INTERVENTION INTAKE AND REFERRAL PROCEDURE

- A. Upon receipt of a referral from the family or other source, the county board shall immediately refer the family to the centralized intake and referral system through Help Me Grow. Communication to the centralized intake and referral system shall include the date and time the initial referral was received by the county board to ensure that verbal or written contact can be made with the family.

(In accordance with rule 3701-8-01, 3701-8-04 Ohio Department of Health Help Me Grow).

Revised: 10/10/2018

ADULT SERVICES

- A. The Agency shall ensure, within planning and priorities set forth in annual and strategic plans, that Adult Services Programs are available to eligible individuals with disabilities as defined under the Eligibility Determination Policy.
- B. Adult Services Programs will provide programs to eligible individuals based upon choice, including but not limited to employment, vocational habilitation, adult day supports, continuing education, transportation, technological supports and therapeutic services.

Revised: 10/10/2018

SERVICE AND SUPPORT ADMINISTRATION

- A. The Adams County Board of Developmental Disabilities shall provide Service and Support Administration in accordance with ORC 5126.15. The Service and Support Administration division supports individuals in determining and pursuing goals and maintains the individual as the focus while coordinating services across multiple systems.
- B. The individual and guardian, if applicable, shall be responsible for making all decisions regarding the provision of services, including requesting services and giving, refusing to give, or withdrawing consent for services. An individual or guardian may designate another person, including a member of the individual's family, to participate in the process of making decisions regarding an individual's needs, desires and preference, without affecting the right of the individual to make decisions. An adult authorized by an individual as a "chosen representative" to make decisions on behalf of the individual may do so as long as the adult does not have financial interest in the decision.
- C. The Agency shall provide service and support administration to the following:
 - 1. Each individual regardless of age who is applying for or is enrolled on a HCBS waiver;
 - 2. Each individual three years of age or older who is eligible for county Agency services and requests service and support administration, or has services requested on their behalf by a guardian or person designated pursuant to section B above.
 - 3. Each individual residing in an ICF/DD who requests, or a person on their behalf requests pursuant to rule 5123-4-02 (C) assistance to move from the ICF/DD facility to a community setting.
 - 4. There is no waiting list for service and support administration.
- D. The Agency may provide service and support administration to the following:
 - 1. An individual under three years of age who is eligible for early intervention services in accordance with 34 C.F.R. part 303;
 - 2. An individual who is not eligible for other services of the Agency.
- E. The Agency shall identify a Service and Support Administrator (SSA) for each individual receiving service and support administration who shall be the primary point of coordination for the individual and who shall perform the following duties with active participation of the individual and members of the team:
 - 1. Assess the individual's need for services initially and at least every 12 months thereafter;
 - 2. Individual service plans with the active participation of the individual to be served, other persons selected by the individual, and, when applicable, the provider selected by the individual, and recommend plans for approval by the department of developmental disabilities when services included in the plans are funded through Medicaid;
 - 3. Establish the individual's budget for services based on the individual's assessed needs and preferred ways of meeting those needs;
 - 4. Assist the individual in choosing qualified and willing providers;
 - 5. Ensure that the individual's services are effectively coordinated and provided by appropriate providers;

6. Monitor the implementation of the individual's ISP to achieve desired outcomes for the individual;
- F. The SSA shall establish an individual's eligibility for county board services in accordance with rules adopted by the Ohio Department of DD. The SSA shall explain the following to the individual/guardian:
1. Alternative services that are available;
 2. Due process and appeal rights;
 3. The right to choose any qualified and willing provider.
- G. The Agency shall establish procedures for the following functions of a SSA:
1. Eligibility Determination/Intake
 2. Assessments
 3. Service Plan development
 4. Individual Budgets
 5. Provider Selection
 6. Coordination of Services
 7. Monitoring ISP implementation
 8. Quality Assurance Reviews
- H. The Service and Support Administration department shall establish an on-call emergency response system that is available twenty-four hours per day, seven days per week.
- I. Records shall be maintained on individuals receiving service and support administration in accordance with the records retention schedule and may include at the minimum, the following:
1. Identifying data;
 2. Information identifying guardianship, other adult whom the individual has identified, trusteeship, or protector ship;
 3. Date of request for services from the county board;
 4. Evidence of eligibility for county board services;
 5. Assessment information relevant for services and the individual service plan process for supports and services;
 6. Current individual service plan;
 7. Current budget for services;
 8. Documentation of provider selection process;
 9. Quality Assurance review summary reports;
 10. Documentation that the individual exercised freedom of choice in the provider selection process;
 11. Documentation of unusual incidents
 12. Major unusual incident investigation summary reports;
 13. The name of the Service and Support Administrator;
 14. Emergency Information;
 15. Personal financial information, when appropriate;
 16. Release of information and consent forms;
 17. Case notes which include coordination or services;

18. Documentation that the individual was afforded due process in accordance with paragraph (I) of rule 5123-4-02, including but not limited to, appropriate prior notification of any action to deny, reduce, or terminate services and an opportunity for a hearing.

J. The Service and Support Administrators will ensure that information about Individuals served, including an Individual's living arrangement and address, guardianship status, and guardian's address and contact information is updated in the Ohio Department of DD's (DODD) information systems within fifteen (15) calendar days of any change.

K. Due process shall be afforded to each individual receiving service and support administration.

Reference: ORC 5126.15, OAC 5123-4-02; OAC 5123-17-02; OAC 5123-4-01; and OAC 5123-4-04

Revised: 2-9-2022

PRIMARY POINT OF COORDINATION PROCEDURE

- A. The Service and Support Administrator (SSA) and Service and Support Manager (SSM) will be the primary point of coordination for the individual, and is responsible to an individual for the effective development, implementation, and coordination of the individual service plan.
- B. An individual shall be given the opportunity to request a different service and support administrator from the county board.
- C. The SSA/SSM may receive assistance with responsibilities outlined below from appropriate others on the individual's team. It is the SSA/SSM's responsibility to ensure that those providing assistance have the necessary skills and training for the tasks and have an understanding of the individual's service plan.
- D. The SSA/SSM retains the responsibility of ensuring that activities are completed in accordance with the individual's service plan, and to the benefit and satisfaction of the individual. The SSA/SSM retains the responsibility for all decision making regarding service and support administration functions, and the communication of any such decisions to the individual.
- E. The SSA/SSM, as the primary point of coordination, will:
 - 1. Assess the individual's need for services.
 - 2. Recommendations to ODDD and ODJFS regarding the continued need for an ICR/MR level of care for the annual redetermination for an individual enrolled in an HCBS waiver.
 - 3. Develop and revise the individual's service plan in accordance with Agency policy and procedure - 3.09.
 - 4. Establish the individual's budget for services. The SSA/SSM will establish a recommendation for and obtain approval of the budget for the services based on the individual's service plan for the individual. Funding of services for individuals enrolled in an HCBS waiver shall be subject to Waiver Reimbursement Methodology outlined in OAC 5123-9-06.
 - 5. Assist the individual in choosing providers through the provider selection process.
 - 6. Ensure that the individual's services are effectively coordinated and provided by appropriate providers as identified in the individual's service plan by facilitating communication with the individual and among providers across all settings and systems according to procedure 5.05.5.
 - 7. Monitor the implementation of the individual's individual service plan in accordance with procedure 5.05.6.
- F. The SSA/SSM will take the following actions with regard to Medicaid services:
 - 1. Explain to the individual, in conjunction with the process of recommending eligibility and/or assisting the individual in making application for enrollment in a home and community-based services waiver or any other Medicaid service, and in accordance with rules adopted by the department:
 - a. Alternative services available to the individual;
 - b. The individual's due process and appeal rights; and
 - c. The individual's right to choose any qualified and willing provider.

2. Explain to the individual, at the time the individual is being recommended for enrollment in a home and community-based services waiver
 - a. Choice of enrollment in a home and community-based services waiver as an alternative to intermediate care facility placement; and
 - b. Services and supports funded by a home and community-based services waiver.
 3. Provide an individual with written notification and explanation of the individual's right to a Medicaid state hearing if the individual service plan process results in a recommendation for the approval, reduction, denial, or termination of services funded by a home and community-based services waiver. Notice shall be provided in accordance with section 5101.35 of the Revised Code.
 4. Make a recommendation to the Ohio department of Medicaid or its designee, in accordance with rule 5101:3-3-15.3 of the Administrative Code, as to whether the individual meets the criteria for an intermediate care facility level of care in accordance with rule 5101:3-3-07 of the Administrative Code.
 5. Explain to an individual whose individual service plan includes services funded by a home and community-based services waiver or other Medicaid services that the services are subject to approval by the department and the Ohio department of Medicaid. If the department or the Ohio department of Medicaid approves, reduces, denies, or terminates services funded by a home and community-based services waiver or other Medicaid services included in an individual service plan, the service and support administrator shall communicate with the individual about this action.
- G. Provide an individual with written notification and explanation of the individual's right to use the administrative resolution of complaint process set forth in rule 5123-4-04 of the Administrative Code if the individual service plan process results in the reduction, denial, or termination of a service other than a service funded by a home and community-based services waiver or targeted case management services. Such written notice and explanation shall also be provided to an individual if the individual service plan process results in an approved service that the individual does not want to receive, but is necessary to ensure the individual's health, safety, and welfare. Notice shall be provided in accordance with rule 5123-4-04 of the Administrative Code.
- H. Advise members of the team of their right to file a complaint in accordance with rule 5123-04 of the Administrative Code.
- I. Take actions necessary to remediate any immediate concerns regarding the individual's health and welfare.

Approved: 02/9/2022

ASSESSMENTS PROCEDURE

- A. Service and support administrators/service and support manager will assess individual needs for services. The SSA/SSM who is the primary point of coordination, with the active participation of the individual and members of the team, shall perform the following duties:
- B. After the initial request for services, initially and at least annually thereafter, complete and/or coordinate and ensure the completion of assessments. The assessment process shall include all types of assessments and additional input obtained from the individual, the individual's guardian, anyone else selected by the individual/guardian and the individual's team.
 - (i) The information obtained shall take into consideration:
 - (a) What is important to the individual to promote satisfaction and achievement of desired outcomes;
 - (b) What is important for the individual to maintain health and welfare;
 - (c) Known and likely risks;
 - (d) The individual's place on the path to community employment; and
 - (e) What is working and not working in the individual's life.
 - (ii) The assessment shall identify supports that promote the individual's:
 - (a) Rights (e.g., equality, citizenship, access, due process, and responsibility);
 - (b) Self-determination (e.g., choices, opportunities, personal control, and self-advocacy);
 - (c) Physical well-being (e.g., routine and preventative health care and daily living skills appropriate to age);
 - (d) Emotional well-being (e.g., self-worth, self-esteem, satisfaction with life, and spirituality);
 - (e) Material well-being (e.g., employment, money, education, and housing);
 - (f) Personal development (e.g., achievement, success, and personal competence);
 - (g) Interpersonal relationships (e.g., social contacts, relationships, and emotional supports); and
 - (h) Social inclusion (e.g., community participation and social supports).
- C. The completion of assessments and evaluations by licensed or certified professionals is not required annually, but shall be done at a time dictated by the needs of the individual.
- D. Recommend to the department and ODJFS, the continued need for an ICF/DD level of Care for an individual enrolled in an HCBS waiver for the annual redetermination in Accordance with rule 5101:3-3-15 of the Administrative Code.

Approved: 10/10/2018

BUDGET FOR SERVICES PROCEDURE

- A. Prior to individual service plan revisions/meetings, the SSM/SSA should confirm the available funds for services with the Divisional Director (CPT/CPT input form/DRA projections, Request for Increase in Cost form, ODDP, Acuity Assessment Instrument, Adult Day Services) using a tentative list of outlined services, to include facility supervision and costs attributed.
- B. The SSA will complete cost projections with the SSM. Services and costs will then be finalized via the individual service plan meeting.
- C. Only services where funding sources are available and within the ODDP/Acuity Assessment Instrument/Adult Day Services can be approved in the individual service plan. Services/costs outside of this process will need to be submitted to the SSD for determination of Prior Authorization, etc. All services must be identified such as HPC, Transport, Auxiliary services (OT, PT, Hospice, Nursing, etc), Adult Services, rent subsidy, meal subsidy, equipment, modifications etc.
- D. The SSA/SSM, or designated staff for HCBS Waiver recipients, will establish the budget for an individual's services.
- E. The budget will:
 - 1. Be established based on the individual service plan for the individual and the individual's assessed needs and preferred ways of meeting those needs.
 - 2. Through objective facilitation, assist the individual in choosing providers by:
 - (a) Ensuring that the individual is given the opportunity to select providers from all willing and qualified providers in accordance with applicable federal and state laws and regulations including rule 5123-9-11 of the Administrative Code; and
 - (b) Assisting the individual as necessary to work with providers to resolve concerns involving a provider or direct support staff who are assigned to work with the individual.
 - 3. Secure commitments from providers to support the individual in achievement of his or her desired outcomes.
 - 4. Verify by signature and date that prior to implementation each individual service plan:
 - (a) Indicates the provider, frequency, and funding source for each service and support; and
 - (b) Specifies which provider will deliver each service or support across all settings.
 - 5. Establish and maintain contact with providers as frequently as necessary to ensure that each provider is trained on the individual service plan and has a clear understanding of the expectations and desired outcomes of the supports being provided.
 - 6. Establish and maintain contact with natural supports as frequently as necessary to ensure that natural supports are available and meeting desired outcomes as indicated in the individual service plan.
 - 7. Facilitate effective communication and coordination among the individual and members of the team by ensuring that the individual and each member of the team has a copy of the current individual service plan unless otherwise directed by the individual, the individual's guardian, or the adult whom the individual has identified, as applicable. The individual and

his or her providers shall receive a copy of the individual service plan at least fifteen calendar days in advance of implementation unless extenuating circumstances make fifteen-day advance copy impractical and with agreement by the individual and his or her providers.

(a) A member of the team who becomes aware that revisions to the individual service plan are indicated shall notify the service and support administrator.

(b) A member of the team may disagree with any provision in the individual service plan at any time. All dissenting opinions shall be specifically noted in writing and attached to the individual service plan.

- F. Budgets for individual's receiving HCBS waiver services will be subject the Waiver Reimbursement Methodology outlined in 5123-9-06 of the Administrative Code.
- G. The person establishing the budget for the individual will obtain approval of budget from the Support Services Director. Approval will be designated by the Support Services Director's signature on the individual service plan
- H. The Service and Support Division will assist individuals in developing (ISP) Cost budgets for services based on the individual's assessed needs and preferred ways of meeting those needs in the individual service plan
- I. Services for each individual will be listed in an individual budget showing the cost for all program areas including but not limited to: Transportation, Adult Services, Community Employment, Local funding.
- J. Each individual receiving waiver and/or supported living services for residential treatment shall have a budget developed. This budget sheet will be presented at the time the individual participates in person center planning listing choices and needs for services.
- K. The Budget will include:
 - 1. Individual name
 - 2. Effective date and range
 - 3. Funding Source
 - 4. Rate type and cost, per hour, per day, etc.
 - 5. Ratio or shared cost items
 - 6. Service description
 - 7. Frequency of service
 - 8. Duration of service
 - 9. Total hours or measure of units for the effective range
 - 10. Total cost for each service and overall total cost
 - 11. Breakdown of units and allocation
- L. As the annual individual service plan is finalized, the individual budget is completed and the EPAWS is developed reflecting the actual method of billing (units, day rate, trips, miles, etc) identified in the individual service plan. The individual budget, EPAWS and the individual service plan should match.

M. The individual budget will be completed by the SSA. The EPAWS will be completed by Waiver Coordinator and SSM as a double check to the overall cost. The SSM will review all documents (Ind. Bud., individual service plan, PAWS) to ensure the coordination of services and costs between prior to authorization of them. The individual service plan will not be approved until the individual budget is signed off by the SSM/SSD. Then the EPAWS will be sent.

Approved: 2/9/2022

COORDINATING SERVICES PROCEDURE

A. The SSA/SSM will provide ongoing individual service plan coordination to ensure services and supports are provided in accordance with the individual service plan and to the benefit and satisfaction of the individual.

Ongoing individual service plan coordination shall:

1. Occur with the active participation of the individual and members of the team;
2. Focus on achievement of the desired outcomes of the individual;
3. Balance what is important to the individual and what is important for the individual;
4. Examine service satisfaction (i.e., what is working for the individual and what is not working); and
5. Use the individual service plan as the fundamental tool to ensure the health and welfare of the individual.

B. Review and revise the individual service plan at least every twelve months and more frequently under the following circumstances:

1. At the request of the individual or a member of the team, in which case revisions to the individual service plan shall occur within thirty calendar days of the request;
2. Whenever the individual's assessed needs, situation, circumstances, or status changes;
3. If the individual chooses a new provider or type of service or support;
4. As a result of reviews conducted in accordance with paragraph
5. Ensure effective coordination of services provided by providers, as identified in the individual service plan, by facilitating communication with the individual and service plan providers, across all settings and systems;
6. Identified trends and patterns of unusual incidents or major unusual incidents; and
7. When services are reduced, denied, or terminated by the department or the Ohio Department of Medicaid.

C. The SSA/SSM will directly communicate with all providers of residential and day program services through Agency/Divisional Directors, and may contact their employees who are designated as responsible for habilitation management and program management and to designated staff of all other providers including, but not limited to, transportation service providers. Relevant sections of the individual service plan will be shared with providers.

E. Communication with providers will include, but not be limited to, the following:

1. Individual service plan revisions;
2. Relocation plans of the individual, including information necessary to determine the health, safety, and welfare factors of the proposed living situation;
3. Hospitalizations, incarcerations, or other changes in individual status that result in suspension or disenrollment from services including, but not limited to, services under an HCBS waiver;
4. Coordination activities to ensure that services are provided to individuals in accordance with their individual service plans and desired outcomes;
5. Results of monitoring activities.

Approved: 10/10/2018

MONITORING IMPLEMENTATION PROCEDURE

- A. The Agency will establish and implement an ongoing system of monitoring the implementation of an individual's service plan.

- B. Monitoring of the service plan will occur through systematic continuous review process conducted by the SSA/SSM and scheduled Quality Assurance Reviews and Billing and Documentation reviews conducted under any subcontract.

- C. The purpose of this monitoring will be to verify:
 - 1. The health, safety and welfare of the individual;
 - 2. Consistent implementation of services;
 - 3. Achievement of the desired outcomes for the individual as stated in the service plan; and
 - 4. That services received are those reflected in the service plan
 - (i) The continuous review process shall be tailored to the individual and based on information provided by the individual and the team:
 - (ii) The scope, type, and frequency of reviews shall be specified in the individual service plan and shall include, but are not limited to:
 - (a) Face-to-face visits, occurring at a time and place convenient for the individual, at least annually or more frequently as needed by the individual; and
 - (b) Contact via phone, email, or other appropriate means as needed.
 - (iii) The frequency of reviews may be increased when:
 - (a) The individual has intensive behavioral or medical needs;
 - (b) The individual has an interruption of services of more than thirty calendar days;
 - (c) The individual encounters a crisis or multiple less serious but destabilizing events within a three-month period;
 - (d) The individual has transitioned from an intermediate care facility to a community setting within the past twelve months;
 - (e) The individual has transitioned to a new provider of homemaker/personal care within the past twelve months;
 - (f) The individual receives services from a provider that has been notified of the department's intent to suspend or revoke the provider's certification or license; or
 - (g) Requested by the individual, the individual's guardian, or the adult whom the individual has identified, as applicable.
 - (iv) The service and support administrator shall share results of reviews in a timely manner with the individual, the individual's guardian, and/or the adult whom the individual has identified, as applicable, and the individual's providers, as appropriate.

- D. Areas to be monitored, as applicable to each individual, shall include, but not be limited to, the following:
 - 1. Behavior Support;
 - 2. Emergency Intervention;
 - 3. Identified trends and patterns of unusual incidents and MUI's and the development and implementation of prevention and/or risk management plans;
 - 4. Results of Quality Assurance Reviews; and

5. Other individual needs as determined by the assessment process
- E. If this monitoring indicates areas of provider non-compliance with continuing certification standards for providers certified as HCBS waiver providers, the Adams County Board of DD will conduct provider compliance reviews in accordance with rule 5123-2-04 of the Administrative Code

Approved: 2/9/2022

QUALITY ASSURANCE REVIEWS PROCEDURE

- A. The Agency will conduct quality assurance reviews. The person performing this duty for an individual will:
 - 1. Conduct quality assurance reviews in accordance with rules adopted by the ODDD;
 - 2. Conduct quality assurance reviews that result in outcomes at two levels:
 - a. Identification of areas of concern and recommendations necessary to achieve desired outcomes for the individual as stated in the ISP;
 - b. Identification of trends and patterns common to a significant number of individuals that indicate possible need for modification of an agency and/or county board system to achieve desired outcomes for an individual.
- B. The person performing this duty shall not conduct quality assurance reviews for an individual for whom he/she is the service and support administrator.
- C. If a Quality Assurance review indicates areas of provider non-compliance with continuing certification standards for providers certified as HCBS waiver providers, the Agency will conduct provider compliance reviews in accordance with rule 5123-2-04 of the Administrative Code.
- D. Quality Assurance (QA) Reviews will be conducted according to ODDD rules (every three years) for all active adult enrollees (does not include adults who are still enrolled in school programs).
- E. The QA's will be conducted by the SOCOG as per contract guidelines and SOCOG QA policy and procedure.
- F. SSA's will coordinate meetings and participate in the process for individuals on their caseloads. Any immediate health, safety and welfare issues will be addressed by the SOCOG QA reviewer at time of discovery. QA reports will be sent to SSA (see tracking page for list of all recipients).
- G. Any QA follow-up will be completed by the assigned SSA within 30 days as per the following process:
 - 1. SSA will review the QA within 5 working days;
 - 2. If needed, the SSA will request follow-up actions and/or documentation from other entities, with requested return date to be within 10 working days;
 - 3. The SSA will complete the QA follow-up form and attach to the QA report and forward to SSM and SSD for review.
- H. Provider Compliance Reviews identified via the QA process, by SSA, or as requested by ODDD, will be conducted by the SOCOG as the contract entity.

Revised: 2/9/2022

ON-CALL EMERGENCY RESPONSE

- A. The Adams County Board of DD has an On-Call Emergency Response system available twenty-four hours per day, seven days per week. An SSA can be reached after hours on the on-call agency cell phone at (937)768-2055

OAC 5123-17-02

Revised: 02/9/2022

INDIVIDUAL SERVICE PLAN PROCEDURE

- A. The persons employed by or under subcontract with the Agency to provide service and support administration shall develop ISPs. If an ISP includes HCBS waiver services or Medicaid case management services, those services shall be subject to approval by the department and ODJFS. If either department approves, reduces, denies, or terminates HCBS waiver services, or Medicaid case management services included in an ISP, the service and support administrator who is the single point of coordination for the individual shall communicate with the individual to ensure compliance with rule 5123-4-02. That person shall also:
1. Using person-centered planning, develop, review, and revise the individual service plan and ensure that the individual service plan:
 - a. Occurs with the active participation of the individual to be served and other persons selected by the individual, and, when applicable, the provider(s) selected by the individual;
 - b. Reflects results of the assessment.
 - c. Includes services and supports that:
 1. Ensure health and welfare;
 2. Assist the individual to engage in meaningful and productive activities;
 3. Support community connections and networking with persons or groups including persons with disabilities and others;
 4. Assist the individual to improve self-advocacy skills and increase the individual's opportunities to participate in advocacy activities, to the extent desired by the individual;
 5. Ensure achievement of outcomes that are important to the individual and outcomes that are important for the individual and address the balance of and any conflicts between what is important to the individual and what is important for the individual;
 6. Address identified risks and includes supports to prevent or minimize risks;
 - d. Integrates all sources of services and supports, including natural supports and alternative services, available to meet the individual's needs and desired outcomes;
 - e. Reflects services and supports that are consistent with efficiency, economy, and quality of care; and
 - f. Is updated throughout the year.
 2. Establish a recommendation for and obtain approval of the budget for services based on the individual's assessed needs and preferred ways of meeting those needs.
 3. Establish and maintain contact with providers as frequently as necessary to ensure that each provider is trained on the individual service plan and has a clear understanding of the expectations and desired outcomes of the supports being provided.
 4. Certify by signature and date that an ISP meets the following criteria for approval. This approval shall occur prior to implementation.
 - a. All ISPs shall:
 1. Assist the individual to engage in meaningful, productive activities and develop community connections; and
 2. Indicate the provider, the frequency, and the funding source for each service and activity; and
 3. Specify which services will be coordinated among which providers and across all appropriate settings for the individual.

- b. An ISP that includes HCBS waiver services shall:
 1. Meet the requirements of paragraph of rule 5123-4-02;
 2. Indicate the provider type; and
 3. With respect to that portion of the ISP that pertains to HCBS waiver services, meet the requirements of rule 5123-2-09 and 5123-9-01
5. Review and revise the individual service plan at least every twelve months and more frequently under the following circumstances:
 - a. At the request of the individual or a member of the team, in which case revisions to the individual service plan shall occur within thirty calendar days of the request;
 - b. Whenever the individual's assessed needs, situation, circumstances, or status changes;
 - c. If the individual chooses a new provider or type of service or support;
 - d. As a result of reviews conducted in accordance with paragraph (F) (2) (q) of rule 5123-2-04.
 - e. Identified trends and patterns of unusual incidents or major unusual incidents; and
 - f. When services are reduced, denied, or terminated by the department or the Ohio Department of Medicaid.
6. Provide a complete copy of the ISP to the individual or his or her guardian and a copy of relevant sections of the ISP to the individual's providers.
7. Provide an individual with written notification and explanation of the individual's right to a Medicaid fair hearing if the ISP process results in a recommendation for the approval, reduction, denial, or termination of an HCBS waiver service or Medicaid case management service. Notice shall be provided in accordance with section 5101.35 of the Revised Code.
8. Provide an individual with written notification and explanation of the individual's right to use the administrative resolution of complaint process if the ISP process results in the reduction, denial, or termination of a service other than an HCBS waiver service or Medicaid case management service. Such written notice and explanation shall also be provided to an individual if the ISP process results in an approved service that the individual does not want to receive, but is necessary to ensure the individual's health, safety, and welfare. Notice shall be provided in accordance with rule 5123-4-04 of the Administrative Code.

ORC 5101.35; ORC 5126.055; OAC 5123-4-02; OAC 5123-2-09; OAC 5123-9-01; OAC 5123-2-04

Revised: 2/9/2022

FAMILY SUPPORT SERVICES

- A. The Adams County Board of DD shall provide family support services to eligible families living in Adams County. The locally funded program provides full or partial reimbursement for approved services to an individual with DD or the family of an individual with DD who desires to remain in the family home.
- B. The goal of the family support program is to promote self-sufficiency and normalization, prevent or reduce inappropriate institutional care, and further the unity of the family by enabling the family to meet the special needs of the individual.
- C. Families found eligible for family support services according to the Ohio Administrative Code (OAC) 5123-4-01 may be eligible for reimbursement. Eligibility must be determined and services approved before expenses are incurred.
- D. At the time of initial application, the family support coordinator shall inform the family of their rights under OAC 5123-4-04.
- E. Reimbursement is made on an income schedule based on the family's taxable income. Maximum annual reimbursement for families will be based on the family support services component of the Agency's annual plan.
- F. The family support program will provide reimbursement for a wide range of eligible services including; respite care, counseling, training and education to families, special diets, home modifications, equipment, and any other services that are consistent with the family support program and specified in the individual's service plan. Services shall improve or facilitate the care and living environment of the individual.
- G. Family support funds may not be used for reimbursement on behalf of an individual residing in a residential facility that is providing services funded according to section 5123.18 of the Ohio Revised Code or Title XIX of the Social Security Act.
- H. The Agency shall not be required to make reimbursements at a level of funding that exceeds available state and federal funds for this purpose.

Revised: 2/9/2022

FAMILY SUPPORT SERVICES PROCEDURE

- A. The Agency will provide family support services (FSS) in accordance with ORC 5126.11 and OAC 5123-4-01. The FSS program is dedicated to:
 - 1. Seeking and nurturing partnerships between family members, other supportive people, and the professionals who serve both these individuals and their families;
 - 2. Build on the unique strengths and characteristics of each family;
 - 3. Utilize the resources in each family's social network and home community; and
 - 4. Respect the beliefs, values and structures of each family.

ELIGIBILITY

- B. Family means parent, brother, sister, spouse, son, daughter, grandparent, aunt, uncle, cousin, or guardian of the individual with DD and includes the individual with DD. Family also means person acting in a role similar to those above even though no legal or blood relationship exists if the individual with DD lives with the person and is dependent on the person to the extent that if the supports were withdrawn another living arrangement would have to be found. The person shall verify the relationship by signature.
- C. A family shall be eligible for planned services if the family member who resides at home has been determined eligible for county board services according to ORC 5126.01. For emergency services, a family shall be eligible if one of the following applies:
 - 1. The family includes an individual living at home who is determined eligible for county board services.
 - 2. The family includes an individual living at home who is not receiving county board services but who is determined by the Superintendent or designee to be eligible for FSS.
- D. If resources are not available, the Agency shall place the family on a waiting list for FSS.

REQUEST FOR SERVICES

- E. The family will initiate the request for FSS. The request shall be honored if funds and services are available and consistent with the FSS section of Agency's plan and the philosophy of the FSS program. The Agency shall work with the family to obtain supports and services. Upon request, the Agency shall assist families in developing individual plans and strategies for family supports.
- F. FSS may be provided in a county other than the county where the family lives and by agencies or persons other than the county board.
- G. The FSS coordinator or the individual's service coordinator will assist the family in identifying other resources the family could use to pay for the FSS and verify with the family that other funding sources, such as private insurance or Medicaid, have been contacted and exhausted.
- H. When making a request the family shall obtain the estimated cost of the service. The Agency shall respond to the request within seven working days after receiving the request. The request

will be reviewed on the following criteria; eligibility, availability of funds, and the service being directly related to improving the living environment or facilitating the care of the individual.

FAMILY SUPPORT SERVICE CATEGORIES

- I. The following categories of services will be covered by FSS:
 1. **Respite.** Respite may be provided in the family's home or in the home of a provider. The family may choose from a list of certified providers or the family may choose a provider from their network of family, friends, etc.
 2. **Counseling, training and education.** Counseling, training and education are to assist the family in meeting the behavioral, medical, emotional and personal needs of the individual.
 3. **Special diets.** Assistance with special diets can be provided if the diet is necessary for the health and well being of the individual.
 4. **Adaptive equipment.** Assistance with purchasing or leasing adaptive equipment can be provided if it is necessary to improve or facilitate the care and living environment of the individual.
 5. **Home modification.** Families, who own their home, may be assisted with home modifications that will permit the individual to remain in the home, rather than to be institutionalized because the home is inaccessible.
 6. **Other services.** Families may request other services if the services are consistent with the purpose of the FSS program.

RESPITE CARE PROVIDERS

- J. A family may choose a respite provider from their network of family and friends. The family selected providers do not need to be certified. The family shall sign an assurance that the health and safety needs of the individual will be met, and the Agency will incur no liability.
- K. The Agency and the FSS Coordinator will maintain a list of certified respite care providers. The Agency will advertise annually and use other means to recruit certified providers. The certified respite providers shall receive up to forty hours of training which shall include but not be limited to;
 1. Supervised practicum,
 2. Time spent with individuals with DD and their families,
 3. CPR, and
 4. First aid,This training may be waived by the superintendent or designee if the provider has experience with individuals with DD.
- L. A criminal background check will be performed on all certified respite providers.
- M. Providers of out-of-home respite shall be subject to the provisions of OAC 5123-4-01 with respect to:

1. **Housing.** The home meets local requirements for residential homes, is secure, and has adequate heating, water, and electricity. The home has basic furnishings necessary for daily living.
 2. **Health.** The individual's health must be maintained through adequate hygiene, nutrition, exercise, safe behavior, medical and dental monitoring, and appropriate medications when needed. The individual receives prompt and up-to-date treatment for physical problems.
 3. **Safety.** Potential dangers in the environment are minimized. The individual has access to prompt and appropriate emergency services
 4. **Major unusual incidents** shall be reported in compliance with OAC 5123-17-02.
- N. The certified providers will be monitored by the Agency through an initial on-site visit before the provider is certified, annual on-site visits thereafter and through written feedback from a sample of families after the first service is provided and periodically thereafter.
- O. The family, provider, and any other provider involved shall plan the continuation of school, work, or other programs during respite care.

REIMBURSEMENT FOR SERVICES

- P. Upon approval of the request, the Agency shall give the family a voucher or a written statement of approved service & reimbursement.
1. **Voucher.** The family shall present the voucher and the family's share of the cost of the service to the provider. The provider shall redeem the voucher through the Agency within 90 days or the voucher is voided, and the funds released back to the FSS program.
 2. **Written Statement.** The family shall present a receipt for approved expenses to the county Agency for reimbursement.
- Reimbursement for services will be made no later than forty-five days after receiving documentation that an approved service has been provided.
- Q. A co-payment schedule shall be used for reimbursement and is based on the family's taxable income as certified by their signature. Income shall be based on the federal taxable income. The individual and/or family shall be responsible for reporting any changes in income.
- R. The Agency may consider extenuating circumstances in the determination of co-payment.

PLANNING PROCESS

- S. The Agency will include a FSS component in the annual plan in accordance with OAC 5123-4-01. The plan shall allow for flexibility in tailoring the level of reimbursement to the unique needs of the families.
- T. The Agency will establish a budget for FSS based on state and federal funds and the Agency's annual plan.

Revised: 2/9/2022

RESIDENTIAL AND SUPPORTED LIVING

- A. Within available resources and pursuant to sections 5126.051, 5126.40 through 5126.457 of the ORC, the Agency will provide for or arrange residential services and supported living services to eligible individuals residing in Adams County in a manner that empowers them to exercise choice and enhance the quality of their lives.
 - 1. The Agency may acquire, convey, lease, or sell property for residential services and supported living and enter into loan agreements, including mortgages, for the acquisition of such property.
 - 2. Supported Living services provides support to individuals in adult foster care, development of independent living skills, transportation services, payee services, and other needed and requested services based on the availability of funds. Services are not limited to the above-mentioned areas, but rather are provided on the basis of individual choice.

- B. In accordance with Rule 5126.43 of the ORC, the Agency shall arrange for Supported Living in one or more of the following ways:
 - 1. By contracting under section 5126.45 of the Revised Code with providers selected by the individual to be served;
 - 2. By entering into shared funding agreements with state agencies, local public agencies, or political subdivision at rates negotiated by the Agency;
 - 3. By providing direct payment or vouchers to be used to purchase supported living services, pursuant to a written contract in an amount determined by the Agency, to the individual *or* a person providing the individual with protective services as defined in section 5123.55 of the Revised Code.

- C. The Individual Service Plan (ISP) shall be developed by the individual with the support of a certified Service and Support Administrator (SSA) and other persons of the individual's choice. The plan shall be based upon the individual's choices and shall document the services that are needed to support the choices of and meet the needs of the individual. The Agency shall promote conditions that will provide a valued lifestyle for the individuals served.

- D. The Agency shall develop and implement a provider selection system. Each system shall enable an individual to choose to continue receiving supported living from the same providers, to select additional providers, or to choose alternative providers.

- E. All providers must be certified by the director of developmental disabilities to provide supported living services.

- F. The Agency will have a written contract with the provider of supported living in accordance with ORC 5126.45. The contract is based on the individual service plan. The plan may be submitted as an addendum to the contract. An individual receiving service pursuant to a contract shall be considered a third-party beneficiary to the contract.

Revised: 10/10/2018

SUPPORTED LIVING CONTRACTS PROCEDURE

- A. The contract is negotiated between the provider and the Agency. The terms of the contract shall include at least the following:
1. The contract period and conditions for renewal;
 2. The services to be provided pursuant to the individual service plan;
 3. The rights and responsibilities of all parties to the contract;
 4. The methods that will be used to evaluate the services delivered by the provider;
 5. Procedures for contract modification that ensure all parties affected by the modification are involved and agree;
 6. A process for resolving conflicts between individuals receiving services, the Agency, and the provider, as applicable;
 7. Procedures for the retention of applicable records;
 8. Provisions for contract termination by any party involved that include requirements for an appropriate notice of intent to terminate the contract;
 9. Methods to be used to document services provided;
 10. Procedures for submitting reports required by the Agency as a condition of receiving payment under the contract;
 11. The method and schedule the Agency will use to make payments to the provider and whether periodic payment adjustments will be made to the provider;
 12. Provisions for conducting fiscal reconciliations for payments made through methods other than a fee-for-service arrangement.
- B. Payments to the provider under a supported living contract will be determined by the Agency to be reasonable in accordance with Agency policies and procedures. Goods or services provided without charge to the provider is not included as expenditures of the provider.

Revised: 10/10/2018

RESIDENTIAL PROGRAMS FOR CHILDREN PROCEDURE

- A. In accordance to section 5126.04 the Agency plans and set priorities based on available resources for the provision of facilities, programs, and other services to meet the needs of county residents who are individuals with developmental disabilities, former residents of the county residing in state institutions or placed under purchase of service agreements under section 5123.18 of the Revised Code, and children subject to a determination made pursuant to section 121.38 of the Revised Code.

- B. Except as required in section 5126.04(B) and section 121.38 of the Revised Code, residential services to children are not planned by the Board as a priority, except for Medicaid eligible individuals receiving wavier services. Residential programs for children will only be considered after all the residential needs of adults are met. Children may receive waivers through the waiting list process.

- C. The Service and Support Manager may assist in applying for any funds available from other sources (see section 5.05 of this manual).

- D. The Agency's assistance with residential placement of children is determined by:
 - 1. A court order; or
 - 2. A recommendation by the case review team. The Agency must agree with the recommendation.
 - 3. Funding is agreed upon and shared by the member Agencies on the case review team.

Adopted: 10/10/2018

RESIDENTIAL SERVICES EMERGENCY DETERMINATION PROCEDURE

PURPOSE/GOAL: To establish consistent methods for assessing and providing services in emergency situations.

- A. As defined in ORC Section 5126.042 “emergency” means any situation that creates for an individual with developmental disabilities a risk of substantial self-harm or substantial harm to others if action is not taken within thirty days. An “emergency” may include one or more of the following situations.
 1. Loss of present residence for any reason, including legal action;
 2. Loss of present caretaker for any reason, including serious illness of the caretaker, change in the caretaker’s status or inability of the caretaker to perform effectively for the individual;
 3. Abuse, neglect or exploitation of the individual;
 4. Health and safety conditions that pose a serious risk to the individual or others of immediate harm or death;
 5. Change in the emotional or physical condition of the individual that necessitates substantial accommodation that cannot be reasonably provided by the individual’s existing caretaker.

- B. When notification is made to the Service and Support Administration Division that one or more of the above defined conditions exist, the division shall make every effort to document the following:
 1. Gather facts regarding the nature of the emergency (making written follow-up-notification via unusual incident reporting, case notes, etc).
 - a. If medical in nature – emergency hospital service may be indicated, a MUI/IA investigation may be needed/filed using the criteria already established by the Quality Assurance Division based upon MUI/IA protocol
 - b. Make arrangements for prompt first aid or medical intervention. Contact guardian or next of kin if possible. (Police/Sheriff Dept. can exist in getting word to guardian if phone contact is not possible.)
 - c. If safety is a factor, police intervention may be necessary. Contact Police/Sheriff Dept. again following criteria of the MUI/IA protocol.
 - d. Initiate eligibility determination if not already determined.

 2. Assessment of immediate needs
 - a. If there is a loss of caretaker or provider it is necessary to contact the next of kin or guardian. Make arrangements for another family member or significant other to provide temporary arrangements.
 - b. If there is no next of kin/guardian then the Service and Support Administration Division will attempt to develop a temporary emergency shelter/residential situation which may include in home supports, placement in a licensed facility, placement in an existing supported living home, placement in an emergency respite home or other contracted residential service, depending on the needs of the individual, and may include contact with the Residential Advisory Council Inc. for assistance.
 - c. Establish timeline for the intervention – within 24 hrs, 2 weeks or 30 days.

- d. All emergencies will be assessed and documented utilizing the *Service Assessment Protocol*. Additional assessments that reflect the emergency (Safety Assessment, Behavioral Assessment, Risk Assessments) can be attached. A memo to the SSA Director summarizing nature of emergency and recommendations for addressing emergency. Assessment (s) will be submitted to the Service and Support Director for review/signature prior to approval of emergency services/funds.
3. Plan for assistance
- a. Emergencies normally revolve around finding funds or alternative placements. If this is the situation then explore funding options of:
 - i. Natural supports such as family members, etc.
 - ii. Family Supports program
 - iii. Donations from various organizations.
 - iv. Board approved funds
 - v. Request waiver from the department if emergency criteria is met and approved by Superintendent as part of emergency plan.
 - vi. Supported Living funds are only a short-term option until a waiver would become available.
 - b. Housing alternatives related to supervision and personal care needs.
 - i. Check the vacancy registry with the department online
 - ii. Do a statewide search of all 88 county boards
 - iii. Pursue local housing options – licensed facilities, and other programs such as mental health, foster care, etc.
 - iv. Pursue placements with other Individuals in a supported living/waiver program.
 - c. Assistance with other needs – complete ISP addendum.
 - i. Resources – Application to SS/SSI, Medicaid, food stamps, etc.
 - ii. Utilities – HEAP, community services, churches
 - iii. Adaptive Equipment – pursue Medicaid for payment first; if not funded, pursue Family Supports
 - iv. Other – use any of the above and/or contact social groups (ie. Lions), churches, etc. for donations or funds.

C. Emergency Services with existing ISP

When an Individual is in need of emergency services or an increase/change of services and has an existing ISP, complete the following:

1. Have an emergency meeting for an ISP addendum.
2. Identify the services that need to be established or developed. These are services with the existing provider or work program. Examples may be change of work assignments, behavior plans, adaptive equipment, etc.
3. Contact SSA Director to determine funding availability. Submit any cost information and estimates for preliminary cost approval.
4. Authorize funds via existing budget – Family Supports, Supported Living, and/or waivers.
5. Assign the current provider to develop or complete services.
6. Complete ISP addendum form, PAWS, or other funding forms (SL contract-SSA Director and Provider) where applicable.

D. Emergency Services for Starting a New Service Provider (Residential Alternatives)

1. Hold an emergency meeting or consultation documenting the emergency; check all natural supports; and/or agencies for benefit payment of needed services.
2. Identify the services, which need to be established or developed.
3. Contact the SSA Director to determine funding availability. Submit any cost information; initial assessment of needs report; and estimates for preliminary cost approval.
4. Start provider selection process. A true emergency indicates that services need to start within 24 hours to 2 weeks, or at the longest 30 days if given prior notice of upcoming changes.
5. Complete application process gathering all required data. If waiver, complete all necessary forms for emergency approval including the *Service Assessment Protocol* and checklists.
6. Hold ISP meeting. Complete ISP addendum or new annual ISP.
7. Start services and monitor that health and safety needs are met.

Revised: 10/10/2018

TRANSPORTATION

- A. The Agency shall ensure, within planning and priorities set forth in the Agency's strategic plan, an array of transportation services are available to eligible individuals with disabilities as defined under the Eligibility Determination Policy. The Agency shall provide transportation services through collaborative arrangements with other entities.
- B. Transportation services shall be provided in accordance with an individual's Individual Service Plan, as applicable, and shall incorporate within the ISP any specific transportation services and supports.
- C. Providers of non-medical transportation services shall follow Ohio Administrative Code Chapter 5123-9-18 Home and Community-Based Services Waiver rules as well as all other applicable federal, state and local transportation rules.
- D. Providers shall provide services in accordance with their contracts with the Agency and the individual's ISP.
 - 1. Each contract shall specify the terms and conditions for the delivery of training, services, and supports to individuals served and shall be in compliance with applicable law.
 - 2. The Agency shall ensure that the contract meets such requirements and that contracting entities are trained in and have access to applicable rules in the Administrative Code.
 - 3. The Agency shall ensure the development and provision of appropriate annual safety instruction to all individuals who use specialized transportation and/or annually communicate safety information to appropriate family members, as applicable, and caregivers.
- E. Each provider shall annually document that all relevant rules and regulations are being followed. This documentation will also show that these contractors have been trained and have access to the appropriate rules and regulations including those federal and state regulations governing Medicaid.

Revised: 02/9/2022

TRANSPORTATION

- A. The Adams CBDDD employees may provide transportation services to individuals when no other collaborative arrangement can be made with family, neighbors, friends, community agencies or other providers. Employees shall provide transportation in a safe and efficient manner and in the most normalized mode possible for each individual.
- B. Drivers shall be responsible for compliance with all regulations contained in:
1. Transportation Policy 5.08
 2. Ohio Department of Public Safety Motor Vehicles Laws
 3. Personnel Policies:
 - 3.05 – Background Checks
 - 3.10 – Medical Examinations
 - 6.01 – Training
 - 8.05 – Drug-Free Workplace
 - 8.06 – Drugs & Alcohol
 - 8.07 – Drugs & Alcohol Testing
 - 9.01 – Vehicles
 - 9.05 – Cellular Telephones
 - 10.01 – Safety & Health
 - 10.02 – Accidents & Incidences
 - 10.04 – Building & Employee Security
 - 10.05 – Smoking
 - 11.06 – Expense Reimbursement
 4. In addition, the Agency shall adhere to any restrictions placed upon the Agency by vehicle insurance carriers including but not limited to age requirements, driving experience, and driving record.
- C. Drivers are required to attend the Agency's annual in-service training as well as complete additional specialized transportation training. The training will include but not be limited to the following topics:
1. Rights of individuals
 2. Incidents adversely affecting health and safety
 3. Transportation policies and procedures
 4. General needs and characteristics of individuals
 5. Vehicle operation
 6. Proper use, operation, and safety inspection of adaptive equipment and securement systems (wheelchairs, vests, car seats, etc.)
 7. Safe operation of wheelchair lift systems and the safe loading and unloading of individuals
- D. Drivers will obtain from the SSAs necessary individual specific information that may affect safe transportation and medical well-being while being transported. The driver will keep the information confidential and readily accessible in the event of an emergency. This information will include but not be limited to:
1. The identity of all authorized passengers in addition to the individual (family members,

- caregivers, volunteers, etc.)
2. The interventions specified in the ISP of individuals being transported including specifics concerning how relevant restraints should properly be used during transportation as well as non-violent crisis intervention strategies identified in the ISP.
- E. Agency vehicles will be equipped with the following in a safely secured area of the vehicle:
1. Storage space for removable equipment and passenger property.
 2. Fire extinguisher
 3. Emergency first-aid kit
- F. Drivers shall carry their Agency cell phone for communications needed for transportation reasons, but must adhere to Personnel Policy 9.05.
- G. Each day prior to transporting an individual the driver will complete and document a pre-trip safety inspection including testing of lights, windshield washers/wipers, emergency equipment, mirrors, horn, tires, and brakes and at the conclusion of the trip complete and document a post-trip inspection for remaining passengers and belongings.
- H. Inclement weather: Non-essential transportation services may be cancelled during inclement weather or other emergencies.
- I. Vehicle failure: Should the vehicle fail, the driver shall:
1. Move vehicle off roadway if possible to prevent accidents with other vehicles.
 2. Notify the Superintendent or designee.
 3. Ensure the safety of the passengers.
 4. Secure vehicle and protect scene.
 5. The Superintendent or designee shall arrange for another vehicle.
- J. If the driver becomes ill or disabled while transporting, he/she shall remove the vehicle from the roadway into a parking lot or driveway. The driver shall contact the Superintendent or designee and request assistance. At all times, safety shall be the primary consideration in evaluating the situation.
- K. If a passenger is exhibiting behaviors in the vehicle that are a danger to him or to others, the driver should park the vehicle in a safe place off the road, turn off engine, and set parking brake until driver can continue transporting passengers safely. The driver shall then notify the Service and Support Administrator in writing by completing an incident report. The Service and Support Administrator will review the incident and make recommendations to support the passenger.
- L. Drivers shall use their best judgment in situations that are dangerous or threatening such as, weapons on the vehicle, assault situations, unauthorized attempted boarding, and impeding the movement of the vehicle. The driver shall immediately call 911. Notify the Superintendent or designee as soon as it's safe to do so.

ACCIDENT

1. Driver shall evaluate the need for medical assistance and notify law enforcement/medical emergency (911).
2. Driver will protect the accident scene and ensure the safety of the passengers.
3. Driver will notify the Superintendent or designee of any accident giving the following information:
 - injuries
 - location of accident
 - how many individuals in vehicle at time of accident
 - if injuries; how severe, ambulance dispatched, hospital, etc.
 - any changes in schedule due to delay
4. If the ambulance is dispatched or individuals are injured, the Superintendent or designee will notify the parent/guardian/residential provider of hospital and its location.
5. Driver will collect and record data essential to the preparation of required reports.
6. If another motorist is involved, the driver will give name, address, driver's license number and vehicle information to the other motorist and request the same information from the other driver.
7. Driver will notify the SSA Department with the above information to determine if the incident needs to be reported as a MUI and follow up with a written incident and accident report.
8. Driver will call a responsible person at the individual's residence to notify them of accident for those passengers who were not transported to hospital.

MEDICAL EMERGENCY

All Agency personnel transporting individuals shall be trained in First Aid & CPR and shall utilize this training in the event of a medical emergency.

In addition:

1. Determine if a health and safety issue exists for the individual or for other individuals on the vehicle.
2. If a health and safety issue exists then the driver will call 911.
3. Notify the SSA department who will determine if the incident needs to be reported as a MUI and follow up with a written incident and accident report.
4. The Service and Support Administrator will contact the parent, guardian or care provider and inform them that “911” has been called and the individual will be taken by ambulance to the closest medical facilities unless specified otherwise on an Emergency Medical Authorization form.

SEIZURE

This procedure should be discussed in ISP meetings with individuals, parents and guardians so they are aware.

If a seizure occurs while in route, the driver is to park the vehicle in a safe place off the road, turn off engine, set parking brake and assist the person having the seizure as per the following instructions:

1. Do not restrain the individual.
2. Put a blanket or clothing next to their head, but **NOT** under it, to protect them from injury.
3. Remove items from the area that may cause the individual harm.
4. Let the seizure run its full normal course.
5. After the seizure, roll the individual to their side with their head tilted back.
6. **DO NOT** Go anywhere near the mouth or put anything in the mouth
7. **Call 911 immediately for the following:**
 - The seizure lasts more than 5 minutes, or the person has multiple seizures in a row
 - The person was injured as a result of a seizure
 - The person is unresponsive and not breathing or only gasping after the seizure
 - The person is pregnant or diabetic
 - The person is a young child or infant and the seizure was brought on by a fever
 - The person is elderly
 - This is the person's first seizure, or the cause of the seizure is unknown
 - The seizure took place in water
8. Observe the details including duration of the seizure, and report it on Agency board seizure report for individuals with known seizure condition.
9. If potential injury from seizure, or 911 was called, also document on Agency unusual incident report.
10. When the passenger regains consciousness, he/she may be incoherent or very sleepy. Let the passenger rest if he/she desires.
11. Help the other passengers understand about seizures. Try to treat the passenger as normally as you treat others.
12. Call Superintendent **AS SOON AS POSSIBLE** with the following information:
 - Your location (street you are on and the nearest cross street)
 - Individual's name.
 - Condition of the person.
 - Contact, or have Superintendent contact Place of Residence to notify them of the seizure.
 - Complete Agency Unusual Incident Report when: seizure condition was unknown; 911 was notified, injury occurred as result of seizure.

SEIZURE REPORT

Name: _____ Date: _____ Time: _____

Location: _____ Duration of Seizure: _____

Pre-Seizure Observation: _____

Other Information (include Triggers, Auras, Emergency Medication Guideline, Medical Device Guideline):

OBSERVATIONS DURING SEIZURE

- _____ CRIED OUT
- _____ FELL
- _____ BECAME RIGID
- _____ DROP-TYPE SEIZURE
- _____ APNEA

POST SEIZURE OBSERVATIONS

- _____ CONFUSED
- _____ DROWSY
- _____ DEEP SLEEP
- _____ BIT TONGUE

HAD SINGLE REPEATED JERKING OF:

- _____ RT. ARM _____ LEFT ARM
- _____ RT. LEG _____ LEFT LEG
- _____ WHOLE BODY

- _____ DEFECATED
- _____ URINATED
- _____ ANY OTHER INJURY (DESCRIBE):

HAD RHYTHMIC JERKING OF:

- EYES TURN _____ RT. _____ LEFT
- _____ WAS UNCONSCIOUS (HOW LONG)
 - _____ DURATION
 - _____ VOMITED

PRESENT MEDICATION AND DOSAGE:

OTHER

- _____ EYES BLINKING
- _____ MOMENTARY STARING
- _____ CHEWING MOVEMENT OF LIPS
- _____ HEAD NODDING
- _____ ANY OTHER UNUSUAL PATTERNED BEHAVIOR (describe on back of this form)
- _____ VAGAL NERVE STIMULATOR?
- _____ MAGNET USED?

OBSERVER/REPORTED BY: _____

COMMENTS: _____

Cc: SSA and County Board Nurse

REVISED: 9/12/2018

TORNADO PROCEDURES

- A. If a tornado warning is received prior to the beginning of transportation, the driver shall not pick-up individual until the "**ALL CLEAR**" is announced.
- B. Protection of the passengers on the vehicle in transit is the primary responsibility of the driver. As soon as the driver visually observes a tornado, the driver shall take the following action:

In Rural Areas:

- 1. If possible, park vehicle off roadway away from large trees, power lines, poles or buildings;
- 2. Evacuate vehicle, take first aid kit.
 - 3. Position individuals away from the side of the vehicle without crossing the highway.
 - 4. Position individuals in the lowest area available such as a ditch, hollow, ravine, culvert or embankment.
 - 5. After danger has passed, driver shall check individuals for shock or injury;
- 6. Administer necessary first aid and request assistance;
 - 7. If assistance is not needed, proceed with transportation;
 - 8. The driver shall contact the Superintendent if further instructions are needed;
 - 9. An incident report must be completed within the established timelines.

In Urban Areas:

- 1. Park vehicle immediately;
- 2. Give command to evacuate vehicle, take first aid kit;
- 3. Send individuals into nearest building after obtaining permission of building management;
- 4. After danger has passed, driver shall check individuals for shock or injury;
 - 5. Administer necessary first aid and request assistance;
 - 6. If assistance is not needed, proceed with transportation;
 - 7. Driver shall contact Superintendent if further instructions are needed;
 - 8. An incident report must be completed within the established timelines;

In the event that a tornado warning is issued after the transportation starts, the driver shall:

- 1. Continue to listen to the radio for updates.
 - 2. Contact the Superintendent for further instructions;
 - 3. Make a judgment based on information available and observable weather conditions as to whether the vehicle should be evacuated.

WHEELCHAIR REQUIREMENTS

- A. Each passenger in a wheelchair must have a pelvic belt holding his/her hips to the back of the seat. This belt must be securely fastened before the passenger gets on the vehicle.
- B. Passengers who require a shoulder strap system and/or side-to-side pads should have the strap fastened securely and side-to-side pads in place before the passenger gets on the vehicle. The strap system should be fastened on the back of the seat and looped through either the pelvic belt or the additional belt, provided for many of the harness systems, in front of the passenger.
- C. Passengers who require a headrest must have the headrest in place at all times. If the headrest system is missing or if the passenger's head is not positioned in the usual manner, the corrections need to be made before the passenger gets on the vehicle.
- D. Strollers cannot be used in place of wheelchairs.
- E. There are many things that can affect the safe transportation of wheelchairs. Items which must be on the wheelchair and working properly before transportation starts are:
 - 1. **Brakes**-they must both be securely attached to the chair and both hold securely. The chair must not roll when locked.
 - 2. **Tire tread**-it must be sufficient for brakes to grip the wheel.
 - 3. **Tire inflation**-it must be sufficient to hold tire up under the brakes.
 - 4. **Wheels**-they must be secure to chair, and not crooked to frame.
 - 5. **Seat belt**-it must be attached to the frame of the chair, not with plastic clips, and no Velcro. It must have a buckle.
 - 6. **Seat/Seat back**-should not have excessive wear, or be torn.
 - 7. **Frame**-it cannot have any cracks, or be bent out of shape.
 - 8. **Bolts**-none should be missing, and all must be secure.
 - 9. **Special equipment**-must be listed on an IEP or IP form.
 - 10. **Electric chairs**-the power to the wheels must be able to be shut off and wheelchair rolled by hand. The electric is NOT to be used after the vehicle left leaves the ground.
 - 11. **Reclining seat backs**-must be upright for transport.
 - 12. **Trays**-if not needed for support, may be removed for transport.
 - 13. If chair is equipped with **tip bar**, it must be in place.
- F. These items need to be checked daily for excessive wear or breakage, and repaired before transport.

EPI-PEN/MEDICATION PROCEDURE

- A. To ensure the health and safety of all clients, an Epi-Pen or other medication will be given to the driver on the vehicle for any individual that has current physician orders.
- B. If the Epi-Pen is NOT given to the driver or is expired or damaged, the individual will not be transported. All expired Epi-Pens will be given back to individual, guardian/staff to be destroyed according to their policy and procedure. The Epi-Pen/Medications will be kept in an easily accessed, but secure location on the vehicle to ensure the health and safety of other passengers. This medication cannot be exposed to extreme hot or cold temperatures.
- C. Epi-Pens/Medication will be discussed at the annual ISP meeting.
- D. The driver will document he/she has received and returned the Epi-Pen/Medication
- E. Once the individual arrives at their destination, the Epi-Pen/Medications will be kept in a secure, but easily accessed location near that client.
- F. If the individual is unable to administer their own medication:
 - 1. **Call 911.**
 - 2. You may assist the person using an Epi-Pen when the person has a previous diagnosis of anaphylaxis and been prescribed the auto-injector.
 - 3. The person is having signs and symptoms of anaphylaxis.
 - 4. Have the person sitting in a comfortable position, or have them lie down if he/she is showing signs of shock.
 - 5. The person requests your help using an auto-injector and the State of Ohio permits this assistance.

TRANSPORTATION OF INDIVIDUALS WITH OXYGEN SUPPLIES

- A. The Agency may, at the discretion of the Superintendent transport individuals with oxygen. Medically necessary oxygen may be transported provided it is properly secured. The oxygen must be housed in portable units less than fifteen pounds total weight each.

- B. It is the responsibility of the Agency to:
 - 1. Eliminate as much as possible the risk of potential danger of injury or death due to use of oxygen and supplies on program vehicles.
 - 2. To provide all related staff with information and training on oxygen and associated supplies.
 - 3. To inform all other staff as to "awareness" of the use/presence of oxygen and what it means.
 - 4. It is further the responsibility of the Agency Employees to:
 - a. Adhere to all components of this policy.
 - b. Be aware of the regulations.
 - c. Be familiar with emergency procedures and locations of nearest means of communication in the case of an emergency.

- C. When the transportation of oxygen on Agency vehicles has been approved by the Superintendent, oxygen will only be transported when it is medically necessary. The individual's ISP must document the oxygen use requirement.
 - 1. Prior to initial transportation, administration and drivers shall be informed as to the type and size of the oxygen tank to be transported.
 - 2. Regarding an individual using oxygen only on an "as needed" basis, the decision as to what is necessary is the responsibility of trained medical personnel only. This decision is not the responsibility of the vehicle operator or aide.
 - a. A determination must be made as to who will load and unload the medical support equipment. Appropriate training will be provided for these procedures.
 - 3. Employees shall refer to the Agency's emergency plan in the event of a medical emergency or equipment failure.
 - 4. Only one medical support device per individual shall be transported unless otherwise approved by the Superintendent.
 - 5. The county board will not assume responsibility for storing any medical equipment.
 - 6. Changes in medical equipment or transportation must be so noted on the ISP.
 - 7. In the event a vehicle breaks down and oxygen must be transported without proper securement the driver the Superintendent for instructions for the transportation of the oxygen in the replacement vehicle.

- D. Oxygen must be transported in a secure container maintained in accordance with the manufacturer's instructions. The oxygen must be housed in a portable unit and should be less than 15 pounds total weight.
 - 1. Gas oxygen tanks shall have a maximum capacity of twenty-two (22) cubic feet (Medical E). Medical E tanks are usually no larger than 4 ½ inches in diameter and 31 inches in length.
 - 2. Liquid oxygen units shall have a maximum capacity of thirty-eight (38) cubic feet and be no larger than 5 inches in diameter and 13 inches in length. For transportation purposes,

these units must not be larger than 38 cubic feet.

3. All oxygen shall have valves and regulators that are protected against breakage. Manufacturer's precautions are usually printed on a label attached to the cylinder and should be followed whenever possible.
- E. All oxygen tanks shall be securely attached to prevent movement and leakage. This securement should be located on the sidewall of the vehicle in the upright position at a rib or body support in a rack or mounting bracket capable of sustaining five (5) times the weight of the tank and contents.
1. Since they are under pressure and could accelerate a fire, all oxygen tanks (gas or liquid) must be secured away from intense heat or friction.
 2. In cases where the oxygen is attached to a wheelchair or other support equipment, the tank shall be removed and secured prior to transport.
 3. Oxygen tanks or other medical support equipment shall never be stored or secured in the head impact zone.
- G. A decal shall be placed on the vehicle indicating medical support equipment is in use to notify emergency personnel in the event of an accident.

Approved: 10/10/2018

HOME AND COMMUNITY-BASED SERVICES WAIVERS

- A. The Adams County Board of Developmental Disabilities shall participate in the Home and Community-Based Services Waiver (HCBS) program in accordance with the OAC 5123-9-01.
- B. Requests for waivers shall be based upon the Agency's available funds for local match requirement and the staff and provider capacity to administer waiver services.
- C. Under the direction of the Superintendent, the Service and Support Administration Unit shall be responsible for the administration of the Agency's waiver program.
- D. The Agency shall use the rule referred to in para. A above as the Agency procedures for the HCBS Waiver program and services.

Revised: 02/9/2022

NON-WAIVER POLICY – UTILIZING COUNTY DOLLARS AS A LAST RESORT

The Adams County Board of Developmental Disabilities is committed to maximizing resources available to serve individuals with developmental disabilities who are eligible for services from the Board and do not have, or qualify for, a Medicaid Waiver. The Board is committed to maximizing the flow of federal dollars back to Adams County that will allow local dollars to stretch further and additional tax burden not placed on the county taxpayers. The intent of this policy is to provide services to as many eligible individuals as possible, and within applicable budgetary constraints.

If an individual is receiving other funding (Passport, Home Health Waiver, State-Planned Services, RSS, MSY) that is more appropriate than a Medicaid Waiver to meet his/her needs, the SSA Department will begin the process for services provided with local funds. It is the intent of the Adams County Board of DD to spread services over an entire calendar year for individuals.

The Non-Waiver Cost Calculation Guidelines define the amount of local dollars allowed for non-waiver individuals who is attending day services and provided transportation.

Acuity A

Total \$ for day program and transportation (10,465.00 + 9,943.00) = \$20,408.00

\$20,408.00 x 40% = \$8,163.20

CAP = \$8,163.20

How to determine the number of days a person can attend:

Day Program and Transportation

Add \$41.00 (Acuity A day rate) + \$38.98 (transportation day rate) = \$79.98/day

Divide \$79.98 into \$8,163.20 (cap) = 102 days/span year. A person can attend 2 days/week per span year with transportation.

Day Program ONLY (No Transportation)

Divide \$41.00 into \$8,163.20 (cap) = 199 days/span year.

Transportation Services Only (No Day Program)

\$8,163.20

Acuity B

Total \$ for day program and transportation (18,850.00 + 9,943.00) = \$28,793.00

\$28,793.00 x 40% = \$11,517.20

CAP = \$11,517.20

Acuity C

Total \$ for day program and transportation (31,395.00 + 9,943.00) = \$41,338.00

\$41,338.00 x 40% = \$16,535.20

CAP = \$16,535.20

Adopted: 02/9/2022

TITLE XX ELIGIBILITY AND REIMBURSEMENT

PURPOSE

The Board shall participate to the extent possible in the Title XX reimbursement program to maximize its revenue. The Title XX reimbursement program will not be used for clients receiving Medicaid Waiver day services or any other day services that are federally funded.

PROCESS

- A. Provision of services or activities that align with the requirements of Part C of IDEA (Early Intervention). These services will be designed to meet the developmental needs of an infant or toddler (ages 0 through 2 years) with a disability through supports to parents and other primary caregivers within the context of family and child strengths and interests, daily routines and activities, and natural environments. The following services may be provided so long as the specialists and activities related to these services are listed on an IFSP: direct service provision, service documentation such as progress notes and records of intervention, IFSP development, attending an IFSP meeting, travel and trans-disciplinary team meetings. The following activities may not be billed: service coordination, case management, or anything related to the evaluation and assessment process, including redetermination.
- C. The Board shall adhere to the proper reporting, billing, and documentation criteria as outlined in the Title XX Contract, its Assurances, and Attachments.
- D. All records that support claims for Title XX reimbursement shall be made available for any partial or full needs review within a reasonable time following a request from the auditing or reviewing authority.
- E. The Board shall maintain an Individual Family Services Plan (IFSP) that substantiates the provision of Title XX services.

AUTHORITY: Section 5126.05 of the Ohio Revised Code and 5101:2-25 of the Ohio Administrative Code.

Approved: 1/12/2022

TARGETED CASE MANAGEMENT SERVICES

- H. The Adams County Board of Developmental Disabilities shall provide Targeted Case Management Services (TCM) in accordance with ORC 5126.15, OAC 5123-4-02 and OAC 5160-48-01 to eligible individuals with developmental disabilities (DD).
- I. Targeted Case Management is services which will assist individuals in gaining access to needed medical, social, educational, and other services described in OAC 5160-48-01.
- J. The Board shall request Medicaid payment of TCM services provided to Medicaid eligible individuals in accordance with all Medicaid rules and regulations. Individuals eligible for Medicaid TCM services are:
 - 1. Medicaid eligible individuals, regardless of age, who are enrolled on home and community-based service (HCBS) waivers administered by the DODD, and
 - 2. All other Medicaid eligible individuals, age three or above, who are determined to have DD according to ORC 5126.01.
- K. The following activities are reimbursable only if provided to or on behalf of a Medicaid eligible individual and only if provided by a Board employee certified in Service and Support Administration.
 - 1. Assessment
 - 2. Care Planning
 - 3. Referral and Linkage
 - 4. Monitoring and Follow-up
 - 5. State Hearings
- L. Payment for TCM services may not duplicate payments made to the Board under other program authorities for this same purpose.
- M. The following activities are not reimbursable:
 - 1. Activities performed on behalf of an individual residing in a nursing facility, ICF/MR, or a medical institution except for the last 180 consecutive days of residence when the activities are related to moving the individual from the institution to a community setting.
 - 2. Emergency intervention services.
 - 3. Conducting investigations of abuse, neglect, unusual incidents, major unusual incidents.
 - 4. The provision of direct services.
 - 5. Services to individuals who are determined not to have DD.
 - 6. Quality assurance system reviews
 - 7. Quality assurance reviews for individuals for whom the Service and Support Administrator serves as the single point of accountability.
 - 8. Establishing budgets for services outside of the scope of individual assessment and care planning.
 - 9. Development or monitoring of an individualized education plan.
 - 10. Services to groups of individuals.
 - 11. Habilitation management.
 - 12. Eligibility determinations for Board services.

- N. Due process shall be afforded to each individual receiving TCM services.
- O. The Board shall establish procedures which address TCM documentation requirements, reimbursement, claims submission, cost reports, fiscal reviews, record retention, due process and designation of local matching funds.

Revised: 02/9/2022

TARGETED CASE MANAGEMENT

A. Documentation requirements

1. To receive Medicaid reimbursement for TCM activities; documentation must include, but is not limited to, the following elements:
 - a. The date that the activity was provided, including the year;
 - b. The name of the person for whom the activity was provided;
 - c. A description of the activity provided and location of the activity delivery (may be in case notes or a coded system with a corresponding key);
 - d. The duration in minutes or time in/time out of the activity provided. Duration in minutes is acceptable if the provider's schedule is maintained on file;
 - e. The identification of the activity provider by signature or initials on each entry of service delivery. Each documentation recording sheet must contain a legend that indicates the service provider's name (typed or printed), title, signature, and initials to correspond with each entries identifying signature or initials.
 - f. SSAs will document the following activities as general administrative time:
 - i. Services after the date of death. Medicaid coverage terminates on the date of an individual's death.
 - ii. Travel time and case note documentation time. These units are not reported on the annual cost report, however schedule B-4 of the cost report instructions require a county board to track these units.
2. All SSAs will complete TCM documentation daily in Brittco. All TCM documentation for a given month must be reviewed and entered for submission on or before the 10th of the following month.
3. If there are extenuating circumstances where an SSA is unable to complete all TCM documentation by the 10th of the following month; the SSA must notify the SSM/SSD in writing. The SSM/SSD and the SSA will then identify an agreed upon date, in writing, by which all TCM documentation will be completed.
4. The SSM/SSD will review TCM documentation on a daily basis for all SSAs who hold an associate's level degree. The applicable SSA will be notified of any corrections to be made if/when needed. Upon review by the SSM/SSD, if corrections are not needed, the SSM/SSD will mark each case note entry in Gatekeeper indicating that the entry has been reviewed, prior to submission.
5. All SSAs who carry an assigned caseload must maintain a minimum TCM productivity average of 70% each month.
6. Each month TCM reports will be generated and reviewed by the SSM/SSD. The productivity reports will be shared with each SSA to ensure that the minimum TCM productivity average of 70% is maintained by each SSA.

B. Reimbursement and claims submission

1. The Agency shall maintain a current fee schedule of usual and customary charges. Records of fee schedules must be maintained for a period of six years. The Agency shall bill DODD its usual and customary charge for a TCM covered service. TCM services will be reimbursed the lesser of the Agency's usual and customary charge or the rate - found in Appendix A of OAC 5160-48-01. Without regard to the rate of reimbursement that may be identified in appendix A to rule 5160-48-01, no provider of TCM shall receive reimbursement at a rate in excess of the rate in the federally approved state plan amendment.
2. The Agency is responsible for instituting collection efforts against third parties liable for the payment of TCM services as required by rule 5160-1-08. The Agency must maintain sufficient documentation to substantiate collection activities and any payments received. Sufficient documentation includes a written confirmation every twelve months from any known possible third party, if applicable, which states that the TCM service is not covered under that program or policy.
3. If any of the TCM services provided by the Agency are paid or attributable to another federal program, the costs of such services should be allocated in accordance with OMB Circular A-87.
4. The Agency shall not alter or adjust usual and customary rates charged to the Medicaid Program if such adjustments will result in a direct or indirect charge for costs of uncompensated care being charged to the Medicaid program.
The Agency is required to submit claims to DODD within three hundred thirty days from the date of service in accordance with the format specified by DODD. Failure to submit claims within the specified three hundred thirty days may result in the Agency not being reimbursed for such claims. The Agency shall have no recourse to recover such non-reimbursed claims.
5. Medicaid reimbursement for TCM services shall constitute payment in full. Medicaid recipients may not be billed for Medicaid covered services.
6. Payment for TCM services must not duplicate payments made to the Agency under other programs.
7. A unit of service is equivalent to fifteen minutes. Minutes of service provided to a specific eligible individual can be accrued over one calendar day. The number of units that may be billed during a day is equivalent to the total number of minutes of TCM provided during the day for a specific individual divided by fifteen plus one additional unit if the remaining number of minutes is eight or greater minutes.
8. Billable units of service are those tasks/contacts made with the eligible individual or on behalf of the eligible individual. Activities which are not performed on behalf of or are not specific to an eligible individual are not billable.

C. Record requests and retention

1. The Agency shall make available all records for review by representatives from ODM, ODM's designee, CMS, or DODD at the discretion and request of these representatives.
2. Documentation will be retained for a period of six years from the date of receipt of final

payment or until such time as a lawsuit or audit finding has been resolved, whichever is longer. The records shall be provided to ODM or its designee upon request in a timely manner. Records produced electronically must be produced at the provider's expense, in the format specific by state or federal authorities.

D. Due Process

1. Medicaid eligible individuals whose TCM services either affect the provision of services or whose TCM services are affected by any decision may appeal that decision at a Medicaid state hearing. The Agency must provide notice to the individual of their right to request a state hearing.

E. Non-Federal Share

1. The Agency is responsible for payment of the nonfederal share of Medicaid expenditures in accordance with section 5126.057 of the Revised Code. The Agency shall provide this nonfederal share prior to the Agency receiving payment.

Reference OAC 5160-48-01

Revised: 02/9/2022

Policy and Procedure
Table of Contents
Section VI: Facility Management

Section VI	Facility Management
6.00	Program Facility, Materials, and Equipment Policy
6.01	Use of Buildings
6.01.1	Use of Buildings Procedure
6.02	Deadly Weapons and Dangerous Ordnance Policy
6.02.1	Concealed Weapons Procedure
6.03	Building Security

PROGRAM FACILITY, MATERIALS, AND EQUIPMENT

- A. The Agency shall ensure that sufficient facilities, materials and equipment are available to address the programmatic needs of children, individuals, and families enrolled in county board programs.
- B. Program facilities owned or leased by the Agency shall be in compliance with state and local building and mechanical codes with respect to the design, construction, and equipment applicable to the occupancy classification.
- C. Facilities shall be in compliance with the “Ohio Fire Code” as administered by the state or local fire official.
- D. Plumbing and sanitary installation shall be in compliance with the Ohio and local plumbing codes as administered by the Ohio health department or the local official having jurisdiction.
- E. Breakrooms, restrooms, and dining areas shall be maintained in an orderly and sanitary manner.
- F. Power equipment, fixed or portable, should include operating safeguards as required by the division of safety and hygiene, bureau of workers’ compensation.

Revised: 10/10/2018

USE OF BUILDINGS

- A. The Agency wishes to make all county-owned Agency facilities available for community use under the provisions of the law, whenever such use does not interfere with program activities.
- B. The county-owned buildings may be used, without charge, for the following purposes: (In order of priority):
 - 1. Agency activities
 - 2. Agency affiliated groups as determined by the Superintendent
 - 3. Civic Organizations, e.g., Boy Scouts, Girl Scouts, etc.
- C. The Agency reserves the right to charge a commensurate rate for the use of its building.
- D. The Agency shall prohibit the use of county property by individuals or organizations when such use is primarily for profit.
- E. All facilities operated by the Agency are accessible to individuals with handicapping conditions. The Agency will be in compliance with Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990.

Revised: 10/10/2018

USE OF BUILDINGS PROCEDURE

- A. Application for use of the building shall be made to the building administrator.
- B. If an application is approved, a written permit for use of a building on a specified date and time shall be issued.
- C. Checks in payment for the use of any building and related fees shall be made payable to Venture Productions, Inc.
- D. The buildings shall not be open for use on Saturdays, Sundays or holidays without special permission from the building administrator.
- E. Individuals or organizations not affiliated with the Agency shall use the buildings no later than 10:00 P.M. unless special permission is granted.
- F. Any individual group or organization, whose activities result in damage to Agency property, shall be fully responsible for the cost of repairing the damages.
- G. No alcoholic beverages are to be on the property or in the building.

Revised: 10/10/2018

DEADLY WEAPONS AND DANGEROUS ORDNANCE

- A.** The Agency is committed to providing a safe and secure environment for its staff, visitors, and individuals served. Pursuant to Ohio law, the Agency is required to take certain actions and post certain notices with respect to the carrying of concealed weapons. In compliance with that law, and in accordance with the Agency's commitment to safety, it is the policy of the Agency, that no person, including staff, volunteers, individuals served by the Agency, or visitors, except law enforcement officers and security personnel acting in the scope of their official duty, shall carry, convey, or possess a deadly weapon or dangerous ordnance within any Board building. Likewise, except as specified in paragraphs B and C below for holders of a current concealed weapon license:
- no person is permitted to possess or carry a firearm or any other weapon anywhere on Board property, and
 - no employee is permitted to carry a firearm or any other weapon in a Board owned vehicle or in their own personal vehicle when traveling on Board business.
- B.** An employee, volunteer, individual served by the Agency, or visitor, who holds a current concealed carry license, may store a concealed firearm within that person's personal vehicle while parking on the Board's parking areas. Likewise, a person, with a concealed carry license, may carry a concealed weapon in that person's private vehicle when traveling on Board business. However, when exercising these concealed carry rights, this person must meet the following conditions and otherwise be in compliance with the Ohio concealed carry law and regulations.
- Each firearm and all of the ammunition must remain inside the vehicle while the person is physically present inside the vehicle, or each firearm and all of the ammunition must be locked within the trunk, glove box, or other enclosed compartment or container within or on the vehicle.
 - The vehicle is in a location where it is otherwise permitted to be.
- C.** The firearm that is authorized to be stored on the Board's parking area, or which is transported while on Board business must be the type of firearm covered and permitted for storage and transport under Ohio's concealed carry law.
- D.** Weapons that are prohibited anywhere on Board property, including parking areas and vehicles, include any weapon that is not authorized by the Ohio Concealed Carry law, such as but not limited to rifles, explosives, knives, BB guns, stun guns and other dangerous ordnances. This policy does not prohibit an employee or visitor from carrying mace on their person while working for that person's own personal protection.
- F.** No person shall have a deadly weapon or dangerous ordnance in any vehicle leased or owned by the Agency.
- G.** Failure to comply with these policies by non-staff will be subject to criminal prosecution as recommended by the Board's legal counsel. Failure to comply with these policies by a staff member will subject the employee to disciplinary action, up to and including discharge from employment, as well as subject the employee to criminal prosecution, as recommended by the Board's legal counsel.

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CONCEALED WEAPONS PROCEDURE

In accordance with ORC Section 2923.1212, the following language shall be posted at the entrance all Agency-owned buildings and at the entrance to the portion of any building, which is not owned by the Agency but is leased by the Agency:

“Unless otherwise authorized by law, pursuant to Ohio Revised Code, no person shall knowingly possess, have under the person’s control, convey or attempt to convey a deadly weapon or dangerous ordnance onto these premises.”

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BUILDING SECURITY

When a building is opened the intrusion alarm system is deactivated (if applicable). Before departure, the buildings are to be closed by the last person leaving, who, after securing the buildings, will activate the intrusion alarm system (if applicable).

Guests entering a building must sign-in and/or make their presence known to the office staff.

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