



Logan County

Board of Developmental Disabilities

"Together We Grow"

**Logan County Board
of Developmental
Disabilities
Policy & Procedure
Manual**



Logan County Board of Developmental Disabilities

P.O. Box 710 • 1851 St. Rt. 47 W • Bellefontaine, Ohio 43311-0710 •
Telephone 937-592-0015 • FAX 937-592-5615 www.loganbdd.org
Saul S. Bauer, Superintendent

LIST OF CHAPTERS

CHAPTER	TITLE
1	PHILOSOPHY
2	ORGANIZATION
3	FINANCIAL MANAGEMENT
4	ABOLISHED
5	PERSONNEL
6	ABOLISHED
7	SERVICE AND SUPPORT
8	FAMILY SUPPORT
9	EARLY INTERVENTION
10	PRESCHOOL
11	BEHAVIOR SUPPORT
12	TEEN RECREATION
13	ABOLISHED
14	HIPAA
15	MUI
16	ABOLISHED



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TABLE OF CONTENTS

CHAPTER	POLICY	TITLE
INTRODUCTION AND DISCLAIMER		
1	1.1.1	PHILOSOPHY
2	2.1.1	ORGANIZATION
3	3.1.1	FINANCIAL MANAGEMENT
4	4.0.0	ABOLISHED
5	5.0.0	PERSONNEL
	GENERAL HIRING AND EMPLOYMENT	
	5.1.1	NEPOTISM
	5.1.2	CERTIFICATION REGISTRATION LICENSURE
	5.1.3	FITNESS FOR DUTY
	5.1.4	ABILITY TO LIFT
	5.1.5	DELEGATED NURSING
	5.1.6	REHIRING RETIRED OPERS/STRS MEMBERS
	5.1.7	CLASSIFICAITON STATUS & DEMOTION

TABLE OF CONTENTS

	5.1.8	PROBATIONARY PERIOD
	5.1.9	ADA
	5.1.10	EEO
	5.1.11	VOLUNTEERS AND INTERNS
	5.1.12	APPOINTMENT AND REAPPOINTMENT OF BOARD MEMBERS
	STANDARDS OF EMPLOYEE CONDUCT	
	5.2.1	OUTSIDE EMPLOYMENT
	5.2.2	ETHICS
	5.2.3	DRUG AND ALCOHOL
	5.2.4	SMOKE AND TOBACCO PRODUCT FREE
	5.2.5	DISCIPLINE AND INVESTIGATIONS
	5.2.6	CONCEALED CARRY
	5.2.7	DRESS CODE AND DECORUM
	5.2.8	POLITICAL ACTIVITY
	5.2.9	TRANSPORTING ENROLLED INDIVIDUALS
	5.2.10	UNLAWFUL DISCRIMINATION AND HARRASSMENT
	5.2.11	REPORT TO WORK AND TARDINESS
	5.2.12	SOLICITATION
	5.2.13	WORKPLACE VIOLENCE
	5.2.14	TELEWORKING
	5.2.15	FLEXIBLE WORK OPTIONS

TABLE OF CONTENTS

	PERFORMANCE STANDARDS, TRAINING & EVALUATION	
	5.3.1	PERFORMANCE EVALUATION
	5.3.2	TRAINING
	HEALTH AND SAFETY STANDARDS	
	5.4.1	HEALTH AND SAFETY
	5.4.2	LIFTING
	5.4.3	BLOOD BORNE PATHOGENS
	EMPLOYEE DISPUTE RESOLUTION	
	5.5.1	AUDITOR OF STATE FRAUD REPORTING SYSTEM
	5.5.2	COMPLAINT RESOLUTION
	COMPENSATION	
	5.6.1	ADMINISTRATIVE LEAVE
	5.6.2	CALAMITY DAY LEAVE
	5.6.3	CIVIC DUTY LEAVE
	5.6.3.1	POLL WORKER
	5.6.4	HOLIDAY PAY
	5.6.5	HOURS OF WORK AND OVERTIME
	5.6.6	UNPAID LEAVE

TABLE OF CONTENTS

	5.6.7	PERSONAL LEAVE
	5.6.8	SICK LEAVE
	5.6.9	VACATION LEAVE
	5.6.10	FAMILY MEDICAL LEAVE
	5.6.10.1	FMLA FFCRA
	5.6.11	EXPENSE REIMBURSEMENT
	5.6.12	WORKERS COMPENSATION
	5.6.13	TUITION REIMBURSEMENT
	5.6.14	PERSONAL LEAVE DONATION
	5.6.15	VOLUNTEER LEAVE RED CROSS
	5.6.16	MILITARY LEAVE
	5.6.17	HEALTH CARE COVERAGE
	SEPARATION	
	5.7.1	LAYOFF AND ABOLISHMENT
	5.7.2	SEPARATION (NON-DISCIPLINARY)
	5.7.3	MEDICAL EXAMS AND DISABILITY SEPARATION
	BOARD PROPERTY	
	5.8.1	BOARD PROPERTY
	5.8.2	INVENTORY CONTROL

TABLE OF CONTENTS

	INFORMATION TECHNOLOGY	
	5.9.1	SOCIAL MEDIA
	5.9.2	COMPUTER USE
	5.9.3	ELECTRONIC SIGNATURE
	5.9.4	MOBILE DEVICE
	MISCELLANEOUS	
	5.10.1	HUMAN RESOURCE FILES
	5.10.2	INDEPENDENT CONTRACTORS
	5.10.3	LACTATION BREAKS
	5.10.4	PUBLIC RECORDS AND RECORD RETENTION
	5.10.5	BULLETIN BOARDS
	5.10.6	NEWS MEDIA
	5.10.7	CONFIDENTIALITY OF INDIVIDUALS SERVED
	5.10.8	PUMP ACT
	5.10.9	PREGNANT WORKERS FAIRNESS ACT
7	7.1.1	SERVICE AND SUPPORT ADMINISTRATION
	7.1.2	EMERGENCY RESPONSE SYSTEM
	7.1.3	WAIVER WAITING LIST
	7.1.4	PAYOR OF LAST RESORT
	7.1.5	COMMUNITY FIRST EMPLOYMENT FIRST
	7.1.6	LOCALLY FUNDED SPECIALIZED TRANSPORTATION SERVICES

TABLE OF CONTENTS

	7.1.7	INDEPENDENT PROVIDER OVERTIME
	7.1.8	MEDICAID DUE PROCESS
7	7.1.9	TECHNOLOGY FIRST
8	8.1.1	FAMILY SUPPORT & SUPPORTED LIVING
9	9.1.1	EARLY INTERVENTION
	9.1.2	PLAY PROJECT
10	10.1.1	PRESCHOOL
11	11.1.1	BEHAVIOR SUPPORT
12	12.1.1	TEEN RECREATION
13	13.0.0	ABOLISHED
14	14.0.0	HIPAA
	14.1.1	HIPAA PRIVACY AND CONFIDENTIALITY
	14.1.2	HIPAA ELECTRONIC SECURITY
15	15.1.1	MUI
16	16.0.0	ABOLISHED
RECEIPT ACKNOWLEDGEMENT		

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

INTRODUCTION

Comprehensive and clearly defined policies are essential to the success of any organization. The Logan County Board of Developmental Disabilities (LCBDD) policies help convey our mission and enable the execution of our strategies. Our policies help employees clearly understand expectations and responsibilities. They influence employee behavior and support ethical, compliant decision-making. Our policies help protect the organization, our employees and the people we serve. They create a positive and respectful workplace and culture.

Policies also define disciplinary procedures and consequences for misconduct. The policies set forth and adopted within these chapters supersede all previous written and unwritten policies of the Logan County Board of Developmental Disabilities.

These policies are a guide to be utilized by management and supervisors to ensure the uniform and non-discriminatory application of the conditions of employment. In the event there is a conflict between the contents of these policies and any applicable laws, those applicable laws will prevail.


The policies are designed as a tool to enable staff to understand what to expect out of the LCBDD and to keep employees informed. Questions regarding the interpretation and application of these policies should be directed to an employee's immediate supervisor, who will seek clarification through the chain of command. Every effort must be made to ensure that such decisions are made objectively, with the general intent of the policy in mind.

These policies are not a contract either expressed or implied. The Board reserves the right to change any provision without consultation. However, the Board and its management do want to develop and maintain a good relationship with employees. Employee input about matters addressed in this policy is welcome and will always be considered.

As conditions shift within the LCBDD, it may be necessary to add, delete, or revise specific policies affected by such change. Policies are available to all employees on the public drive.

DISCLAIMER

If any article or section of this Manual is held to be invalid by operation of law, the remainder of this Manual and amendments thereto shall remain in force and effect. Should a conflict arise between the Ohio Revised Code (O.R.C.) or applicable federal law and this manual, law shall prevail.



Board President

02/07/2019
Date

Policy & Procedure: 1.1.1 Philosophy

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Philosophy

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	January 2026

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) will promote and support safe and supportive environments for families with children and a safe and healthy lifestyle for adults. The Board will be a well-managed, financially-responsible public organization with a committed and respected staff that provides cost-effective, quality services. The Board will be accountable to the citizens of Logan County, to the statutes that direct our services and to the people and families we serve. The Logan County Board of DD promotes the development of skills, opportunities, activities, supports, living arrangements, learning and vocational environments that are valued by our community so that the persons we serve are also received and treated as valued members of our community.

The Logan County Board of Developmental Disabilities (LCBDD) shall develop and adopt by resolution a strategic plan that meets the requirements of sections 5126.04 and 5126.054 of the Revised Code, includes the county board's philosophy, mission and vision, and addresses the county board's strategy in accordance with OAC 5123-4-01.

PROCEDURE

A. Statement of Philosophy

The Logan County Board of Developmental Disabilities believes that every person adds value to our community. When we welcome and include everyone our communities are made whole, we are stronger, we accomplish more, and everyone benefits.

1. Services should be planned and provided as part of a continuum, which means that facilities, supports and services should meet the needs of each person at each stage of life development, regardless of age or degree of disability. It also means continuity, including

Policy & Procedure: 1.1.1 Philosophy

uniform eligibility standards, to ensure that no individual is lost in the transition from one service to another.

2. Persons with a developmental disability should be close to their families and friends (natural supports). We recognize that natural supports are important to having a good life.
3. No person who can reside or work in the community should enter an institution or a sheltered workshop, and no one should remain in an institution or a sheltered workshop who can live or work in their community.
4. People with developmental disabilities should be empowered to have a quality life of their choosing.
5. The board pledges to support advocacy of individual rights and opportunities, participation in the community, choices in where to live and work, environments for learning, and options for leisure time activities.
6. Individuals will have services and supports that respect their choice to participate freely and safely in the community.
7. The board will support opportunities for community integration, inclusion and awareness.

B. Statement of Vision

The vision of the Logan County Board of Developmental Disabilities is that all citizens have equal access to opportunities and supports that lead to a life that is purposeful and fulfilling.

The Board envisions a future where all individuals will be accepted, included and appreciated as contributing members in their communities.

C. Statement of Mission

Our mission is to support services that inspire and assist people with developmental disabilities to become contributing and valued members of their Community.

D. Statement of Values

Our values are central to our beliefs and define our actions. They will be part of the day-to-day practices of our agency. The following values are beliefs that manifest in how we interact in our workplace, homes and community. They represent our most significant commitments to what we find most important in our agency. Our value statements provide us with words and meaning to the standards that we decide to live by daily.

To further the purpose of the LCBDD to support the integration and inclusion of persons with developmental disabilities in our community, the Board is actively committed to the following principles:

- **We Value Community Inclusion** - Every person should have opportunities to participate in and be part of their community. People with disabilities have the right to live, love, work, worship, play and pursue their life aspirations just as others do in the community. We envision and support a community in which people, regardless of

Policy & Procedure: 1.1.1 Philosophy

disability and status, are supported and accepted by their entire community of family, friends, neighbors, and employers.

- **We Value Dignity and Respect** - All people will be treated with dignity and respect. We will honor each person’s privacy, individuality and life choices.
- **We Value Quality Staff and Services** - We promote and endorse high quality services and supports to meet the lifelong needs of individuals and their families.
- **We Value Responsible Stewardship** - We are committed to being good stewards of local, state and federal resources and to the provision of services in the most effective and efficient means available.

The Logo and Motto of the Board:



“Together We Grow”

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.

Krista Oldiges
Krista Oldiges, Superintendent

1/26/23
Date

Reviewed Date	Board Approved	Procedure Approved
11/26/2019	12/05/2019	11/26/2019
01/28/2020		01/28/2020
01/10/2023		01/26/2023

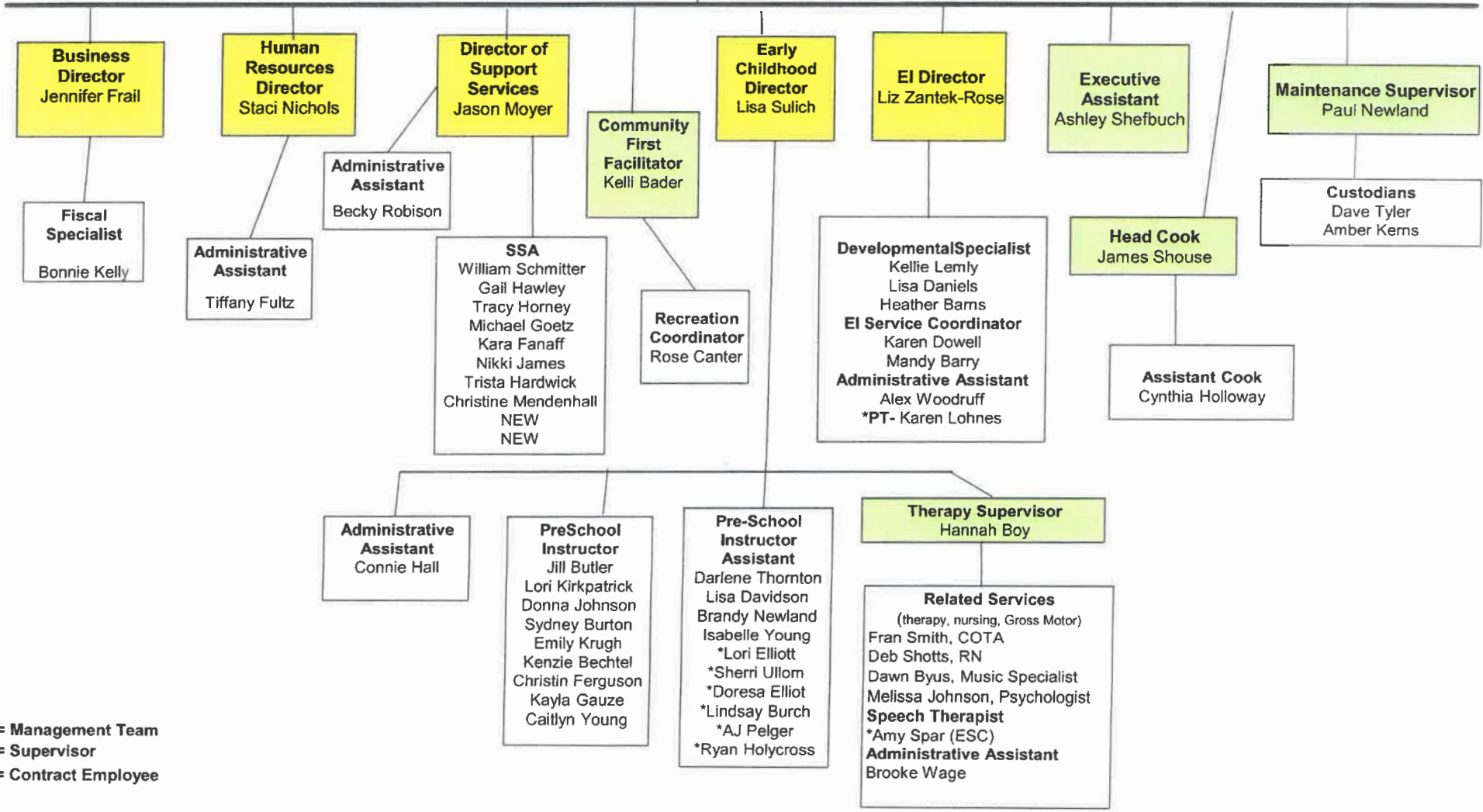
Valerie Kohl
Board President

1-26-23
Date

LOGAN COUNTY BOARD OF DD TABLE OF ORGANIZATION

(7 Board Members)
Valerie Robb, Bridget Hawkins, Frank Giannola, Scott Steiner, Allen Huffman, Lindsay Krieger, Melanie Reames

**Superintendent
Krista Oldiges**



= Management Team
 = Supervisor
 * = Contract Employee

Approved by the Logan County Board
 of Developmental Disabilities
Valerie Robb 10-12-23
 President Signature Date

Policy & Procedure: 3.1.1 Financial Management

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Financial Management

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/6/2018	1/1/2019	October 2026

POLICY

The LCBDD's financial management policies and procedures assist in ensuring its long-term financial stability. This policy is intended to provide direction so that the Board's finances are managed in a manner that will continue to provide for the delivery of quality services; maintain an enhanced service delivery; ensure a balanced budget; and establish reserves necessary to meet future obligations. The policies and procedures are in accordance with the LCBDD vision, mission, and goals; to properly safeguard the assets of the LCBDD to make sound financial decisions, and have the ability to provide accurate financial reports.

Financial management policies are included in the LCBDD's budget and are an essential component of long-term forecasts and contingency plans. These policies and procedures will help provide critical analysis and sound review for budget development decisions.

The Ohio Revised Code 5126.05 requires all County Boards of DD to establish policies for the administration and operation of its facilities and programs. Among other responsibilities, the ORC requires Boards to adopt a budget, authorize expenditures, authorize all positions of employment and submit certain financial reports.

The Superintendent or designee shall ensure the conduct of business and accounting affairs of the Board are consistent with rules and regulations of the Auditor of State and all federal, state and county authorities providing funds to the Board. The Logan County Board of Developmental Disabilities (LCBDD) will comply with federal OMB A-133, Federal Auditing Requirements; OMB A-122 (2 CFR Part 230), Federal Cost Principles for Non-Profit Organizations; A-87 Federal Cost Principles for state and local governments; and/or A-21 Federal Cost Principles for colleges and universities; and OMB A-110, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and other Non-Profit Organizations.

PROCEDURE

A. Fiscal Forecast-Revenue and Expenditures.

- a. **Per ORC 5126.053, beginning April 1, 2020, and then annually thereafter on or before the first day of April each year, LCBDD shall submit to the department of developmental disabilities, in the format established, a five-year projection of**

Policy & Procedure: 3.1.1 Financial Management

revenues and expenditures. Each five-year projection shall be approved by the Superintendent.

B. Fiscal Forecast-Waiver Program

- a. **Annually, on or before the thirty-first day of December each year, LCBDD shall submit to the department of developmental disabilities both of the following:**
 - i. **An annual wavier allocation projection that contains the projected number of individuals to whom the board intends to provide home and community based services based on available funding as projected in the boards' annual five-year projection report submitted pursuant to section 5126.053 of the Revised Code.**

C. Budget

1. No later than November 30 of each year the LCBDD shall adopt a final budget which outlines the Board's program and expenditures plan for the following year and will submit that budget to the Board of County Commissioners for next year's appropriation according to deadlines established by the Commissioners.
2. The budget shall include sufficient detail to describe sources of revenue and anticipated expenditures for each service or program. The budget shall include supplemental schedules for the total number of employee positions to be authorized, the major equipment purchases and contracts being requested, an organization chart and list of the goals and objectives of the major components of the Board's programs. The budget will reflect the direction of the LCBDD's strategic plan and meet individuals' needs identified through needs assessment and/or annual public forums.
3. With the submission of the budget, the Superintendent/designee shall also provide the Board with a five-year forecast of income and expenditures.
4. The Superintendent/designee shall submit to the Board at each of its regularly scheduled meetings a report of the financial progress of its budget which shall include but not be limited to a summary of the revenues, expenditures and the status of each fund to date in comparison to the annual budget.
5. The Board shall ~~authorize~~ be notified of any transfers that alter department budgets including fund-to-fund transfers, at the prior board meeting. All other transfers may be made with the approval of the Superintendent/designee.

D. General Fund

1. The LCBDD shall request the Logan County Auditor pursuant to section 5705.09 of the Ohio Revised Code to establish a general fund for money received from its operating levies and other money received for the purposes of Chapters 5126 and 3323 of the ORC.
2. The LCBDD shall establish within its general fund an account structure with sufficient detail to identify all revenues and expenditures by type, source and program for which they are intended.

Policy & Procedure: 3.1.1 Financial Management

3. The LCBDD's general fund expenditure account structure shall include a reserve account for money that is not needed to pay operating expenses in the current year. The LCBDD, depending on budgetary demands, shall attempt to set the general fund reserve account at a level that will include future unanticipated and unbudgeted expenses for the current year.

4. Annually the LCBDD may decide to appropriate in the general fund and transfer to the capital fund an amount equal to the depreciation expense as determined by the Board's annual cost report.

E. Community Support Fund

1. The LCBDD shall establish a Community Support Fund, with the county auditor. The Board may, from year to year, transfer some of the money received from its operating levies to the Community Support Fund.

2. The LCBDD shall use all money received from the Ohio Department of DD as local waiver match.

3. The LCBDD has authorized WestCON, a council of governments, to act as its fiscal agent for waiver match, support services and provider support funds.

F. Capital Fund

1. At its discretion the LCBDD may request the County Auditor to establish a capital fund for the purpose of purchasing, renovating and/or replacing assets greater than \$5000 owned by the LCBDD or replacing assets owned by the County Commissioners. A capital plan is developed and the transfer of funds is approved with the annual budget.

2. The LCBDD shall establish within its capital fund an account structure with sufficient detail to identify all revenues and expenditures by type, source and project for which they are intended.

3. The LCBDD's capital fund expenditure account structure may permit a capital reserve account not to exceed 25 percent of the replacement value of all the Board's capital facilities and equipment, pursuant to 5705.222.

G. Gift and Donations Fund

Pursuant to the Ohio Revised Code, Section 5126.05 (G) the LCBDD may receive by gift, grant, devise or request any moneys, lands or property for the benefit of the purposes for which the LCBDD is established and hold, apply, and dispose of the moneys, lands, and property according to the terms of the gift, grant, devise, or bequest. All money received by gift, grant, devise, or disposition of lands or property received by gift, grant, devise, or bequest shall be deposited in the county treasury to the credit of (the LCBDD) and shall be available for use by the LCBDD for purposes determined or stated by the donor or grantor but may not be used for personal expenses of the Board members. Any interest earnings accruing from such gift, grant, devise or request shall be treated in the same manner and subject to the same provisions as such gift, grant, devise, or bequest.

H. Purchasing

Policy & Procedure: 3.1.1 Financial Management

1. By statute, all purchases shall be subject to the unencumbered appropriations available to them. Accordingly, the proper sequence of occurrence in the purchase process is, at a minimum, a purchase requisition demonstrating need or want, a contract demonstrating agreement between the contracting parties, a purchase order demonstrating the availability of funds necessary to satisfy the contract and the encumbrance thereof, the rendering of the goods or services, the invoice for payment and the payment. The materiality of the purchase (value) dictates the scope and formality of the documentation associated with purchase.
2. All purchases shall be made on purchase orders issued by the Auditor of the Logan County. By statute, the Auditor is the chief fiscal officer of the LCBDD. Therefore, the LCBDD shall adhere to the written and oral procedures of the Auditor. Requests for purchase orders are processed by the Business Office of the LCBDD and approved by the Superintendent or designee. The designee approval lies within the approved agency budget and appropriations.
3. Blanket purchase orders are for items that are either unspecific in quantity, in value, or of an emergency nature. Blanket purchase orders are limited to \$50,000. All blanket purchase orders can remain open for the full calendar year; however, will expire each 12/31. Only one blanket purchase order can be open per account at one time. Blanket purchase orders are not to be used to circumvent the statutory requirement that any class or category of expense which exceeds \$50,000 in a single purchase, or on an annual basis, be completely bid.
4. All purchases shall comply with the applicable federal state and local laws, rules and regulations. All purchases shall comply with the policies of the LCBDD. Additionally, all purchases shall be guided by the procedures promulgated by the Superintendent and the Auditor.
5. Only goods and services that will be used directly or indirectly in fulfilling the mission of the LCBDD shall be purchased. Goods for personal use and benefit is illegal and strictly prohibited. For the purpose of this policy, purchases of food for refreshments, supplies and services for meetings and employee appreciation programs are allowed.
6. The Board delegates to the Superintendent the authority to approve all contracts for goods or services that are less than \$50,000 (fifty thousand dollars) and other contracts that are subject to competitive bidding and approved by the Board.
7. The Board delegates to the Superintendent the authority to request of the Auditor all purchase orders under \$ \$20,000 (twenty thousand dollars) without first seeking Board approval.
8. Purchases greater than \$30,000 and less than \$50,000 shall request no less than 3 written estimates/bids. The LCBDD will select the lowest and best vendor when awarding the purchase, and when possible, preference should be given to a local vendor that is within 2% of the lowest bid.
9. Purchases greater than \$15,000 and less than \$30,000 shall request no less than 2 written or verbal estimates/bids. The LCBDD will select the lowest and best vendor when awarding the purchase, and when possible, preference should be given to a local vendor that is within 2% of the lowest bid.

Policy & Procedure: 3.1.1 Financial Management

10. By statute, all purchases of goods or services \$50,000 (fifty thousand dollars) or more must be formally bid.
 - A. There are but a few exceptions cited in Section 307.86 of the Revised Code. Examples include but are not limited to cooperative purchasing plans with the State of Ohio or other agency consortiums, consultants and social service contracts that are outlined in ORC 5126.05, or employee health insurance.
 - B. Whenever a contract of purchase, lease, or construction is exempted from competitive bidding because the estimated cost is less than \$100,000 (one hundred thousand dollars), but the estimated cost is \$50,000 (fifty thousand dollars) or more, the county or contracting authority shall solicit informal estimates from no fewer than three persons who could perform the contract, before awarding the contract. With regard to each such contract, the county or contracting authority shall maintain a record of such estimates, including the name of each person from whom an estimate is solicited. The county or contracting authority shall maintain the record for the longer of at least one year after the contract is awarded or the amount of time the federal government requires.
 - C. Due to the volatility of prices, certain types of purchases shall be exempt from bidding beyond those precluded by statute. These are gasoline, food and foodstuffs and certain emergency repairs and repair items.
 - D. The LCBDD may request the County Commissioners to waive the bidding requirements by declaring that a real and present emergency exists pursuant to ORC 307.86(A).
 - E. To avoid any implication of circumventing the bidding statutes similar planned purchases shall be aggregated over a period of six months from date of first purchase. If the total equals or exceeds \$50,000.00 (fifty thousand dollars) then the purchase shall be bid.
11. Prior to entering into a purchasing agreement, the Superintendent/designee shall ensure compliance to the current Ohio Department of Commerce, Division of Industrial Compliance, Bureau of Wage and Hour guidance thresholds for prevailing wages.
12. The Superintendent/designee shall submit for ratification by the Board at each of its regularly scheduled meetings, a list of all payments approved since its last meeting.
13. Pursuant to ORC 5705.45, any Board employee or member who improperly expends public funds may be held personally liable.

I. Accounts Receivable

Policy & Procedure: 3.1.1 Financial Management

1. All County Board invoices will only be prepared and sent to the payee by the Fiscal Department. Items billed include such things as rent, copies, telephone calls, residential services, and reimbursable items such as health insurance, payroll services, postage, etc. The Fiscal Clerk will prepare invoices based on the established billing schedule.
2. Each department is responsible for providing billing information to the Fiscal Specialist in order to generate an invoice and provide backup.
3. An invoice is generated in the Infall 1 database. A copy of the backup is scanned and stored on the server. The original backup and invoice are mailed to the vendor.
4. Upon payment of the invoice, the fiscal department applies the payment to the invoice in Infall and prints a receipt if applicable.

J. Uncollected Funds

The following procedures to collect past due invoices will be followed:

1. The Fiscal Specialist will send statements at the end of each month to any outstanding invoice over 30, 60, or 90 days past due. When the debt is owed by an enrolled individual, the statement and all collection letters will be mailed to the guardian and payee if applicable.
2. The Business Director will send a letter to the Superintendent and the party that has an outstanding receipt greater than 90 days. A request will be made to make payment within 30 days or contact us to make payment arrangements or legal collection efforts will be implemented.
3. If the amount due is still not received or the party has not made arrangements to make payment, the Business Director, or designee, will attempt to contact them by phone. With the approval of the Superintendent, the Business Director will send a letter to the Prosecuting Attorney to pursue collection efforts.
4. The party who owes past due receipt(s) will be mailed a copy (with a certificate of mailing) of the letter requesting the Prosecuting Attorney to initiate legal proceedings against them.
5. Past due receipts will be designated as bad debts only after the Marion County Prosecutor has exhausted all reasonable legal procedures to collect the funds.

K. Cash Management

1. Per ORC 9.38, Deposit of Public Moneys, the LCBDD shall deposit all public moneys received, in excess of one thousand dollars, on the business day next following the day of receipt. If the total amount of the deposit does not exceed one thousand dollars, a deposit must be made not to exceed three days next following the day of receipt. All moneys not deposited must be secured in a locked safe until such time the deposit is made.

Policy & Procedure: 3.1.1 Financial Management

2. Access to the safe is limited to the Superintendent, Business Director and designated fiscal office staff. The locking mechanism must be changed if the designated employees are no longer employed by the LCBDD.

3. The Board encourages all entities to make payments by check or warrant. Electronic funds transfer is acceptable when the technology allows. The preferred payee is the Logan County Board of Developmental Disabilities or Logan County Treasurer.

4. For sound internal control, no one person may perform more than two of the following functions: receipting, depositing, recording, and reconciling.

Receipt - Discovery Center Receptionist,
LCBDD Office Front Desk,

Recording – Designated Fiscal Office Staff

Depositing - Designated Fiscal Office Staff (after review and approval from Business Director)

Reconciling/Reporting - Business Director

L. Petty Cash

The Business Office will be responsible for maintaining petty cash funds not to exceed \$500. Purchases are not to exceed \$125, unless approved by the Superintendent. When a purchase order is not able to be used, employees may request petty cash funds in advance. All requests for petty cash must be completed on a "Petty Cash Request" form and approved by the Department Head of that program. If the request is greater than \$125, Superintendent approval will be required prior to submitting to the Business Office. The Petty Cash Custodian will maintain the petty cash in a lockable safe and record each receipt and disbursement on a ledger journal. No cash will be disbursed without prior approvals. The petty cash account will maintain a minimum balance of \$250 and will be reconciled with each cash request to replenish, but no less than monthly by someone other than the person handling the cash. Itemized receipts will be submitted to the Auditor's office monthly to replenish the account not to exceed \$500.

M. Contract Services

The LCBDD intends to enter into contracts with outside vendors to accomplish its programming and operational goals. Quality services whether contracted or provided by LCBDD staff remain the Board's primary focus and responsibility.

1. All direct service contracts will be reviewed by the Ethics Council and recommended to the Board for its approval. A "Direct Service Contract" includes a contract for supported living pursuant to Sections 5126.40 to 5126.47 of the Revised Code, family support services under section 5126.11 of the Revised Code and reimbursement for transportation expenses which results in payment from a county board of developmental disabilities to an eligible person or to a member of the immediate family of an eligible person for services rendered to the eligible person.

Policy & Procedure: 3.1.1 Financial Management

2. Guidelines have been established for entering into contracts for personal services and can be found in the "Independent Contract" policy.
3. Payments for contracted services will not be made without documentation from the department head of the area of service advising the services were delivered and satisfactorily.

N. Procurement Card

1. This procedure describes the use of the card. The agreement form is the employee agreement to comply with the rules and regulations. The procurement card is issued to an employee upon the approval of the LCBDD. Upon receipt of the card, the employee is required to immediately sign the back of the card and keep the card secure.

The recipient of the procurement card is required and responsible for the tracking and providing of the monthly purchase's original receipts to the fiscal office. An employee that handles a procurement card is responsible for the appropriate use of LCBDD funds. The procurement card is the property of the County of Logan and may rescinded at any time. The procurement card is only to be used for official LCBDD business.

2. Purchasing Guidelines - The procurement card program will not circumvent the LCBDD purchasing rules and procedures. The procurement card is NOT to be used in place of an in-house purchase order (IHPO). All efforts should be made to use a county purchase order if the vendor allows and use local vendors with a 2% allowance is preferred. Consequences for card misuse are significant and may include loss of Job and/or prosecution. The LCBDD may deduct any misuse of the procurement card from the compensation of the employee. The procurement card maybe used for goods and services that are normally used in the duties of preforming the business of LCBDD as currently utilized within the purchasing practices of LCBDD.

3. Restrictions on Procurement Card Use - Procurement Card cannot be used for sales tax, cash advances, travelers check, gift cards, personal services, alcoholic beverages, tobacco services and other expenses that are inappropriate use of public funds. The employee may not loan the card. The procurement card privileges may be rescinded if the employee violates the usage of the credit card as used in the normal practices of the LCBDD business. Misuse of the card by an employee will result in disciplinary actions and may be subject to termination and or prosecution as guided by the policy and procedures manuals of LCBDD

4. Usage Limitations: (maximum)

Individual Limitations:

Weekly Spending limits: \$5,000

Monthly Transaction Limits: 100

LCBDD may increase or decrease the usage based on the Logan County Auditor's discretion.

Policy & Procedure: 3.1.1 Financial Management

5. Placing an Order - When placing an order, the employee should identify himself/herself as employee of LCBDD, Provide Card Name, Card Number, Expiration date, complete address of the LCBDD, and require that the purchase be made tax exempt. Never allow the vendor to maintain the information in the files. With the authority to purchase comes the responsibility to maintain adequate documentation at the sources of the transaction. Sales receipts are required to be maintained by the employee and the original is to be forward to the fiscal office of LCBDD as proof of the transaction. The fiscal office should retain this documentation for monthly submission to the County Auditor’s office.

6. Dispute, Suspension and Lost Cards - In case of loss or stolen card or dispute the employee shall immediately contact the LCBDD fiscal office. Any dispute of charges on the account are the responsibility of the card user. LCBDD may suspend use of the card program both individually and/or corporately without notice for any reason.

7. Procurement Card Audit - To ensure the continued success of the procurement card program, periodic audits will be performed. The purpose of the audits will be to ensure that utilization is within policy, procedures and guidelines of LCBDD.

8. Purchasing utilization limits - To ensure best utilization LCBDD Superintendent shall set an appropriate utilization limits for each individual regarding available purchasing power. This limit will vary based on the needs of the card holder. LCBDD Superintendent and/or County Auditor has final determination on the limitations.

9. Conclusion - The procurement card should be used responsibly. Each employee must be aware that improper use may result in disciplinary action including termination and/or prosecution. The procurement card program is designed to increase productivity and efficiency of the LCBDD purchasing program. The use of the card is to be used in the best public interest of the citizens of the County of Logan.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent

11-2-23

Date

Reviewed Date	Board Approved	Procedure Approved
04/23/2019	05/02/2019	04/23/2019
07/30/2019	05/02/2019	07/30/2019
06/17/2020	08/06/2020	06/17/2020
08/04/2022	08/04/2022	08/04/2022
03/14/2023	04/06/2023	04/06/2023

Policy & Procedure: 3.1.1 Financial Management

10/24/2023	11/02/2023	11/02/2023

Valerie Robt
Board President

11-2-23
Date

Policy & Procedure: 5.1.1 Nepotism

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Nepotism

Reviewing Department	Board Approval Policy Date	Effective Policy Date	Next Review Date Policy & Procedure
Administration	12/06/18	01/01/19	April 2026

POLICY

The employment of relatives can cause various problems including but not limited to charges of favoritism, conflicts of interest, family discord and scheduling conflicts that may work to the disadvantage of both the agency and its employees. It is the goal of the agency to avoid creating or maintaining circumstances in which the appearance or possibility of favoritism, conflicts or management disruptions exist.

The Logan County Board of Developmental Disabilities (LCBDD) is an equal opportunity employer and may receive employment applications from relatives of current employees.

The provisions of O.R.C. §§ 102.03 and 2921.42 render it unlawful for a public official to use his/her influence to obtain a benefit, including a job for his/her relative. Any violation of these statutes may result in criminal prosecution or disciplinary action or both. For purposes of the Article, the term "relative" shall include: spouse, children, grandchildren, parents, grandparents, siblings, brother-in-law, sister-in-law, daughter-in-law, son-in-law, father-in-law, mother-in-law, step-parents, step-children, step-siblings, and a legal guardian or other person who stands in the place of a parent to the employee.

PROCEDURE

A. Hiring

The agency may allow existing personal relationships to be maintained or employ individuals with personal relationships to current employees under the following circumstances:

- Individuals may not work under the supervision of the same manager;
- They may not create a supervisor/subordinate relationship with a family member;
- They may not supervise or evaluate a family member;
- The relationship will not create an adverse impact on work productivity or performance;

Policy & Procedure: 5.1.1 Nepotism

- The relationship may not create an actual or perceived conflict-of-interest;
- They may not audit or review ,in any manner, the individual's work.
- They may not be employed if a member of the employee's immediate family (spouse, children, parents, grandparents, brothers, sisters, step family members, in-law family members) serves on the agency's Board or any Committee or Council which has authority to review or order personnel actions or wage and salary adjustments which could affect his/her job.

No personal employee relationship covered by this policy will be allowed to be maintained, regardless of the positions involved, if it creates a disruption or potential disruption in the work environment, creates an actual or perceived conflict of interest or is prohibited by any legal or regulatory mandate.

This policy must be considered when hiring, promoting or transferring any employee.

Should relationships addressed within this policy be identified with either candidates for employment or, current employees the matter should be immediately reported to the Director of Human Resources and the following policies and procedures will be followed:

- A determination will be made whether the relationship is subject to the agency's Nepotism policy based on the conditions described above.
- If the relationship is determined to fall within one or more of the conditions described in this policy the Superintendent in consultation with the affected employees and the agency's department director or board will attempt will to resolve the situation through the transfer of one employee to a new position or identifying some other action (e.g., Supervisory reassignment) which will correct the conflict or issue identified. If accommodations are not feasible then, with affected employee suggestions, the HR Director in consultation with the agency's department director or board shall determine which employee must resign in order to resolve the situation.

The agency reserves the right to exercise appropriate managerial judgment to take such actions as may be necessary to achieve this intent of this policy. The agency reserves the right to vary from the guidelines outlined in this policy to address unusual circumstances on a case by case basis.

It is the responsibility of every employee to identify to the agency's HR Director any potential or existing personal relationship which falls under the definitions provided in this policy. Employees who fail to disclose personal relationships covered by this policy will be subject to disciplinary action up to and including the termination of employment.

B. Employment

Members of the immediate families of Board members and/or Logan County Commissioners may not be hired to work for the LCBDD (ORC 5126.03).


Policy & Procedure: 5.1.1 Nepotism

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.

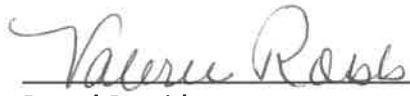


Krista Oldiges, Superintendent

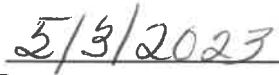


Date

Reviewed Date	Board Approved	Procedure Approved
09/29/2020	10/01/2020	09/29/2020
04/25/2023	05/04/2023	05/04/2023



Board President



Date

Policy & Procedure: 5.1.2 Certification/Registration/Licensure

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approval all policies, and the Superintendent approves all procedures.

Certification/Registration/Licensure

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	November, 2025

POLICY

This policy is to establish a method for ensuring current licensure, certification, or registration for the Logan County Board of Developmental Disabilities (LCBDD) employees, consistent with Federal and State laws, regulations, and institutional standards. It is the responsibility of the employee to maintain current certification/registration/license and provide up-to-date written evidence of the same to Human Resources. The LCBDD will keep record that all employees have fulfilled their certification/registration/license requirements in accordance with Ohio Department of Developmental Disabilities and the Ohio Department of Education.

Licenses and certifications show that a person has the specific knowledge or skill needed to do a job. For those positions for which local, state or federal law or appropriate professional agencies impose certification/registration/licensing requirements or provisional requirements, LCBDD generally considers such requirements to be necessary occupational qualifications.

The employee is responsible for obtaining the credentials required for their position, and for any expenses not covered in training provided by the Board. Employees are responsible for meeting the professional, educational, continuing education and/or experience requirements applying to their position to maintain the proper required certifications, licensures and registrations and produce written evidence to the same to Human Resources. It is not the responsibility of the Board to maintain employee certification. Inability to meet certification/registration/licensing requirements at any time during employment, or provide evidence of the same, may result in suspension, demotion or termination of employment.

PROCEDURE

The LCBDD will administer the following procedures regarding certification, registration, and licensure:

A. Certification/Registration

Policy & Procedure: 5.1.2 Certification/Registration/Licensure

Each employee's classification specification as adopted by the Board will include the certification or registration requirements for that classification, as necessary. The LCBDD will track and process certification and registration. The certification worksheet can be obtained from Human Resources. The Ohio Department of Developmental Disabilities (DODD) will process the Early Intervention and Superintendent classifications. The Ohio Department of Education (ODE) application is available on-line at the Ohio Department of Education website.

B. State Licensure

For positions requiring a license by a state licensing authority, each employee is required to obtain and maintain active license status for employment. Proof of active licensure is required to be submitted to Human Resource Department for inclusion in the personnel file.

C. Employee Responsibility for Proper Credentials.

The employee is responsible for obtaining the credentials required, and for the expenses not covered in training provided by the Board. Each employee's classification specification as adopted by LCBDD will include the certification or registration requirements for that classification, as necessary. For positions licensed by a state licensing authority, an applicant possessing or eligible for such license will be deemed eligible for employment. Employees are responsible for meeting the professional, educational, continuing education and/or experience requirements applying to their position in order to maintain the proper state required certifications, licensures and registrations.

Failure to maintain current certification/licensure/registration is grounds for immediate termination.

D. Rescission of Certificate/Registration or License

An employee holding a certificate or evidence of registration may have such certificate or evidence of registration denied, suspended or revoked by LCBDD, DODD or ODE if the Department determines that such employee is guilty of intemperate, immoral or other conduct unbecoming to the employee's position, is guilty of incompetence, negligence or abuse of enrolled individuals within the scope of the employee's duties, or the employee has been convicted of or plead guilty to any of the offenses listed in ORC 5126.28.

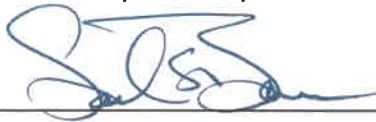
An employee holding a certificate or evidence of registration has a duty to timely report to the Superintendent any acts described above. Failure to make such a timely report may result in discipline up to and including termination. Upon receipt of information that any employee holding a certificate or evidence of registration may have committed any of the acts described above, the Superintendent shall make an appropriate notification to the Department who issued the license and/or certificate.

Ohio Department of Education's Office of Professional Conduct investigates allegations involving criminal convictions or conduct unbecoming the teaching profession and, if warranted, pursues disciplinary or remedial action against an educator's credentials or application for credentials.

Policy & Procedure: 5.1.2 Certification/Registration/Licensure

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

11-5-22

Date

Reviewed Date	Board Approved	Procedure Approved
08/27/2019	09/05/2019	08/27/2019
11/02/2020	11/05/2020	11/02/2020
11/08/2022	12/01/2022	11/08/2022



Board President

12-1-22

Date

Policy & Procedure: 5.1.3 Fitness for Duty

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Fitness for Duty

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	June 2026

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) desires all employees to succeed and perform to the best of their ability. Each employee needs to be "fit for duty" at all times. "Fit for duty" is a condition in which an individual is in a physical, mental, and emotional state which enables the performance of their job duties safely. Each employee is expected to perform 100 percent of the essential functions of the position listed in the job description in a responsible manner with or without reasonable accommodations and to work according to the appropriate Board-adopted calendar.

PROCEDURE

The LCBDD will administer the following procedures regarding fitness for duty:

- A. Evaluations may be required.** The Superintendent may require any employee to submit to a physical, drug screen and/or psychological examination at Board expense when, as a result of apparent medical problems or suspected drug and alcohol abuse, that employee is not performing the job in a satisfactory manner. Refusal by the employee to submit to examination or refusal to release the results of examination constitutes grounds for discipline, up to and including termination.

- B. Accommodations for Fitness for Duty.** If the results of the medical evaluations indicate the otherwise qualified applicant or employee has a disability as defined by the Americans with Disabilities Act, the Board will provide a reasonable accommodation to allow the applicant/employee to perform the essential functions of his/her job, unless no

Policy & Procedure: 5.1.3 Fitness for Duty

reasonable accommodation exists or it would cause an undue hardship for the Board.
Rule 123: 1-33-04 O.A.C.

C. Return to Work Following Prolonged Absence for Injury/Illness – Work Related

LCBBD allows for an employee to return to work at less than 100 percent if the employee is unable to perform the essential functions of the job. This is restricted to workers who have been injured on the job or have a medical condition, and who have a physician's approval to return to light or modified duty.

D. Return to Work Following Prolonged Absence for Injury/Illness – Non-Work-Related

Employees must be fit for duty but may work a shortened workday upon the recommendation of their physician and agreement thereto by the Superintendent. In such cases, employees must be able to perform 100 percent of the essential functions of their job, with or without a reasonable accommodation, as necessary, before they can return.

E. Management of Suspected Communicable Disease

Isolation procedures will be followed which include care in a room or portion of a room not being used for other types of programming and under the supervision of staff member. Strict sanitary and universal precautions will be followed. The supervisor will assist the staff member in securing an alternate form of transportation home. Return to work when a communicable disease is suspected will be contingent upon a doctor's statement disproving the communicable nature of the illness.

F. Restrictions related to pregnancy

In the event an employee experiences complication with her pregnancy, and is subject to medical restrictions from the treating health care provider that limit her ability to perform the functions of her job, the Board will work with the employee to enable her to continue working for the Board as considered reasonable by the Board, and subject to such medical restrictions.

**Policy & Procedure: 5.1.3 Fitness for Duty
IMPLEMENTATION**

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent

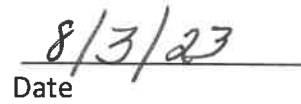


Date

Reviewed Date	Board Approved	Procedure Approved
08/27/2019	09/05/2019	08/27/2019
05/23/2023	08/03/2023	08/03/2023



Board President



Date

Policy & Procedure: 5.1.4

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Ability to Lift

Reviewing Department	Board Approval Policy Date	Effective Policy Date	Next Review Date Policy & Procedure
Administration	12/06/18	01/01/19	August 2019

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) developed this policy to help increase our employee(s) awareness, decrease injuries or risk of injuries and stress the importance of back safety because policies and procedures are key elements to a safe environment. LCBDD is dedicated to protecting its employees from on-the-job injuries and to being in compliance with PERRP (public employment risk reduction program).

All employees of LCBDD have the responsibility to work safely on the job to prevent injuries to self and others and prevent repetitive motion types of injuries to self during frequent and routine assistance in repositioning, transferring or otherwise moving individuals with disabilities and when lifting, pushing, pulling or handling materials.

PROCEDURE

Back safety awareness is extremely important due to the prevalence and potential severity of back injuries. Back disorders can develop gradually or can be the result of a single traumatic event. Sprains and strains are the most common causes of lower back pain. Improper lifting, pushing, pulling or lifting loads that are too heavy for the back to support, falling, or sports activities are a few examples of back injury causes. Of these, lifting improperly or lifting, pushing, pulling loads that are too heavy for the back to support is the largest single cause of back pain and injury.

Policy & Procedure: 5.1.4

A. Definitions

Minimal Assistance - Providing a light amount (less than 40 pounds) of steadying, shifting, guiding or offering a hand to someone who can perform most of the task independently. Minimal assistance is primarily assistance in balancing or overcoming inertia. In cases where there is more than just a light amount of lifting, pushing, pulling of product or material or assistance is required to move or transfer, an assessment should be recommended by the individual team.

Transfer – A procedure in which the individual bears part or all of the product or material weight and or body weight themselves OR part of the weight is supported by an assistive device (transfer board, walker)

1. Transfer Criteria

- a. Individual can bear some or all of their weight at least through one leg or both arms or assistive device is used to move product or material.
- b. Individual is co-operative and reliable to assist in their own transfer.
- c. Appropriate equipment is available.
- d. Suitable environment (space, surface heights, few distractions).
- e. Size and body proportions of individual are compatible.

Lift – A procedure in which the entire product or material weight and or body weight of the individual is supported by something or someone other than the individual's (ie: mechanical lifting device or caregiver)

Mechanical Lift – A mechanical device that can be used to pick up individuals who need to be transported from one location to another or equipment used to move product or material. This could include transporting from a wheelchair to a chair, bed or commode or the floor and back again.

B. Procedure Statement

It shall be the procedure of the Board that all transfers, lifts, repositions, assisted ambulation and handling of materials by lifting, pushing, or pulling will be performed using the safest techniques and equipment available to employees to accomplish the task.

In all transfers, employees will avoid manual handling in all situations where more than minimal assistance is needed to reposition or move an individual or handling (which consists of lifting, pushing, pulling) of materials. In instances where more than minimal assistance is needed, employees will utilize Board provided assistive devices, such as lifts, standing devices, walkers, gait belts, forklifts, pallet jacks, dollies, and carts to safely accomplish the task.

The Board recognizes that, on occasion, they may need to authorize an assessment by PT

Policy & Procedure: 5.1.4

or OT to determine the level of assistance needed by an individual and the most appropriate equipment to use and when to use it; this information will be included in the individual's Individual Service Plan (ISP).

The Board commits to providing the equipment needed to implement this policy to the extent possible within the budget.

Program directors will be responsible for seeing that maintenance and repair of the equipment used in their program occurs as necessary.

Department heads will assure that employees and substitutes who use the equipment in delivery of services receive training in its use and demonstrate competency in delivery of the service.

This policy and the procedures will be maintained, reviewed, and updated by the safety team at least annually whenever necessary to reflect new or modified procedures that affect issues related to back safety and lifting procedures.

The Safety Committee will review any injuries to individuals or employees, which occurred during lifting, pushing, pulling or transferring of individuals or objects and will make recommendations for a plan of correction if required to prevent further injuries.

1. Individuals who weigh over 40 pounds that are not able to transfer independently shall be transported with a mechanical lift or product. Materials weighing over 40 lbs. will be broken down below 40 lbs. or lifted with a mechanical device.
2. Lifting outside of this policy must be approved by the Superintendent. It can be allowed when it is determined that it would not be in the individual's best interest to use a mechanical lift.

Any time you are required to lift, push, or pull something make sure you are following proper moving techniques and using your legs instead of your back. If items being lifted, pushed, or pulled are more than 40 lbs., break them down to smaller weights (Example: 80 lb. bag of salt, purchase in 40 lb. bag or use a scoop to transfer half the bag into a 5-gallon bucket with a handle so it can be easily moved to the proper location.) If this is not possible, have another employee assist you with the lift, push, or pull. **Never lift, push, or pull more than 40 pounds by yourself and always use proper moving techniques.**

3. Compliance - It is the duty of the employee to take reasonable care of their own health and safety as well as that of co-workers and individuals during program hours. Non-compliance may indicate a need for retraining and or, depending on the

Policy & Procedure: 5.1.4

circumstance of the incident, a need for disciplinary action using the discipline procedures established by the LCBDD Board.

All staff who hold positions in which they are required to lift, carry, push, pull and move individuals or materials as an essential function of the position descriptions must participate in an in-service which stresses body mechanics, and safe techniques of lifting, carrying and moving. An annual review of these principles is required.

Job Descriptions will specify which positions must be physically able to lift, carry and move individuals or lift, carry, push, pull and move materials and which positions may be requested to assist to lift, carry and move individuals or lift, carry, push, pull and move materials.

C. Appropriate Dress Code for Lifting, Carrying and Moving Enrollees

1. Staff who are in a class, group or environment where they may be expected to lift or be involved in a behavioral intervention, must wear shoes with a flat, wide-base heel.
2. Jewelry of any type could be broken, grabbed or pulled by an enrollee, and/or could inhibit moving enrollees safely and should be carefully considered before being worn. The Board will not replace such items.
3. Loose clothing that could be caught in wheel chairs or braces and tight-fitting clothing that could limit movement should not be worn.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

1-10-19

Date

Policy & Procedure: 5.1.4

Reviewed Date	Board Approved	Procedure Approved

Policy & Procedure: 5.1.5 Delegated Nursing

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Delegated Nursing

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	August 2026

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) is committed to improving the quality of life for individuals with developmental disabilities and their families, wherever they chose to live, work, and spend their day. Delegated nursing allows the transfer of responsibility for the performance of a selected nursing task from a licensed nurse authorized to perform the task to an individual who does not otherwise have the authority to perform the task. A nursing task may be delegated to an unlicensed person only by a licensed nurse who shall delegate in accordance with OAC 4723-13-02. The LCBDD will ensure that we have, or contract with, a Registered Nurse trained to authorize delegated nursing and Medication Administration Quality Assurance Reviews.

Pursuant to Ohio Revised Code Section 5126.35(A), and in accordance with the authorization of that statute, the LCBDD hereby establishes a policy providing that designated unlicensed workers may give or apply prescribed medication to individuals in accordance with R.C. Sections 4723.77 to 4723.79 and policies established by the LCBDD.

The LCBDD recognizes that many individuals receive medication administration services from their providers, and that providers are responsible for following the rules of medication administration as outlined by the Ohio Administration Code 5123:2-6 and DODD.

The LCBDD will utilize a Registered Nurse to conduct Medication Administration Quality Assurance reviews on individuals as specified within the Ohio Administrative Code 5123:2-6 and DODD.

Policy & Procedure: 5.1.5 Delegated Nursing

PROCEDURE

A. Delegated Nursing

The LCBDD established procedures to ensure designated unlicensed workers are trained to give or apply prescribed medication to enrollees by doing the following:

1. Our registered nurse obtains certification to train the employees.
2. Our registered nurse provides the initial training for the unlicensed workers.
3. Training records are sent to Human Resources and enrolled in the Ohio DD state Data base.
4. Human Resources logs the training & files the record.

B. Medication Administration Quality Assurance Reviews

The LCBDD will utilize a registered nurse to conduct medication administration quality assurance reviews on individuals by doing the following:

1. Quality assurance reviews are completed every three years.
2. The quality assurance reviews are documented and filed with the SSA.
3. Annual meetings are set up with Service and Support Administrator (SSA) Director and any needed SSA staff to review and oversee compliance.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.

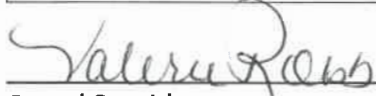


Krista Oldiges, Superintendent



Date

Reviewed Date	Board Approved	Procedure Approved
08/27/2019	09/05/2019	08/27/2019
09/29/2020		09/29/2020
08/08/2023	09/07/2023	09/07/2023

 9-7-23

Board President

Date

Policy & Procedure: 5.1.6 Rehiring Retired OPERS/STRS Members

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Rehiring Retired OPERS/STRS Members

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	September 2026

POLICY

Logan County Board of Developmental Disabilities (LCBDD) is an Equal Employment Opportunity (EEO) employer. If an employee retires and wants to be considered for rehire it will be taken into consideration in accordance with ORC 145.381. The LCBDD believes that maintaining qualified staff is a vital function to providing quality services. The Superintendent has the final discretion to determine the needs of the agency and to approve all requests to rehire after retirement. The Board has final discretion to approve request of the superintendent to rehire after retirement.


PROCEDURE

The purpose of this procedure is to establish uniform guidelines for rehiring employees that retire from the LCBDD.

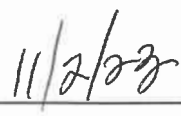
Procedures for Rehire shall follow ORC Section 145.38 – 145.385 Employment of retirant.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent



Date

Reviewed Date	Board Approved	Procedure Approved
11/15/2021	11/29/2021	11/15/2021
10/24/2023	11/02/2023	11/02/2023

Policy & Procedure: 5.1.6 Rehiring Retired OPERS/STRS Members

Valerie Rott
Board President

11-2-23
Date

Policy & Procedure: 5.1.7 Classification Status & Demotion

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Classification Status & Demotion

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	October 2026

POLICY

In accordance with ORC 124.34, the classified service shall comprise all Logan County Board of Developmental Disabilities (LCBDD) employees not specifically included in the unclassified service. Following completion of the probationary period, no classified employees shall be reduced in pay or position, fined, suspended or removed, or have his or her longevity reduced or eliminated, except and for those reasons set forth in the civil service laws of the State of Ohio. Such reasons include: incompetency, inefficiency, dishonesty, drunkenness, immoral conduct, insubordination, discourteous treatment of the public, neglect of duty, violation of any policy or work rule, any other failure of good behavior, any other acts of misfeasance, malfeasance or nonfeasance in office, or conviction of a felony.

A classified employee is paid on an hourly basis and is subject to the non-exempt provisions of the Fair Labor Standards Act. Ohio Civil Service Laws and the State Personnel Board of Review as a civil service employee, protection and benefits of civil service apply as defined in the Ohio Revised Code, Chapter 124.

This section does not apply to any modifications or reductions in pay or work week authorized by section 124.392, 124.393, or 124.394 of the Revised Code.

PROCEDURE

The LCBDD Business Director and Human Resource Director will work together to make sure all employees are in their proper classifications when dealing with pertinent issues such as promotion, demotion, abolishment and layoff.

A. Civil Service

Employment within the LCBDD is governed by Ohio Civil Service Laws. The civil service system consists of laws that control the employment of employees and it is based upon classifications of jobs based on similarity of job duties and the qualifications required to

Policy & Procedure: 5.1.7 Classification Status & Demotion

perform those job duties.

B. Classified

1. Full-Time Employee: Full-time employee means an employee whose regular hours of active duty total 36 – 40 hours in a seven (7) calendar day week on a year-round basis, or school year basis for employees assigned to the school. This may include any other position deemed full-time by the Board.
2. Part-Time Employee: An employee whose regular hours of active duty are less than 36 hours per week.

C. Unclassified

Unclassified employees serve at the pleasure of the LCBDD Superintendent and may be terminated or otherwise separated from employment for any reason not inconsistent with law. An unclassified employee may not be rendered classified due to the provisions of this Manual.

1. Management: Persons appointed by the Superintendent who may enjoy continuing or limited contracts per ORC 5126.21.
2. Intermittent (substitute) Employee: An employee who works up to a maximum of 1040 annual hours.

D. Demotion

Such change in classification may be related to a voluntary reduction or a disciplinary action. Any reduction will be in accordance with ORC 124.34

Policy & Procedure: 5.1.7 Classification Status & Demotion

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent




Date

Reviewed Date	Board Approved	Procedure Approved
08/27/2019	09/05/2019	08/27/2019
11/02/2020	11/05/2020	11/02/2020
10/24/2023	11/02/2023	11/02/2023



Valerie Ross
Board President



Date

Policy & Procedure: 5.1.8 Probationary Period

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Probationary Period

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	November 2026

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) requires new employee(s) to successfully complete a one-year probationary period. Time spent on inactive pay status (non-paid leave of absence) shall not be counted toward the completion of the probationary period. The probationary period allows the LCBDD to closely observe and evaluate the employee’s fitness and suitability for the position.

During the probationary period, an employee may be terminated at any time and for any reason. An employee terminated during the probationary period will be terminated without appeal rights. Any such termination shall not be subject to the grievance procedure of this agreement or to any other legal challenge.

The failure of a promoted or transferred employee to successfully complete a three-month probationary period due to unsatisfactory performance shall result in the employee being returned to the same or similar position they held at the time of his promotion.

PROCEDURE

The LCBDD will follow the guidelines below:

- A. Each newly hired or promoted employee will serve a probationary period.
- B. The length of the probationary period for each classification will be specified on the position description.
- C. If there is no probationary period specified on the position description the probationary period will be set at one year.
- D. Time spent on approved leaves of absence will not be counted as part of the probationary period.

Policy & Procedure: 5.1.8 Probationary Period

- E. Supervisors will use the probationary period to closely observe and evaluate the employee's performance and aptitude for the job. The employee is encouraged to bring problems to the supervisor for resolution in order to enhance his/her performance. Supervisors have a responsibility to recommend retention of only those employees who meet acceptable work standards during the probationary period.
- F. An employee may not be promoted during his original new hire probationary period. If an employee accepts a position in a different, lateral classification during his original probationary period, the employee must resign his current position in order to accept the new position and must serve an entire probationary period in the new classification.
- G. Evaluation - Probationary employees will be evaluated, at a minimum, at midpoint and again within 30 calendar days prior to the end of their probationary period. Full and appropriate records will be maintained. Should the employee be given a probationary removal before the end of the probationary period, the final evaluation will be made at the time of removal. Although the primary purpose of a probationary evaluation is to rate an employee's job performance uniformly and objectively, the evaluation serves several other purposes as well:
 - 1. By acting as a means of communication between employee and supervisor, it can reveal conditions that are contributing to poor morale or low productivity.
 - 2. It gives an employee an opportunity to identify and correct specific performance problems of which the employee may not have been aware.
 - 3. It serves as the means of determining job efficiency for probationary removal.
 - 4. The employee must sign the evaluation as an acknowledgement that the employee has seen and discussed the document with the supervisor. Employees should always be made aware that the signature does not signify agreement with the evaluation but is only an acknowledgement that it has been seen and discussed. Any points of disagreement should be expressed in writing by the employee in the space reserved for employee comments. No change in the rating is to be made after the form is signed by the employee. If the employee refuses to sign the evaluation, the supervisor must record the reasons and a witness should verify the employee's refusal in writing. If an employee has not been on the job for some time and is, therefore, not available for signature, the supervisor must clearly indicate this absence on the evaluation form. The employee must receive a copy of the rating in its final form after all other reviewers have made their comments, if any.
- H. Removal During Probationary Period – Initial - Probationary employees may be removed at any time during the initial service probationary period if the service is considered unsatisfactory. The removal cannot be effective after the final day of the probationary period.
- I. Subsequent Probationary Periods - If an employee's service is found to be unsatisfactory during the probationary period following promotion, a reduction is made to the classification held prior to the promotion. A probationary removal may not be given in

Policy & Procedure: 5.1.8 Probationary Period

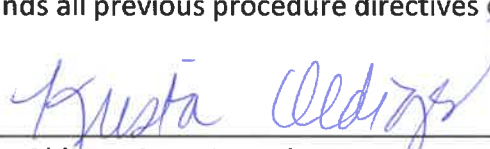
this case. However, an order of removal may be issued in accordance with the provision of the ORC 124.34. No probationary period is required following a demotion.

- 1. An employee who resigns during a probationary period is not eligible for reinstatement. The employee may be considered for new appointment. A new probationary period must be served if the person is appointed to the position for a second time.


- J. Lateral Transfers - lateral transfer of an employee are not recommended during the probationary period. A laterally transferred employee will serve a probationary period in the new position. The employee will not be removed if job performance in the new position is found to be unsatisfactory. The employee will, however, be returned to the former classification.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.

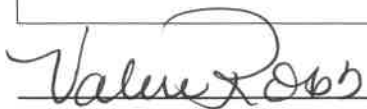


Krista Oldiges, Superintendent



Date

Reviewed Date	Board Approved	Procedure Approved
08/27/2019	09/05/2019	08/27/2019
11/30/2020	12/03/2020	11/30/2020
11/13/2023	12/07/2023	12/07/2023



Board President



Date

Policy & Procedure: 5.1.9 - ADA

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Americans with Disabilities Act

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	December 2023

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) prohibits discrimination in hiring, promotions, transfers, or any other benefit or privilege of employment, of any qualified individual with a permanent disability.

To be considered a qualified individual, the employee must satisfy the requisite skills, experience, education and other job-related requirements of the position he/she holds or desires and must be able to perform the essential functions of his/her position, with or without a reasonable accommodation.

The LCBDD will provide reasonable accommodation to a qualified applicant or employee with a disability unless the accommodation would pose an undue hardship on or direct threat to the facility.

Decisions as to whether an accommodation is necessary and/or reasonable shall be made on a case-by-case basis and may be verified by a medical professional.

PROCEDURE

An employee who wishes to request an accommodation shall direct such request to the Human Resource Director or the Business Director, each of whom shall have the authority and responsibility to investigate and take appropriate action concerning the complaint.

If otherwise-qualified applicants or employees with disabilities request reasonable accommodations and can safely and substantially perform the essential functions of a job without undue expense or other hardship to the program, the Board will take reasonable steps to accommodate their disability.


Policy & Procedure: 5.1.9 - ADA

- A. Requests for accommodation should be in writing to avoid confusion; however, verbal requests will be considered.
- B. The employer and employee will meet and discuss whether an accommodation is appropriate and, if applicable, the type of accommodation to be given.
- C. An individual with a disability must be qualified to perform the essential functions of the job. This means that the applicant or employee must:
 - 1. Satisfy the job requirements for education background, employment experience, skills, licenses, and any other qualification standards that are job-related; and
 - 2. Be able to perform those tasks that are essential to the job

Any employee who feels that his rights have been violated under this policy, or an employee who has witnessed discrimination, should submit a complaint as set forth in the Unlawful Discrimination and Harassment Policy section in this manual.

IMPLEMENTATION

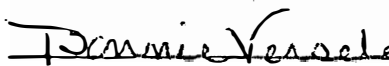
This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

01/19/2021
Date

Reviewed Date	Board Approved	Procedure Approved
01/29/2019	02/07/2019	01/29/2019
01/19/2021	02/04/2021	01/19/2021



Donnie Verselle
Board President

02/04/2021
Date

Policy & Procedure 5.1.10 Equal Employment Opportunity

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Equal Employment Opportunity (EEO)

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	January 2024

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age (40 years old or older), national origin, disability, military status, genetic testing, sexual orientation or other unlawful bias except when such a factor constitutes a bona fide occupational qualification (BFOQ) as defined in ORC 123. All Human Resources decisions and practices including, but not limited to, hiring, suspensions, terminations, layoffs, demotions, promotions, transfers, and evaluations, shall be made without regard to the above listed categories. The LCBDD will comply with federal (ORC 123:1-49) and state equal employment opportunity principles and other related laws.

The LCBDD condemns and will not tolerate any conduct that intimidates, harasses, or otherwise discriminates against any employee or applicant for employment on the grounds listed above.

PROCEDURE

Anyone who feels their rights have been violated under this policy or an employee who has witnessed a potential discriminator should submit a complaint or report of discrimination to the Human Resource Director at 937-292-3011 or the Business Director at 937-292-3031 each of who shall have the authority to investigate and, once approved by the Superintendent, take appropriate action concerning the matter. For procedures on complaint resolution, see "Complaint Resolution" section of this manual.

Policy & Procedure 5.1.10 Equal Employment Opportunity

IMPLEMENTATION

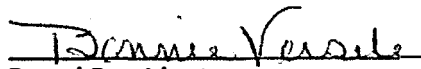
This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

01/25/2021
Date

Reviewed Date	Board Approved	Procedure Approved
11/26/2019	12/05/2018	12/06/2018
01/25/2021	02/04/2021	01/25/2021



Board President

02/04/2021
Date

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Volunteers & Interns

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	February 2024

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) believes that volunteers and interns provide a valuable service for persons with Developmental Disabilities. The time and talents offered by volunteers and interns greatly enhance and enrich the quality of services provided by the LCBDD.

It is important to distinguish between volunteering and an “official volunteer”. A person can volunteer their services without being an official volunteer. An official volunteer is a person who contacts the LCBDD to officially volunteer (providing a supervised ongoing direct service) their time to assist in an event or activities sponsored by the LCBDD. There are many people who volunteer their services without becoming an “official volunteer”. This policy addresses those people who officially volunteer their time and talents to assist the LCBDD with events and activities or programs.

PROCEDURE

The purpose of this procedure is to establish uniform guidelines for official volunteers and interns at the LCBDD.

A. Procedure

Volunteers and interns must complete an application and required background checks. The board will approve the volunteer, and they will receive a letter notifying them of the approval.

Volunteers and interns will comply with applicable LCBDD policies, including those relevant to any employee-individual relationships (i.e. behavior support, individual rights, confidentiality, etc.).

LCBDD may engage volunteers to provide supplementary services. However, the LCBDD shall not submit claims for Medicaid reimbursement for services provided by volunteers.

Policy & Procedure: 5.1.11 - Volunteers & Interns

The LCBDD shall ensure that volunteers are always under supervision of paid staff of LCBDD.

B. Volunteer Time

LCBDD employees cannot overtly direct or covertly imply that employees participate in any volunteer activities. The time in which an employee engages in volunteer activities outside normal work time will not be compensated. Employees will independently and freely determine their level of participation, if any, in volunteer activities related to the agency.

Employees may not volunteer to perform the same or similar duties that he/she performs during regular work hours.

The LCBDD shall ensure that volunteers who provide more than forty (40) hours of service working directly with individuals served by the county board during a calendar year receive training in:

1. The roles and responsibilities of the county board about services including person-centered planning, community participation and integration, self-determination, and self-advocacy.
2. The rights of individuals set forth in section 5123.62 to 5123.64 of the Revised Code.
3. The requirements of rule 5123:2-17-02 of the Administrative Code including a review of health and welfare alerts issued by the department.
4. An overview of emergency procedures.

C. Volunteer Requirements

Volunteers and interns must complete the following before providing volunteer services:

1. Volunteer Application (if under 18 a parent or guardian must sign)
2. Permission to Release Information
3. Acknowledgement of Right
4. Affidavit- this must be notarized. This attestation shows that he or she has not been convicted of or plead guilty to any of the offenses that would exclude them from volunteering and they agree to notify us within 14 calendar days if they are ever formally charged with, convicted of or plead guilty to any offenses.
5. Volunteer Job Description
6. Authorization for BCI Check no less than every 5 years. FBI also required if not a resident of Ohio for the past 5 years.
7. Copy of Ohio Driver's License
8. Proof of Automobile Insurance (primary over Board insurance)
9. Job Description Acknowledgement

D. Volunteer Background Checks

Policy & Procedure: 5.1.11 - Volunteers & Interns

The LCBDD Human Resource Department will complete the following before providing volunteer services:

1. Nurse Aide Registry
2. Fraud
3. Abuser Registry
4. Sex Offender and Child Victim Offender
5. Incarcerated and Supervised Offenders
6. SAM-System Awards Management- US General Service Administration
7. Unresolved Findings of Recovery

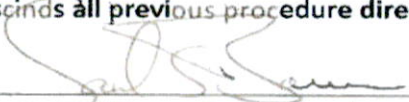
These will be done annually to verify no changes.

E. Record Retention

Volunteer and intern records will be maintained for three years after the termination of service as indicated in the record retention policy and procedure.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

02/22/2021
Date

Reviewed Date	Board Approved	Procedure Approved
2/26/2019	3/7/2019	2/26/2019
02/22/2021	03/04/2021	02/22/2021



Bonnie Verselle
Board President

03/04/2021
Date

5.1.12 Policy & Procedure: Appointment/reappointment of members to the Board

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Appointment/reappointment of members to the Board

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	11/29/2021	11/29/2021	11/01/2024

POLICY

The purpose of this policy is to define and establish a policy for the appointment/reappointment of members to the Logan County Board of Developmental Disabilities in accordance with the Ohio Revised Code (Chapter 5126).

PROCEDURE

A. Appointments and Reappointments

1. Each county board of developmental disabilities 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.
2. Appoint only individuals who are residents of the county the appointing authority serves, citizens of the United States, and interested and knowledgeable in the field of intellectual disabilities and other allied fields;
3. Appointments- County Commissioners (Section 5126.022)
If the appointing authority is a board of county commissioners, appoint at least two individuals who are eligible for services provided by the county board or are immediate family members of such individuals. The board of county commissioners shall, whenever possible, ensure that one of those two members is an individual eligible for adult services or an immediate family member of an individual eligible for adult services and the other is an immediate family member of an individual eligible for early intervention services or services for preschool or school-age children;
4. Appointments - Probate Judge (5126.022)
If the appointing authority is a senior probate judge, appoint at least one individual who is an immediate family member of an individual eligible for residential services or supported living;
5. Appoint, to the maximum extent possible, individuals who have professional training and experience in business management, finance, law, health care practice, personnel administration, or government service;
6. Provide for the county board's membership to reflect, as nearly as possible, the composition of the county that the county board serves.

5.112 Policy & Procedure: Appointment/reappointment of members to the Board

7. No individual may be appointed or reappointed to a county board of developmental disabilities unless the individual, before the appointment or reappointment, provides to the appointing authority a written declaration specifying both of the following:
 - (a) That no circumstance described in section 5126.023 of the Revised Code exists that bars the individual from serving on the county 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 county board, and, if such an ownership interest or contract exists, the identity of the agency and the nature of the relationship to that agency.
8. On appointment or reappointment of an individual to the county board, the appointing authority shall provide a copy of the individual's declaration to the superintendent of the county board. The declaration is a public record for the purpose of section 149.43 of the Revised Code.
9. Except for members appointed under section 5126.027 of the Revised Code to fill a vacancy, members of a county board of developmental disabilities shall be appointed or reappointed not later than the last day of November, commence their terms on the date of the stated annual organizational meeting in the following January as provided under section 5126.029 of the Revised Code, and serve terms of four years. The membership of an individual appointed as an immediate family member of a recipient of services shall not be terminated because the services are no longer received.

B. Reappointment

1. Except as otherwise provided in this section and section 5126.0218 of the Revised Code, a member of a county board of developmental disabilities may be reappointed to the county board. Prior to making a reappointment, the appointing authority shall ascertain, through written communication with the board, that the member being considered for reappointment meets the requirements of sections 5126.022 and 5126.0218 of the Revised Code.
2. A member who has served during each of three consecutive terms shall not be reappointed for a subsequent term until two years after ceasing to be a member of the county board, except that a member who has served for ten years or less within three consecutive terms may be reappointed for a subsequent term before becoming ineligible for reappointment for two years.
3. If, however, a county board experiences extenuating circumstances that would severely restrict the board from being able to fill a pending vacancy of a board member who will become ineligible for service on the board after serving three consecutive terms, the appointing authority may request a waiver from the director of developmental disabilities to allow that member to serve an additional four-year term subsequent to serving three consecutive four-year terms. The director shall determine if the extenuating circumstances associated with the board warrant the granting of such a waiver.

C. Filling a Vacancy

1. Within sixty days after a vacancy on a county board of developmental disabilities occurs, including a vacancy created under section 5126.0213 of the Revised Code, the appointing authority shall fill the vacancy for the unexpired term. Before filling a vacancy, the appointing authority shall cause a notice of the vacancy to be published on

5.112 Policy & Procedure: Appointment/reappointment of members to the Board

at least two separate dates in one or more newspapers serving the county or counties the county board serves.

2. A member appointed to fill a vacancy occurring before the expiration of the term for which the member's predecessor was appointed shall hold office for the remainder of that term.

D. Qualifications

1. Board members shall be knowledgeable in the field of developmental disabilities and the County Commissioners and Probate Judge are obligated, to the extent possible, to appoint members who have professional training and experience in business management, finance, law, health care practice, personnel administration, or government service.
2. Pursuant to OAC 5123:2-1-13 each Board member shall attend at least one in-service training session provided by or approved by ODODD. These training sessions should total not less than four units each year. A unit is fifty minutes of instruction. In their first year of service, board members appointed prior to April 1st must attend a minimum of four units of in-service training; those appointed after March 31st but prior to July 1st, three units; those appointed after June 30th but prior to October 1st, two units; and those appointed after September 30th but prior to the succeeding January 1st, one unit. A member shall be considered present at an in-service even though the member is not physically present in the room if the member is connected to the session through a system that enables the member to communicate with the individuals in the session and such individuals can communicate with that member (5126.0210).

E. Term

1. As used in this section, "immediate family member" means a spouse, parents, brothers, sisters, sons, daughters, mothers-in-law, fathers-in-law, brothers-in-law, sisters-in-law, sons-in-law and daughters-in-law.
2. All appointments shall be for terms of four years. A member who has served during each of three consecutive terms shall not be reappointed for a subsequent term until two years after he/she ceases to be a member of the county board. A member who has served for ten years or less within three consecutive terms may be reappointed for a subsequent term before becoming ineligible for reappointment for two years (5126.026).
3. The membership of a person appointed, as the immediate family member of a recipient of services shall not be terminated because the services are no longer received or in the event of the child's death.
4. Within sixty days after a vacancy occurs, it shall be filled by the appointing authority for the un-expired term (5126.025). Appointment, other than an appointment to fill a vacancy, shall be made no later than the last day of November of each year and the term of office shall commence on the date of the stated annual organizational meeting. The Board will assist the appointing authority to publish an ad regarding any vacancy on at least two separate dates in one or more newspapers serving the county.
5. Board members shall serve without compensation but shall be reimbursed for necessary expenses incurred in the conduct of board business, including those incurred within the county of residence (5126.028).

F. Persons Disqualified to Be Board Members (5126.023)

1. The following individuals shall not serve as members of county boards of developmental disabilities services:
 - a. Elected public officials, except for those excluded from the definition of public official or employee in division (8) of Section 102.01 of the Revised Code;
 - b. Members of the immediate family of another Board member;
 - c. Board employees and members of the immediate family of board employees;
 - d. Former Board employees whose employment ceased less than four calendar years before they would begin to serve as a member of the Board; and
 - e. Former employees of another County Board whose employment ceased less than two years before they would begin to serve as a member of the Board.
2. Person may not serve as a member of a county board of developmental disabilities services when either he/she or a member of his/her immediate family is a Board member of a contract agency of that county board unless there is no conflict of interest. In no circumstance shall a member of a county board vote on any matter before the Board concerning a contract agency of which he/she or a member of his/her immediate family is also a board member or an employee. All questions relating to the existence of a conflict of interest shall be submitted to the local prosecuting attorney and the Ohio Ethics Commission for resolution.
3. No employee of an agency contracting with a county board of developmental disabilities services or member of the immediate family of such an employee shall serve as a board member or an employee of the county board except that a county board may, pursuant to a resolution adopted by the Board, employ a member of the immediate family of an employee of an agency contracting with the Board.
4. No person shall serve as a member or employee of a county board of developmental disabilities services if a member of his/her immediate family serves as a county commissioner of the county served by the Board unless the person was a member or employee prior to October 31, 1980.
5. A county board of developmental disabilities services shall not contract with an agency whose board includes a county commissioner of the county served by the county board or an employee of the same county board.

E. Organization of the Board (5126.029)

1. The county board shall hold an organizational meeting no later than the thirty-first (31) day of January of each year and shall elect as officers, a president, a vice-president, and recording secretary. The county board shall document the result of the annual organizational meeting and forward it to the Ohio Department of Developmental Disabilities.
2. The county board shall meet at least ten times annually in regularly scheduled sessions in accordance with section 121.22 of the Revised Code, excluding in-service training sessions. A majority of the county board constitutes a quorum. The county board shall adopt rules for the conduct of its business and a record shall be kept of board meetings, which shall be open for public inspection.

IMPLEMENTATION

2021

SA, 12 Policy & Procedure: Appointment/reappointment of members to the Board

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.

Saul Bauer, Superintendent

Date

Reviewed Date	Board Approved	Procedure Approved
	11/29/2021	11/29/2021

Valerie Rott

Board President

11-29-21

Date

Policy & Procedure: 5.2.1 - Outside Employment

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Outside Employment

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	March 2021

POLICY

It is the policy of The Logan County Board of Developmental Disabilities (LCBDD) that no employee shall have outside employment which creates a conflict of interest in any manner with the employee's ability to properly and efficiently perform his/her duties and responsibilities with the LCBDD. Prior to an employee engaging in outside employment, paid or unpaid, they must notify the Superintendent in writing.

PROCEDURE

Employees are strictly prohibited from engaging in or conducting outside work, whether paid or unpaid, during scheduled working hours and are prohibited from using any LCBDD resources for engaging in work other than work sanctioned by LCBDD. The procedures for outside employment are as follows:

- A.** Under no circumstances will an employee have other employment that conflicts with the policies, objectives and operations of the Board.
- B.** Employment "conflicts," under this policy, are defined as impairment of the ability to perform the duties of the employee's position with the Board. Two common employment conflicts that may arise are:
 - 1. Time Conflict - Defined as when the working hours required of a "secondary job" directly conflict with the scheduled working hours of an employee's job with the Board; or when the demands of a secondary job prohibit adequate rest, thereby adversely affecting the quality standard of the employee's job performance with the Board.


Policy & Procedure: 5.2.1 - Outside Employment

2. Interest Conflict - Defined as when an employee engages in outside employment which tends to compromise judgment, actions and/or job performance with the Board or which impairs the Board's reputation in the community.
- C. Employment with the Board is considered the employee's primary occupation, taking precedence over all other occupations.
 - D. "Outside" employment, or "moonlighting" is a concern to the Superintendent only if it adversely affects the job performance of the employee's duties with the Board or constitutes a conflict of interest.
 - E. Should the Superintendent feel that an employee's outside employment is adversely affecting the employee's job performance, the Superintendent may request that the employee refrain from such activity. Any conflict, policy infraction, or other specific offense, which is the direct result of an employee's participation in outside employment, will be disciplined in accordance with the policies set forth in this policy.
 - F. A non-managerial employee can work for a contract agency providing:
 1. the Checklist for Review of Outside employment is completed and approved by the Ethics Committee and the Superintendent.
 2. There is no direct services conflict of "time", "interest" or "contract"
 3. the direct services are not related to their LCBDD position description
 4. the employee does not have capacity to influence the award of the contract
 5. services to an enrollee have prior approval from the Superintendent and the Board's Ethics Council. Ref. ORC 5126.40-5126.47 and section 5126.11.
 6. the services are desired and needed by the individual and the employee is the best provider of the services.
 - G. Employees are prohibited from engaging in secondary employment while on sick leave, disability leave, family medical leave or any paid leave used in lieu of sick leave.

Policy & Procedure: 5.2.1 - Outside Employment

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

01/29/2019

Date

Reviewed Date	Board Approved	Procedure Approved
01/29/2019	12/06/2018	01/29/2019

Board President

Date

Policy & Procedure: 5.2.2 - Ethics

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

Ethics

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/19	01/01/19	April 2024

POLICY

To maintain the integrity of the Logan County Board of Developmental Disabilities (LCBDD) and the confidence that the public has in the Board, it is essential that all LCBDD employees maintain the highest possible ethical and moral standards and conduct themselves within the laws of the State of Ohio.

The proper operation of a democratic government requires that the actions of public officials and employees be impartial, that government decisions and policies be made through the proper channels of governmental structure, that public office not be used for personal gain, and that the public have confidence in the integrity of its government. Ohio Revised Code §§ 102.03 and 2921.42 prohibit public employees from using their influence to benefit themselves or their family members.

PROCEDURE

In recognition of the above-listed requirements of proper operation, the following is established for all LCBDD officials and employees:

- A.** No employee shall use his/her official position for personal gain or shall engage in any business or shall have a financial or other interest, direct or indirect, which conflicts with the proper termination of his/her official duties.
- B.** No employee shall, without proper legal authorization, disclose confidential information concerning the property, government or affairs of the LCBDD, nor shall he/she use such information to advance the financial or other private interest of him/herself or others.
- C.** No employee shall accept any valuable gift, as defined in ethics law, whether in the form of service, loan, item or promise from any person served by the board, firm or corporation that is interested directly or indirectly in any manner whatsoever in business dealings with the LCBDD; nor shall an employee accept any gift, favor or item of value that may tend to influence the employee in the termination of his/her duties or grant, in the termination of the employee's duties any improper favor, service or item of value. State law prohibits

Policy & Procedure: 5.2.2 - Ethics

LCBDD employees and officials from having a financial interest in companies that do business with public agencies, with minor exceptions.

No employee of the LCBDD may be employed by any contractor or service provider to the LCBDD unless certain requirements are approved by the ethics Council and the Superintendent.

Employees who have any doubt concerning a possible violation of these statutes are required to report the potential conflict to the Superintendent. Employees may also consult an attorney but must also report any conflicts to the Superintendent.

Any employee having doubt as to the applicability of these provisions should consult his supervisor or legal counsel.

- D.** No employee shall represent private interests in any action or proceeding against the interest of the LCBDD in any matter wherein the LCB DD is a party.
- E.** No employee shall engage in or accept private employment or render services for private interests when such employment or service is incompatible with the proper termination of his/her official duties or would tend to impair his/her independent judgment or action in the performance of his/her official duties. Neither shall other employment, private or public, interfere in any way with the employee's regular, punctual attendance and faithful performance of his/her assigned job duties. The Superintendent must approve all outside employment.

Any such arrangements must be reported to the employee's immediate supervisor in writing in advance so that a determination about any potential conflict of interest may be made.

The following activities are strictly prohibited under this procedure:

1. Engaging in secondary employment while on sick leave, disability leave, or family medical leave
 2. Engaging in or conducting outside private business during scheduled work hours
 3. Engaging in or conducting outside private business while wearing a county uniform, ID badge, or while making any representation that the private business is associated with the county
- F.** Any employee who is employed or engaged in work for pay by an individual served or by their family, the LCBDD must conduct such work through an employment agency and shall not be an employee of the LC BDD.
 - G.** If an individual served by the LCBDD is hired by an employee, to comply with all applicable federal, state and local regulations, it is suggested that the services of the individual be arranged through an agency. The payment of services to a program individual will be billed


Policy & Procedure: 5.2.2 - Ethics

to the appropriate LCBDD employee through the agency to insure the proper payment and/or deductions of all taxes.

- H. Remuneration at the usual or prevailing wage is expected for program participants who perform work for the Board employee.
- I. All employment of program participants by Board employees must be reported in writing to their supervisor.
- J. Employees cannot use Board property except in the proper performance of the employee's assigned duties.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

04/19/2021
Date

Reviewed Date	Board Approved	Procedure Approved
01/29/2019	02/07/2019	01/29/2019
04/19/2021	02/07/2019	04/19/2021

Board President

Date

Policy & Procedure: 5.2.3 - Drug and Alcohol

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Drug and Alcohol

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	May 2021

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) has a longstanding commitment to provide a safe, quality-oriented, and productive work environment. Alcohol and drug abuse poses a threat to the health and safety of LCBDD employees and to the security of the services we provide and the people we serve. For these reasons, the LCBDD is committed to the elimination of drug and alcohol use and abuse in the workplace. This policy and procedure is in place to help provide a workplace free of alcohol and drugs and to take reasonable measures to ensure that employee alcohol or drug abuse does not exist. A successful policy will combine education, counseling, assistance and/or discipline. An employee assistance program is available, and inquiries are held in confidence by the LCBDD.

PROCEDURE

A. Drug-Free Workplace

Alcoholism and drug addiction are treatable diseases. Therefore, employees who believe that they may have an alcohol or drug addiction problem are encouraged to seek professional treatment and assistance. The LCBDD will assist and support employees who voluntarily seek help for drug or alcohol problems before becoming subject to discipline or termination under this or other policies. A request for assistance or treatment prior to detection will not jeopardized an employee’s job. Also, the employee’s right to confidentiality and privacy will be recognized in such cases. The LCBDD will reasonably accommodate a recovering employee’s alcohol or drug addiction in accordance with federal and state law.

Treatment pursuant to this accommodation policy will not result in any special regulations, privileges, or exemptions from standard administrative procedures, practices, or policies including disciplinary action. The LCBDD may take disciplinary action for any violations of work rules, regardless of the effect of alcohol or drug abuse. Nothing in this policy shall be construed to condone or exonerate employees from their misconduct or poor performance resulting from a drug or alcohol problem.

The LCBDD maintains a drug and alcohol-free workplace to eliminate the inherent risks and liability to the affected employee, co-workers, the LCBDD and the public. Employees are hereby notified that the manufacture, distribution, dispensing, possession, use or

Policy & Procedure: 5.2.3 - Drug and Alcohol

being under the influence of alcohol, drugs or other controlled substance is strictly prohibited during working hours at any location where employees are conducting LCBDD business. Also prohibited is the illegal use of legal substances.

To further the LCBDD's objective of maintaining a safe, healthy, and drug-free workplace, the LCBDD may require an employee to submit to a urine and/or blood test if there is reasonable suspicion to believe that an employee is under the influence of a controlled substance or alcohol. Refusal to submit to a drug or alcohol test and/or to release the results of the same shall be considered insubordination and will be construed as a positive test result and may result in termination.

Employees are hereby notified that an employee who is under the influence of drugs or alcohol may forfeit their right to obtain workers compensation benefits. The law establishes a rebuttable presumption that if an injured worker tests positive for the use of drugs or alcohol, the worker will have to prove the use of drugs or alcohol did not cause the accident or incident. A refusal to test for the use of drugs or alcohol will also establish the presumption. Employees who are involved with a workplace accident or incident may be required to undergo drug and/or alcohol testing in accordance with this policy.

B. Drug Policy

1. **Controlled Substance:** Means any controlled substance contained in Schedules 1 through 5 of Section 202 of the Controlled Substance Act (21 U.S.C. § 812; or as defined in § 3719.01 O.R.C.).
2. **Conviction:** Means any finding of guilt, including a plea of *nolo contendere* (no contest) or the imposition of a sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.
3. **Criminal Drug Statute:** Means a criminal statute involving manufacture, distribution, dispensation, use, or possession of any controlled substance. For purposes of this policy all definitions will be consonant with O.R.C. §3719.01 *et seq.*
4. The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by any employee which takes place in whole or in part in the employer's work place is strictly prohibited and will result in criminal prosecution and employee discipline which may include termination from employment.
5. Any employee convicted of any Federal or State criminal drug statute must notify the employer of that fact within five (5) calendar days of the conviction.
6. Any employee who reports for duty in an altered or impaired condition which is the result of the illegal use of controlled substances and/or alcohol will be subject to disciplinary action up to and including removal. Any decision to take disciplinary action may be held in abeyance pending the completion by the employee of a drug rehabilitation program.
Any employee convicted of a drug or alcohol offense, who fails to timely report the conviction, may be terminated from employment and/or held civilly liable for any damage caused, including a loss of state or federal funds, resulting from the misconduct.

Policy & Procedure: 5.2.3 - Drug and Alcohol

7. The Superintendent may require any employee to submit to a physical, drug screen and/or psychological examination at Board expense when, because of apparent medical problems or suspected drug and alcohol abuse, that employee is not performing the job in a satisfactory manner. Refusal by the employee to submit to examination or refusal to release the results of examination constitutes grounds for discipline, up to and including termination.

C. The Drug/Alcohol Testing Policy and Conditions for Drug Screens.

1. Pre-Employment

New hires are required to have a pre-employment physical and drug screen. Their offer of employment is contingent upon successful completion

- a. To maintain a safe and healthy work environment, the LCBDD reserves the right to set standards for employment and to require employees to submit to physical examinations including blood or urine tests for alcohol, illegal drugs, or the misuse of legal drugs where there is reasonable suspicion that an employee's work performance is, or could be, affected by the condition.
- b. Employment Physical, TB Test and Drug Screen. A medical exam by a qualified physician is required of all employees upon employment at Board expense in accordance with Ohio Administrative Code 5123:2-1-02. The examinations may include such tests as determined for job-related duties of the position. Results from a physical within six (6) months of employment will be accepted.

2. Reasonable Suspicion

When the LCBDD has a reasonable suspicion to believe that the employee is in violation of this policy, it may require the employee to go to a medical clinic or other testing site, at the LCBDD's expense, to provide blood and/or urine specimens. Reasonable suspicion shall generally mean, but is not limited to, suspicion based on personal observation by a LCBDD's representative, including descriptions of appearance, behavior, speech, breath, or inexplicable behavior. If the Superintendent has reasonable suspicion that the Drug Free Workplace Act has been violated by an employee, the Superintendent can require that such an employee undergo drug/alcohol testing.

- a. If the employee refuses such testing, the employee will immediately be terminated with cause.
- b. If the employee complies and the test is positive, the terms of Drug Free Workplace Compliance Procedure Section will apply.
- c. If requested, the employee shall sign a consent form authorizing the clinic to withdraw a specimen of blood or urine and release the test results to the LCBDD. Refusal to sign a consent form or to provide a specimen will constitute insubordination and a presumption of impairment and may result in termination.
- d. Any employee who tests positive may request retesting of the original specimen at their own expense.
- e. Dependent on the circumstances and the nature of the employee's position an employee who tests positive for illegal substance abuse or misuse of legal drugs and/or alcohol may be subject to discipline, up to and including termination. If discipline less than termination is taken the employee will be offered rehabilitation through the Employee Assistance Program. Costs related to the

Policy & Procedure: 5.2.3 - Drug and Alcohol

rehabilitation shall be paid by the employee. Employees must take available, accumulated, paid or unpaid leave during their absence. Failure to fully participate in or successfully complete such a rehabilitation program may result in further disciplinary action.

- f. Employees who return to work after the successful rehabilitation will be subject to random drug tests for a period of two years from the date of their return.
 - g. Employees subject to random drug tests who refuse to participate in the drug/alcohol testing and/or rehabilitation program or who continue to test positive for substance abuse will face additional disciplinary action, up to and including removal.
3. Post-Accident

Post-Accident: Within 2 hours of the accident and in accordance with provisions of the Federal Motor Carrier Safety Regulations (FMCSR) Part 391, Subpart H., an accident report must also be completed and turned into supervisor with full details of accident. Failure to comply within the two-hour period may result in disciplinary action up to and including termination.

Any employee involved in an accident may be subject to post-accident alcohol and drug/alcohol testing. Refusal to consent to testing or to provide a specimen will constitute insubordination and a presumption of impairment and may result in termination.

4. Random

The board will have random drug and alcohol screening for all board employees who operate program vehicles on a regular basis. The Random Drug Screen Program is operated by Corporate Health Services, Bellefontaine, Ohio.

- a. Employees who are required to hold a commercial driver's license (CDL) will be required to participate in the LCBDD's drug and alcohol testing program as required by federal law which includes pre-employment testing, post-accident testing, random testing, reasonable suspicion testing, and return-to-work testing. Policies and procedures for these programs will be consistent with federal law and will be made available to employees required to hold CDL's and their supervisors.
- b. Employees subject to random drug tests who refuse to participate in the drug/alcohol testing and/or rehabilitation program or who continue to test positive for substance abuse will face additional disciplinary actions, up to and including removal.
- c. Annual Physical Examination for some Classifications. Bus and truck drivers must have annual physical examinations and drug screens at Board expense in compliance with the rules established by the Ohio Department of Transportation and/or the Ohio Department of Education.

Policy & Procedure: 5.2.3 - Drug and Alcohol

D. Discipline

The LCBDD may discipline an employee, up to and including termination, for any violation of this policy. Nothing herein shall be construed as a guarantee that the LCBDD will offer an opportunity for rehabilitation. Failure to successfully complete or participate in a prescribed rehabilitation program, if offered, may result in the employee's termination [including a refusal to test or a positive test result on a return to duty or follow-up test]. No employee shall be provided more than one opportunity at rehabilitation. The LCBDD's decision whether to terminate an employee shall be made based on the circumstances surrounding the employee's positive drug or alcohol test and considerations such as any other misconduct resulting from the employee's substance abuse (e.g. injury, property damage, etc.) the employee's work record, and other factors traditionally considered when determining whether to retain an employee.

E. Refusal to Test

Employees who refuse to submit to the required testing shall be subject to disciplinary action up to and including termination. A refusal to test for purposes of this policy shall include:

1. Failure to provide a sufficient sample provided there does not exist a valid medical explanation as to why the employee was unable to do so;
2. Any conduct that attempts to obstruct the testing process such as unavailability, adulteration or other attempts to alter a sample, leaving the scene of an accident without proper authorization, or a delay in providing a sample; and
3. Failure to execute or release forms required as part of the testing process.

F. Prescription/OTC Medications

Employees must inform the LCBDD if they are taking any medication that may impair their ability to perform their job. Employees on such medications must provide a written release from their treating licensed medical practitioner indicating that they can perform their essential job functions, with or without reasonable accommodation. Employees are prohibited from performing any LCBDD function or duty while taking legal drugs that adversely affect their ability to safely perform any such function or duty.

Employee use of prescription or over-the counter drugs must be utilized for medical reasons, taken at the dosage and frequency of use prescribed on the label, and, in the case of prescription drugs, prescribed to employees for medical reasons by a licensed medical practitioner. An employee's use of the prescription or over-the-counter drugs must not negatively affect the employee's job performance, threaten the safety, productivity, public image or property of the LCBDD or its employees, or result in criminal behavior.

Ohio's medical marijuana law took effect on September 8, 2016. Under Ohio's new law, employers are not required to permit or accommodate employees' use, possession, or distribution of medical marijuana. Notwithstanding the legality of medical marijuana in Ohio, **marijuana in any form and for any purpose, is still illegal under federal law (the Controlled Substances Act) and is still classified as a Schedule 1 controlled substance.**

Policy & Procedure: 5.2.3 - Drug and Alcohol

The LCBDD has a zero-tolerance policy for employees who are under the influence of drugs and alcohol while at work. The LCBDD will contest approval of any unemployment claims resulting in termination because this policy was violated.

G. Drug Free Workplace

As a condition of employment, each employee will abide by the terms of the drug-free workplace policy.

Any employee who tests positive may request retesting of the original specimen at their own expense.

Use of alcoholic beverages, drugs or any other controlled substance by staff or enrollees while participating in a Board-sponsored/related program or activity that involves persons enrolled for services with the LCBDD is prohibited.

An employee convicted (for purposes of this policy pleading guilty or no contest has the same effect as a conviction) of violating a criminal drug statute or convicted of violating a drug-alcohol statute that results in a misdemeanor of the first degree and a felony on subsequent offenses will provide written documentation to the Superintendent within five working days.

Within 10 days of receiving actual notice that an employee has been convicted of any of the above-mentioned violations, the Board is required by the federal Drug-Free Workplace Act to notify the Ohio Department of Developmental Disabilities of this fact.

H. Required Board and Employee Action

Within 30 days of receipt of such notice, the Board shall:

1. Terminate the employee with cause if the conviction is for dispensing, trafficking, distributing, or manufacturing.
2. Require such employee to satisfactorily complete a drug/alcohol abuse assistance program or rehabilitation program of the Board's choosing if the conviction is for possession, under the influence of, or using.
 - a. Failure to satisfactorily complete the program will result in termination with cause of the employee.
 - b. As a further condition of employment, the employee must agree to random drug/alcohol testing for a period of 24 months upon their successful completion of the program and return to work.
 - c. Any further convictions will result in termination with cause.

Policy & Procedure: 5.2.3 - Drug and Alcohol

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

05/26/2021

Date

Reviewed Date	Board Approved	Procedure Approved
01/29/2019	12/06/2018	01/29/2019
05/26/2021	06/03/2021	05/26/2021



Board President

06/03/2021

Date

Policy & Procedure: 5.2.4 Smoke & Tobacco Product Free

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Smoke & Tobacco Product - Free

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	June 2024

POLICY

To protect the health, safety, and comfort of clients, employees, customers, and visitors of the Logan County Board of Developmental Disabilities (LCBDD) no use of tobacco or cannabis products, including cigarettes, smokeless tobacco, and electronic cigarettes, is permitted within the facilities or on the property of the LCBDD at any time. Employees, persons enrolled, and visitors are prohibited from using tobacco products in the buildings or on the property of the LCBDD. This policy is consistent with sections 3794.02, 3791.031 and 3313.751 of the ORC.

PROCEDURE


This restriction applies to cigarettes, E-cigarettes, cigars, pipes, chewing tobacco, snuff, vaping, cannabis products, etc. LCBDD property refers to all parts of the LCBDD offices, Discovery Center and warehouse, vehicles, parking lots, driveways, grounds and private vehicles parked on LCBDD property.

During working hours, employees are not permitted to leave grounds for the purposes of circumventing this policy.

Employees violating this policy shall be subject to progressive disciplinary action.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

8/18/2021
Date

Policy & Procedure: 5.2.4 Smoke & Tobacco Product Free

Reviewed Date	Board Approved	Procedure Approved
02/26/2019	03/07/2019	02/26/2019
08/02/2021	08/02/2021	08/02/2021



Board President

9-2-21
Date

Policy & Procedure: 5.2.3 - Drug and Alcohol

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Drug and Alcohol

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	May 2021

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) has a longstanding commitment to provide a safe, quality-oriented, and productive work environment. Alcohol and drug abuse poses a threat to the health and safety of LCBDD employees and to the security of the services we provide and the people we serve. For these reasons, the LCBDD is committed to the elimination of drug and alcohol use and abuse in the workplace. This policy and procedure is in place to help provide a workplace free of alcohol and drugs and to take reasonable measures to ensure that employee alcohol or drug abuse does not exist. A successful policy will combine education, counseling, assistance and/or discipline. An employee assistance program is available, and inquiries are held in confidence by the LCBDD.

PROCEDURE

A. Drug-Free Workplace

Alcoholism and drug addiction are treatable diseases. Therefore, employees who believe that they may have an alcohol or drug addiction problem are encouraged to seek professional treatment and assistance. The LCBDD will assist and support employees who voluntarily seek help for drug or alcohol problems before becoming subject to discipline or termination under this or other policies. A request for assistance or treatment prior to detection will not jeopardize an employee's job. Also, the employee's right to confidentiality and privacy will be recognized in such cases. The LCBDD will reasonably accommodate a recovering employee's alcohol or drug addiction in accordance with federal and state law.

Treatment pursuant to this accommodation policy will not result in any special regulations, privileges, or exemptions from standard administrative procedures, practices, or policies including disciplinary action. The LCBDD may take disciplinary action for any violations of work rules, regardless of the effect of alcohol or drug abuse. Nothing in this policy shall be construed to condone or exonerate employees from their misconduct or poor performance resulting from a drug or alcohol problem.

The LCBDD maintains a drug and alcohol-free workplace to eliminate the inherent risks and liability to the affected employee, co-workers, the LCBDD and the public. Employees are hereby notified that the manufacture, distribution, dispensing, possession, use or

Policy & Procedure: 5.2.3 - Drug and Alcohol

being under the influence of alcohol, drugs or other controlled substance is strictly prohibited during working hours at any location where employees are conducting LCBDD business. Also prohibited is the illegal use of legal substances.

To further the LCBDD's objective of maintaining a safe, healthy, and drug-free workplace, the LCBDD may require an employee to submit to a urine and/or blood test if there is reasonable suspicion to believe that an employee is under the influence of a controlled substance or alcohol. Refusal to submit to a drug or alcohol test and/or to release the results of the same shall be considered insubordination and will be construed as a positive test result and may result in termination.

Employees are hereby notified that an employee who is under the influence of drugs or alcohol may forfeit their right to obtain workers compensation benefits. The law establishes a rebuttable presumption that if an injured worker tests positive for the use of drugs or alcohol, the worker will have to prove the use of drugs or alcohol did not cause the accident or incident. A refusal to test for the use of drugs or alcohol will also establish the presumption. Employees who are involved with a workplace accident or incident may be required to undergo drug and/or alcohol testing in accordance with this policy.

B. Drug Policy

1. **Controlled Substance:** Means any controlled substance contained in Schedules 1 through 5 of Section 202 of the Controlled Substance Act (21 U.S.C. § 812; or as defined in § 3719.01 O.R.C.).
2. **Conviction:** Means any finding of guilt, including a plea of *nolo contendere* (no contest) or the imposition of a sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.
3. **Criminal Drug Statute:** Means a criminal statute involving manufacture, distribution, dispensation, use, or possession of any controlled substance. For purposes of this policy all definitions will be consonant with O.R.C. §3719.01 *et seq.*
4. The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by any employee which takes place in whole or in part in the employer's work place is strictly prohibited and will result in criminal prosecution and employee discipline which may include termination from employment.
5. Any employee convicted of any Federal or State criminal drug statute must notify the employer of that fact within five (5) calendar days of the conviction.
6. Any employee who reports for duty in an altered or impaired condition which is the result of the illegal use of controlled substances and/or alcohol will be subject to disciplinary action up to and including removal. Any decision to take disciplinary action may be held in abeyance pending the completion by the employee of a drug rehabilitation program.
Any employee convicted of a drug or alcohol offense, who fails to timely report the conviction, may be terminated from employment and/or held civilly liable for any damage caused, including a loss of state or federal funds, resulting from the misconduct.

Policy & Procedure: 5.2.3 - Drug and Alcohol

7. The Superintendent may require any employee to submit to a physical, drug screen and/or psychological examination at Board expense when, because of apparent medical problems or suspected drug and alcohol abuse, that employee is not performing the job in a satisfactory manner. Refusal by the employee to submit to examination or refusal to release the results of examination constitutes grounds for discipline, up to and including termination.

C. The Drug/Alcohol Testing Policy and Conditions for Drug Screens.

1. Pre-Employment

New hires are required to have a pre-employment physical and drug screen. Their offer of employment is contingent upon successful completion

- a. To maintain a safe and healthy work environment, the LCBDD reserves the right to set standards for employment and to require employees to submit to physical examinations including blood or urine tests for alcohol, illegal drugs, or the misuse of legal drugs where there is reasonable suspicion that an employee's work performance is, or could be, affected by the condition.
- b. Employment Physical, TB Test and Drug Screen. A medical exam by a qualified physician is required of all employees upon employment at Board expense in accordance with Ohio Administrative Code 5123:2-1-02. The examinations may include such tests as determined for job-related duties of the position. Results from a physical within six (6) months of employment will be accepted.

2. Reasonable Suspicion

When the LCBDD has a reasonable suspicion to believe that the employee is in violation of this policy, it may require the employee to go to a medical clinic or other testing site, at the LCBDD's expense, to provide blood and/or urine specimens. Reasonable suspicion shall generally mean, but is not limited to, suspicion based on personal observation by a LCBDD's representative, including descriptions of appearance, behavior, speech, breath, or inexplicable behavior. If the Superintendent has reasonable suspicion that the Drug Free Workplace Act has been violated by an employee, the Superintendent can require that such an employee undergo drug/alcohol testing.

- a. If the employee refuses such testing, the employee will immediately be terminated with cause.
- b. If the employee complies and the test is positive, the terms of Drug Free Workplace Compliance Procedure Section will apply.
- c. If requested, the employee shall sign a consent form authorizing the clinic to withdraw a specimen of blood or urine and release the test results to the LCBDD. Refusal to sign a consent form or to provide a specimen will constitute insubordination and a presumption of impairment and may result in termination.
- d. Any employee who tests positive may request retesting of the original specimen at their own expense.
- e. Dependent on the circumstances and the nature of the employee's position an employee who tests positive for illegal substance abuse or misuse of legal drugs and/or alcohol may be subject to discipline, up to and including termination. If discipline less than termination is taken the employee will be offered rehabilitation through the Employee Assistance Program. Costs related to the

Policy & Procedure: 5.2.3 - Drug and Alcohol

rehabilitation shall be paid by the employee. Employees must take available, accumulated, paid or unpaid leave during their absence. Failure to fully participate in or successfully complete such a rehabilitation program may result in further disciplinary action.

- f. Employees who return to work after the successful rehabilitation will be subject to random drug tests for a period of two years from the date of their return.
- g. Employees subject to random drug tests who refuse to participate in the drug/alcohol testing and/or rehabilitation program or who continue to test positive for substance abuse will face additional disciplinary action, up to and including removal.

3. Post-Accident

Post-Accident: Within 2 hours of the accident and in accordance with provisions of the Federal Motor Carrier Safety Regulations (FMCSR) Part 391, Subpart H., an accident report must also be completed and turned into supervisor with full details of accident. Failure to comply within the two-hour period may result in disciplinary action up to and including termination.

Any employee involved in an accident may be subject to post-accident alcohol and drug/alcohol testing. Refusal to consent to testing or to provide a specimen will constitute insubordination and a presumption of impairment and may result in termination.

4. Random

The board will have random drug and alcohol screening for all board employees who operate program vehicles on a regular basis. The Random Drug Screen Program is operated by Corporate Health Services, Bellefontaine, Ohio.

- a. Employees who are required to hold a commercial driver's license (CDL) will be required to participate in the LCBDD's drug and alcohol testing program as required by federal law which includes pre-employment testing, post-accident testing, random testing, reasonable suspicion testing, and return-to-work testing. Policies and procedures for these programs will be consistent with federal law and will be made available to employees required to hold CDL's and their supervisors.
- b. Employees subject to random drug tests who refuse to participate in the drug/alcohol testing and/or rehabilitation program or who continue to test positive for substance abuse will face additional disciplinary actions, up to and including removal.
- c. Annual Physical Examination for some Classifications. Bus and truck drivers must have annual physical examinations and drug screens at Board expense in compliance with the rules established by the Ohio Department of Transportation and/or the Ohio Department of Education.

Policy & Procedure: 5.2.3 - Drug and Alcohol

D. Discipline

The LCBDD may discipline an employee, up to and including termination, for any violation of this policy. Nothing herein shall be construed as a guarantee that the LCBDD will offer an opportunity for rehabilitation. Failure to successfully complete or participate in a prescribed rehabilitation program, if offered, may result in the employee's termination [including a refusal to test or a positive test result on a return to duty or follow-up test]. No employee shall be provided more than one opportunity at rehabilitation. The LCBDD's decision whether to terminate an employee shall be made based on the circumstances surrounding the employee's positive drug or alcohol test and considerations such as any other misconduct resulting from the employee's substance abuse (e.g. injury, property damage, etc.) the employee's work record, and other factors traditionally considered when determining whether to retain an employee.

E. Refusal to Test

Employees who refuse to submit to the required testing shall be subject to disciplinary action up to and including termination. A refusal to test for purposes of this policy shall include:

1. Failure to provide a sufficient sample provided there does not exist a valid medical explanation as to why the employee was unable to do so;
2. Any conduct that attempts to obstruct the testing process such as unavailability, adulteration or other attempts of alter a sample, leaving the scene of an accident without proper authorization, or a delay in providing a sample; and
3. Failure to execute or release forms required as part of the testing process.

F. Prescription/OTC Medications

Employees must inform the LCBDD if they are taking any medication that may impair their ability to perform their job. Employees on such medications must provide a written release from their treating licensed medical practitioner indicating that they can perform their essential job functions, with or without reasonable accommodation. Employees are prohibited from performing any LCBDD function or duty while taking legal drugs that adversely affect their ability to safely perform any such function or duty.

Employee use of prescription or over-the counter drugs must be utilized for medical reasons, taken at the dosage and frequency of use prescribed on the label, and, in the case of prescription drugs, prescribed to employees for medical reasons by a licensed medical practitioner. An employee's use of the prescription or over-the-counter drugs must not negatively affect the employee's job performance, threaten the safety, productivity, public image or property of the LCBDD or its employees, or result in criminal behavior.

Ohio's medical marijuana law took effect on September 8, 2016. Under Ohio's new law, employers are not required to permit or accommodate employees' use, possession, or distribution of medical marijuana. Notwithstanding the legality of medical marijuana in Ohio, marijuana in any form and for any purpose, is still illegal under federal law (the Controlled Substances Act) and is still classified as a Schedule 1 controlled substance.

Policy & Procedure: 5.2.3 - Drug and Alcohol

The LCBDD has a zero-tolerance policy for employees who are under the influence of drugs and alcohol while at work. The LCBDD will contest approval of any unemployment claims resulting in termination because this policy was violated.

G. Drug Free Workplace

As a condition of employment, each employee will abide by the terms of the drug-free workplace policy.

Any employee who tests positive may request retesting of the original specimen at their own expense.

Use of alcoholic beverages, drugs or any other controlled substance by staff or enrollees while participating in a Board-sponsored/related program or activity that involves persons enrolled for services with the LCBDD is prohibited.

An employee convicted (for purposes of this policy pleading guilty or no contest has the same effect as a conviction) of violating a criminal drug statute or convicted of violating a drug-alcohol statute that results in a misdemeanor of the first degree and a felony on subsequent offenses will provide written documentation to the Superintendent within five working days.

Within 10 days of receiving actual notice that an employee has been convicted of any of the above-mentioned violations, the Board is required by the federal Drug-Free Workplace Act to notify the Ohio Department of Developmental Disabilities of this fact.

H. Required Board and Employee Action

Within 30 days of receipt of such notice, the Board shall:

1. Terminate the employee with cause if the conviction is for dispensing, trafficking, distributing, or manufacturing.
2. Require such employee to satisfactorily complete a drug/alcohol abuse assistance program or rehabilitation program of the Board's choosing if the conviction is for possession, under the influence of, or using.
 - a. Failure to satisfactorily complete the program will result in termination with cause of the employee.
 - b. As a further condition of employment, the employee must agree to random drug/alcohol testing for a period of 24 months upon their successful completion of the program and return to work.
 - c. Any further convictions will result in termination with cause.

Policy & Procedure: 5.2.3 - Drug and Alcohol

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

05/26/2021
Date

Reviewed Date	Board Approved	Procedure Approved
01/29/2019	12/06/2018	01/29/2019
05/26/2021	06/03/2021	05/26/2021



Bennie Versela
Board President

06/03/2021
Date

Personnel Policy & Procedure 5.2.5 Discipline and Investigations

**LOGAN LCBDD BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Discipline and Investigations

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	July 2026

POLICY

The discipline and investigations policy is beneficial to both the employer and employee. It helps employees understand expectations and correct any shortcomings with the goal of becoming a valuable, contributing member of our agency. It also protects the property and image of the Logan County Board of Developmental Disabilities (LCBDD); as such, an employee’s conduct both on and off duty that could reasonably negatively impact the LCBDD may form the basis for discipline. Staff are responsible for reporting any incident or conduct they believe is inappropriate and/or in violation of LCBDD policies and procedures. This duty includes incidents observed, reported by the public, reported by staff, or suspected due to other facts.

The LCBDD has adopted this progressive discipline policy as a guide for the uniform administration of discipline in accordance with ORC 124.34. It is not, however, to be construed as a delegation of or a limitation upon the statutory rights of the Board as set forth in the Ohio Revised Code.

The LCBDD has the right to investigate all alleged issues and potential violations.

The filing or prosecution of civil or criminal charges or other civil or administrative investigations or charges, such as Major Unusual Incident investigations, against an employee for alleged misconduct or civil or criminal activity shall not be determinative as to appropriate disciplinary action, if any, under this policy/procedure. The LCBDD may investigate the employee’s alleged misconduct or activities and determine the appropriate discipline, if any, without regard to pending administrative, civil or criminal charges.

PROCEDURE

A. Tenure in Service

1. No employee in the classified civil service, upon completion of his/her probationary period, shall be disciplined other than for just cause. Unclassified employees serve at the pleasure of the Board and are not held to the same constraints as classified employees.

Personnel Policy & Procedure 5.2.5 Discipline and Investigations

2. Employees in the classified service may be demoted, reduced in pay, fined, suspended, or removed from their job, or otherwise disciplined for any of the following causes:
 - a. incompetency;
 - b. inefficiency;
 - c. dishonesty;
 - d. drunkenness;
 - e. immoral conduct;
 - f. insubordination;
 - g. discourteous treatment of the public;
 - h. neglect of duty;
 - i. violation of work rules of the LCBDD, or for whom the employee works;
 - j. any other failure of good behavior, including violation of the ethics of LCBDD employment; or
 - k. any other acts of misfeasance, malfeasance, or nonfeasance in his/her job.

B. Disciplinary Procedures

1. The Superintendent, under civil service laws, shall be the person who imposes disciplinary action as appropriate.
2. Superintendent has the right to investigate alleged disciplinary violations. All employees are required to cooperate during investigations. Failure to respond truthfully or failure to otherwise cooperate in an investigation shall be considered insubordination and will result in discipline.
3. Before imposing a reduction in pay, demotion, suspension or removal to a classified civil service employee, the LCBDD shall hold a pre-disciplinary conference with the employee. At the pre-disciplinary conference, the Superintendent or his/her designee will explain the charges against the employee and permit the employee the opportunity to respond to the charges.

The employee has the right to be accompanied at the pre-disciplinary conference by a representative of his own choosing. The pre-disciplinary conference will be scheduled as promptly as possible.

The Superintendent may impose reasonable rules on the length of the pre-disciplinary conference and the conduct of the participants. The Superintendent or his/her designee may record the pre-disciplinary conference, as may the employee or his/her representative.

If the Superintendent or his/her designee determines that the employee's continued employment prior to the conference poses a danger to persons or property or a threat of disrupting operations, he/she may place the employee on administrative leave with pay pending the pre-disciplinary conference to determine the final disciplinary action.

Prior to the pre-disciplinary conference, the Superintendent or his/her designee shall provide to the employee a list of alleged improper conduct and a summary of the evidence concerning the disciplinary charges. Generally, this information will be provided to the employee at least twenty-four (24) hours before the pre-disciplinary conference.

Personnel Policy & Procedure 5.2.5 Discipline and Investigations

At the pre-disciplinary conference, the employee will be given an opportunity to respond to the allegations. The employee does not have the right to call or cross examine witnesses. The employee may waive the pre-disciplinary conference. Failure to attend the pre-disciplinary conference will be considered a waiver of the pre-disciplinary conference.

Upon completion of the pre-disciplinary conference the Superintendent shall determine the appropriate discipline, if any. The employee will be notified of the disciplinary action in accordance with law.

4. The LCBDD adheres to the principles of progressive discipline. These principles require that disciplinary action be commensurate with the offense and the Superintendent will consider all relevant factors when imposing discipline, including but not limited to, the nature of the offense, the employee's position, the impact of the LCBDD and the employee's work record. Supervisors should consult with HR to ensure consistency across departments before discipline is given. Each offense should be treated as objectively as possible. It is important that the supervisor fully document each action at the time it occurs. An outline of progressive discipline is as follows:

Progressive Discipline Steps

- a. **Step 1: Verbal Counseling:** Verbal counseling occurs when the supervisor discusses a performance or conduct issue with the employee in an effort to make sure the employee is aware of the problem and discusses resolution or provides direction. This conversation must be documented by the supervisor. Documentation assures a running record of each type of counseling that has been offered.
- b. **Step 2: Verbal or Written Reprimand:** The immediate supervisor is authorized to issue a verbal or written reprimand and will consult with HR and/or the Superintendent when a reprimand is deemed necessary. The reprimand will be documented and a copy will be sent to HR for the personnel file.

A verbal or written reprimand may be accompanied by a formal Corrective Action Plan which describes the steps that will be outlined to correct the performance or behavior concern. The Corrective Action Plan will include clear corrective measures and timelines.

- c. **Step 3: Non-appealable Suspension:** For a classified non-exempt employee if the suspension is 24 hours or less or for a classified exempt employee if the suspension is 40 hours or less. This can be a suspension without pay. In a suspension with pay, the employee continues to come to work and is paid for working. The "working suspension" is legally considered the same as any unpaid suspension for purposes of progressive discipline. This cannot be appealed to the State Personnel Board of Review (SPBR.)
- d. **Step 4: Appealable Suspension:** For a classified non-exempt employee if the suspension is more than 24 hours or a classified exempt employee if the suspension is more than 40 hours. This can be a suspension with or without pay. This suspension can be appealed to the SPBR.

Personnel Policy & Procedure 5.2.5 Discipline and Investigations

e. Step 5: Reduction in Pay or Position and Removals:

Reduction in pay is a change that lowers the employee's amount of pay. This could include a reduction in duties with a lower base pay range, a change to a lower step within a salary range or to a lower classification, a reduction that equals a number of hours or days of pay or the foregoing of a pay increase to which an employee would have otherwise been entitled. Reductions can be appealed.

Removal is the most severe form of disciplinary action within the performance management process. It is a permanent separation from Board service. Removal can be appealed by the employee. If removal has been ordered as a result of the employee violating a Last Chance Agreement, the employee may appeal to SPBR to argue that the agreement was not violated, but not to appeal the validity of the charges of inappropriate behavior. The employee may not be rehired if removed. Documentation is permanently kept in the personnel file.

5. Rules cannot be listed to cover every situation. Certain offenses are serious enough to warrant immediate removal without regard to previous reprimands or discipline. Such serious offenses include, but are not necessarily limited to the following:

- Unauthorized absence from work;
- Dishonesty or dishonest actions (i.e. theft, pilfering, opening desks assigned to others, making false statements, making inaccurate or false reports concerning absences, sick leave, mileage claims, charging personal long-distance calls to the agency, etc.);
- Insubordination (i.e. refusing to perform assigned work or comply with written or verbal instructions of supervisors, abusive or threatening gestures or language toward supervisor);
- Wanton or willful neglect of duties;
- Threatening, intimidating, coercing, or interfering with other employees;
- Fighting or attempting to injure other employees, supervisors, or persons;
- Gambling during work hours;
- Possessing, using or selling illegal drugs;
- Carrying or illegally possessing firearms, explosives or weapons on LCBDD property at any time without prior authorization;
- Consumption of alcoholic beverages while on duty;
- Altering or destroying or falsifying records;
- Tampering with, abuse or deliberate destruction of LCBDD property or equipment, or of the property or equipment of other employees;
- Violations of Federal, State or local laws which adversely affect the LCBDD;
- Stealing, destroying, damaging or concealing property of the LCBDD of another employee;
- Unauthorized altering of a time record;
- Unauthorized release of confidential information;
- Misusing, removing, or attempting to remove records or information without authorization;
- Giving false information or withholding pertinent information requested in an employee application or official investigation;
- Falsifying, assisting in falsifying, or destroying records;
- Unauthorized political activity;
- Conduct violating morality or common decency, including sexual harassment

Personnel Policy & Procedure 5.2.5 Discipline and Investigations

Additional examples of conduct that may result in disciplinary action include, but are not limited to, the following:

- Failure to call in an absence;
 - Neglect or carelessness in signing in or out;
 - Changing work schedule without prior consent;
 - Chronic tardiness;
 - Starting late, or leaving early;
 - Making preparation to quit work before the designated break or quitting time;
 - Leaving the assigned work area without authorization;
 - Interfering with the work of others;
 - Use of profane or abusive language;
 - Neglect of work;
 - Unsatisfactory work or failure to maintain required standard of performance;
 - Failure to work cooperatively with other employees;
 - Careless use of LCBDD property or equipment;
 - Unauthorized personal use of LCBDD telephones, excessive local calls;
 - Prohibited use of department computers and/or software;
 - Contributing to or creating unsafe or unsanitary conditions;
 - Failure to follow safety rules and procedures;
 - Failure to observe department rules, regulations, policies or procedures;
 - Excessive absences;
 - Reporting for work or working while unfit for duty;
 - Pattern use and/or abuse of sick leave;
 - Lapsing into unapproved unpaid leave;
 - Failure to provide required documentation of absences;
 - Excessive garnishments;
 - Failure to report for overtime work;
 - Disobeying orders of a supervisor;
 - Discourteous treatment of the public;
 - Violation of the code of ethics not previously specifically listed;
 - Sleeping during work hours;
 - Willful failure to make required reports;
 - Unauthorized use of LCBDD property or equipment;
 - Performing private or personal work on agency time;
 - Unauthorized solicitation or distribution on LCBDD property;
 - Obliging the LCBDD for any expense or service without authorization
 - Willful disregard of LCBDD rules, regulations, policies, or procedures;
 - Failure to maintain a safe driving record;
 - Making or publishing false, vicious or malicious statements about LCBDD employees or LCBDD operations.
5. When imposing a demotion, reduction in pay, suspension of forty (40) or more work hours for exempt or non-exempt employees. The Superintendent shall sign a written order of demotion, reduction, suspension or removal. The order shall state the reasons for the disciplinary action per code.

Personnel Policy & Procedure 5.2.5 Discipline and Investigations

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.

Krista Oldiges, Superintendent _____
Date

Reviewed Date	Board Approved	Procedure Approved
2/26/2019	2/26/2019	2/26/2019
08/02/2021	08/05/2021	08/05/2021
06/13/2023	08/03/2023	08/03/2023

Valerie Rohrt
Board President

8/3/23
Date

Policy & Procedure: 5.2.6 Concealed Carry

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Concealed Carry

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	August 2024

POLICY

Consistent with the Ohio Revised Code 2923.1212, pursuant to the 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 the Logan County Board of Developmental Disabilities (LCBDD) premises. A valid concealed carry license does not authorize an individual to carry such a weapon onto these premises. Law enforcement officers, acting in their law enforcement capacity, specifically authorized to carry a firearm are exempted from this provision and in some instances are permitted to carry a concealed weapon.

PROCEDURE

LCBDD employees are prohibited from carrying firearms any time they are working for the LCBDD or acting within the course and scope of employment. These situations include, but are not limited to, attending training sessions or seminars, wearing a LCBDD identification badge, uniform, or other LCBDD paraphernalia that an employee is required to wear relative to their employment and working in resident's homes or other sites off Board of DD premises. Except for law enforcement officers, no employee or member of the public may carry a concealed weapon in a LCBDD owned vehicle.

- A. **Weapon Storage** - Employees who possess a valid license to carry a concealed weapon are discouraged from storing a weapon in their personal vehicle while at work. If an employee possessing a valid license to carry a concealed weapon brings their weapon with them onto a LCBDD parking lot, the employee must lock the weapon in their vehicle. Employees are neither permitted to remove their weapon from their vehicles while in a LCBDD parking lot nor are they permitted to bring a concealed weapon into a LCBDD owned building. The employee's weapon must be stored in the vehicle in accordance with the storage provisions of the Concealed Carry statute. The weapon must be in a locked vehicle either in the glove compartment, a lock box or the trunk.

Policy & Procedure: 5.2.6 Concealed Carry

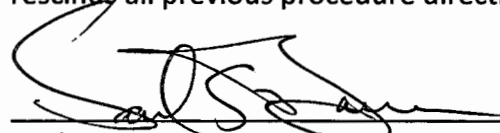
- B. Notification - Employees are required to immediately contact a supervisor if they suspect an employee or a member of the public to be carrying a concealed weapon at any time while they are working for the LCBDD, acting within in the course and scope of employment, or acting as a representative of the LCBDD.

- C. Discipline - An employee or official who violates this policy is acting outside the course and scope of their duties. LCBDD will not defend or indemnify such actions by any county official or employee. Any LCBDD employee found to be in violation of this policy will be subject to disciplinary action up to and including termination.

- D. Prosecution - Non-employees who are carrying a concealed weapon onto LCBDD property shall be asked to leave. Failure to comply with these policies by non-employees will be subject to criminal prosecution.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.

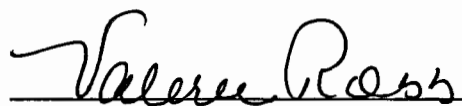


 Saul Bauer, Superintendent

9/01/21

 Date

Reviewed Date	Board Approved	Procedure Approved
2/26/2019	12/6/2018	2/26/2019
8/9/2021	9/2/2021	2/26/2019



 Board President

9-2-21

 Date

Policy & Procedure: 5.2.7 Dress Code and Decorum

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Dress Code and Decorum

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	September 2026

POLICY

The Logan County Board of Developmental Disabilities is a public agency. Therefore, it is important that all employees maintain a professional appearance and that their attire and overall appearance be appropriate. All employees shall wear attire that is appropriate for their position, in good taste, and present a favorable image of the program to the public. It is also very important that employees' dress and demeanor in the public serve as a role model and demonstrate respect for individuals with disabilities. Clothing shall be conducive to the safe and effective performance of required job duties. Good personal hygiene is expected.

PROCEDURE

The LCBDD serves the entire community, supports hundreds of individuals and engages with personnel of other agencies. Therefore, staff members are to be proper about their personal grooming, hygiene and take interest in the cleanliness of their surroundings.

Employees shall conduct themselves politely and professionally while on county business. Interactions with individuals with disabilities, families, other agencies, the public and co-workers shall always be handled with respect and courtesy, providing a favorable program image.

- A. All attire shall be professional in appearance and not exhibit holes, rips or uncleanliness.
- B. To be sensitive to others, especially those who may have breathing conditions that are exacerbated by environmental conditions, scents and perfumes should be limited.

Policy & Procedure: 5.2.7 Dress Code and Decorum

C. Hair, including facial hair, will be clean, well-groomed and trimmed. Long hair shall not interfere with working with individuals or create a safety hazard.

D. Print on clothing, visible tattoos (temporary or permanent) and other non-piercing body art are permitted as long as they do not depict violence, profanity, sexual situations, illegal acts, political statements or other subject matter which could be perceived in such a way as to be disruptive, offensive or contradictory to the Board's philosophy and practices.

E. Staff members are required to dress in accordance with their job task.

1. When a staff member is in direct contact with the public, one's dress should be appropriate and professional. Employees should dress for their day. Casual wear, such as jeans or tee shirts, should not be worn to professional meetings or court appearances. Examples of "Inappropriate" are: bare backs or midribs, tube tops, halter tops, spaghetti strap dresses/tops, sheer garments, short shorts or gym shorts, muscle shirts, T-shirts, T-shirt with inappropriate lettering, athletic jerseys, and sweat shirts or sweat pants.

2. Dresses, skirts or shorts shall be of a modest length that enables employee to maneuver comfortably to complete duties. Tights, leggings or other types of hosiery must be modest and accompanied by a longer top or dress. Yoga and similar style pants are not acceptable. Pants are not to drag the ground. .

3. Employees are to wear durable shoes. House slippers, beach style flip-flops or athletic slides and similar styles are not acceptable attire (a good rule of thumb-if you would wear them to the beach or the gym, don't wear it to work).

F. Body-piercings and adornments, other than earrings, such as grills, gauges, tongue rings, lip piercing of any type are not permitted. Other facial piercings must be discrete and are at the discretion of the supervisor. Jewelry, which could be broken, grabbed or pulled or which could inhibit moving individuals with disabilities may be restricted. The Board will not replace such items. Certain types of jewelry may be prohibited by departmental standards for safety reasons and/or individual's sensitivity to the jewelry.

If an employee has doubt regarding appropriate attire for his or her work environment, the employee should discuss it with his or her supervisor prior to wearing the attire in question. Supervisors have the responsibility to determine whether an employee has come to work dressed in an appropriate manner in accordance with the work that needs to be accomplished for the day. Any employee may request a modification of the dress code for him/herself (for example:

Policy & Procedure: 5.2.7 Dress Code and Decorum

due to religious beliefs, disability, national origin, health condition, etc.) by submitting a written request to their direct supervisor.

An employee who reports to work dressed inappropriately will be sent home and not permitted to return to work until dressed appropriately. An employee will not be paid for time missed as a result of inappropriate dress unless he requests appropriate paid leave (vacation or personal leave). Repeated violations of these standards are subject to disciplinary action.

The Superintendent and department directors reserve the right to prescribe appropriate dress and grooming and to set standards which are in the best interest of the Board and the individuals with disabilities we serve.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent



Date

Reviewed Date	Board Approved	Procedure Approved
03/26/2019		03/26/2019
10/4/2021	11/4/2021	10/4/2021
01/10/2023	01/26/2023	01/26/2023



Board President



Date

Policy & Procedure: 5.2.8 Political Activity

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Political Activity

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	October 2024

POLICY

Although the Logan County Board of Developmental Disabilities (LCBDD) encourages all employees to exercise their constitutional rights, certain political activities are legally prohibited for classified employees of the LCBDD whether in active pay status or on leave of absence.

References in this policy and procedures to politics and political activity refer to partisan activities, campaigns, and elections involving primaries, partisan ballots, or partisan candidates. This policy is meant to comply with the Ohio Revised Code.

Unclassified employees whose jobs are funded in whole or in part by the federal government may also be subject to prohibitions against partisan political activity. Any employee having a question pertaining to whether specific conduct of a political nature is permissible should contact the Superintendent prior to engaging in such conduct.

PROCEDURE

The LCBDD supports employees in exercising their constitutional rights and encourages them to get clarification if they are unsure if a specific conduct is permissible and is not listed below (OAC Rule 123:1-46-02).

A. The following activities are examples of conduct permitted by classified employees:

1. Registration and voting.
2. Expressing opinions, either orally or in writing.
3. Voluntary financial contributions to political candidates or organizations.
4. Circulating non-partisan petitions or petitions stating views on legislation.
5. Attendance at political rallies.
6. Signing nominating petitions in support of individuals.

Policy & Procedure: 5.2.8 Political Activity

- 7. Displaying political materials in the employee’s home or on the employee’s property.
- 8. Wearing political badges or buttons, or the display of political stickers on private vehicles.
- 9. Serving as a precinct official under O.R.C. §3501.22.

B. The following activities are examples of conduct prohibited by classified employees.

- 1. Candidacy for public office in a partisan election.
- 2. Candidacy for public office in a non-partisan general election if the nomination to candidacy was obtained in a primary partisan election or through the circulation of a nominating petition identified with a political party.
- 3. Filing of petitions meeting statutory requirements for partisan candidacy to elective office.
- 4. Circulating official nominating petitions for any partisan candidate.
- 5. Holding an elected or appointed office in any partisan political organization.
- 6. Accepting appointment to any office normally filled by partisan election.
- 7. Campaigning by writing in publications, by distributing political material, or by writing or making speeches on behalf of a candidate for partisan elective office, when such activities are directed toward party success.
- 8. Solicitation, either directly or indirectly, of any assessment, contribution or subscription, either monetary or in-kind, for any political party or political candidate.
- 9. Solicitation for the sale, or actual sale, of political party tickets.
- 10. Partisan activities at the election polls, such as solicitation of votes for other than nonpartisan candidates and nonpartisan issues.
- 11. Service as a witness or challenger for any party or partisan committee.
- 12. Participation in political caucuses of a partisan nature.
- 13. Participation in a political action committee that supports partisan activity.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

11-16-2021
Date

Reviewed Date	Board Approved	Procedure Approved
03/26/2019		03/26/2019

Policy & Procedure: 5.2.8 Political Activity

10/4/2021	11/4/2021	10/4/2021

Vaivara Rott
Board President

11-4-21
Date

Policy & Procedure: 5.2.9 Transporting Enrolled Individuals

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Transporting Enrolled Individuals

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	November 2021

POLICY

It is the policy of the Logan County Board of Developmental Disabilities (LCBDD) to ensure safe driving practices are maintained and monitored by staff who transport enrolled individuals utilizing their personal vehicles. While use of county vehicles is the preferred method of transporting individuals, the LCBDD recognizes that employees will be required to transport enrolled individuals to meet specific needs; for example, meetings with other agencies or attending doctor’s appointments. Safe driving practices must always be followed while conducting board business.

PROCEDURE

A. Authorization

Any person operating a personal vehicle to transport enrolled individuals will authorize the LCBDD to acquire an annual driver's abstract each program year at the LCBDD’s expense.

1. Any driver whose driving record shows a charge of one DUI, leaving the scene of an accident, manslaughter, use of a vehicle in the commission of a felony, reckless operation or driving without regard for public safety citation will be considered to have unsafe driving habits and will not be permitted to transport enrolled individuals. For classifications in which driving is an essential function, any of these offenses may result in immediate termination.

Policy & Procedure: 5.2.9 Transporting Enrolled Individuals

2. Any driver whose driving record shows more than **five or more points** may be considered to have unsafe driving habits and may not be permitted to transport enrolled individuals. For classifications in which driving is an essential function, these cumulative offenses may result in immediate termination.
3. Employees operating their personal vehicle are required to have a proper and valid Ohio motor vehicle operator's license.
4. Employees operating their personal vehicle are required to provide proof of insurance indicating the minimum insurance required by the State of Ohio. The drivers' personal insurance is considered primary, while the LCBDD insurance is secondary.
5. A person who operates his/her personal vehicle while transporting enrolled individuals will maintain the appropriate speed limits, obey all other vehicular laws, exercise caution and responsibility and will adhere to all safety procedures. Accidents or destructive operation of vehicles while individuals are being transported are grounds for disciplinary action including termination as outlined in these policies.
6. Any equipment or vehicular accident must be reported to the supervisor immediately. If a driver has an accident while operating his/her personal vehicle on LCBDD business, regardless if an enrolled individual is being transported, shall be required to submit to a drug/alcohol test. The employee's supervisor/ designee will transport the driver to the nearest test site. Such test should be within two (2) hours of the accident and the provisions of required LCBDD and employee action apply. Failure to comply within the two-hour period may result in disciplinary action up to and including termination.
7. Refusal to submit to alcohol and drug testing shall be interpreted as a positive test.

B. Compliance

The Human Resources Department will ensure the following have been completed on all employees:

1. Annual drivers abstract
2. Annual proof of insurance
3. Defensive driving training
4. Formal letter indicating driving restrictions as applicable

Policy & Procedure: 5.2.9 Transporting Enrolled Individuals

IMPLEMENTATION


This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

03/26/2019
Date

Reviewed Date	Board Approved	Procedure Approved
03/26/2019	04/04/2019	03/26/2019



Bonnie Versela
Board President

04/04/2019
Date

Policy & Procedure: 5.2.10 Unlawful Discrimination and Harassment

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Unlawful Discrimination and Harassment

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	August, 2025

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) is committed to providing a facility that is safe and free from unlawful discrimination and harassment. Unlawful discrimination or harassment, according to the USEEOC, is behavior directed toward an employee because of his membership in a protected class on race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age (40 or older), disability and genetic information (including family medical history). Unlawful discrimination and harassment are inappropriate and illegal and will not be tolerated. All forms of unlawful discrimination and harassment are governed by this policy and must be reported and addressed in accordance with this policy.

This policy covers all employees, supervisors, department heads and elected officials. Additionally, this policy covers all suppliers, contractors, subcontractors, residents, visitors, clients, volunteers, and any other individual who enters LCBDD property, conducts business with LCBDD, or who is served by LCBDD employees.

Federal regulations require specific processes when allegations of sexual discrimination may constitute sexual harassment under Title IX of the Educational Amendments of 1972. The Board has adopted this Policy (included herein) to outline the policies and procedures that the Board will use to address reports of conduct that constitute sexual harassment as defined by Title IX and its implementing regulations (“Title IX violations”). The Board does not discriminate in its education program or activities.

When informed of Prohibited Conduct as defined in the Personnel Manual, the Board will take prompt action to eliminate the harassment or discrimination, prevent its recurrence, and remedy its effects.

PROCEDURE

A. Definitions

Unlawful discrimination occurs when individuals are treated less favorably in their employment because of their membership in a protected classification. An employer may not discriminate against an individual with respect to the terms and conditions of employment, such as promotions, raises, and other job opportunities, based upon that individual’s membership in that protected class.

Policy & Procedure: 5.2.10 Unlawful Discrimination and Harassment

Harassment is a form of discrimination. Harassment maybe generally defined as unwelcome conduct based upon a protected classification. Prohibited forms of harassment include, but are not limited to, racial, sexual, age, disability harassment. Harassment becomes unlawful when:

1. Enduring the offensive conduct becomes a condition of continued employment.
2. The conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.

B. Examples

By way of example, sexual harassment is one type of unlawful harassment. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

1. Submission to the conduct is made either explicitly or implicitly a term or condition of an individual's employment.
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual.
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment. Harassment on the basis of race, age, or any protected classification (as set forth above) is unlawful and will not be tolerated.
4. Unlawful discrimination and harassment do not generally encompass conduct of a socially acceptable nature. However, some conduct that is appropriate in a social setting may be inappropriate in the work place. A victim's perceived acquiescence in the behavior does not negate the existence of unlawful discrimination or harassment. Inappropriate conduct that an employee perceives as being "welcome" by another employee may form the basis of a legitimate complaint. For example, jokes, postings, sharing internet sites, and other "informal" behavior may be considered harassment when it meets the above criteria.

C. Off Duty Conduct

Unlawful discrimination or harassment that affects an individual's employment may extend beyond the confines of the workplace. Conduct that occurs off duty and off premises may also be subject to this policy.

D. Workplace Romances

To avoid concerns of sexual harassment, preferential treatment and other inappropriate behavior, employees are required to inform the Human Resource Director or the Business Director if they currently are, or if they intend to become, romantically involved with a co-worker. Such relationships are not prohibited but must be appropriately addressed.

Should the LCBDD determine that a conflict exists between an employee's employment and a personal relationship with a co-worker, LCBDD will attempt to work with the employees to resolve the conflict. Should operational needs prevent resolution, the relationship must cease or one or both parties must separate from employment.

Policy & Procedure: 5.2.10 Unlawful Discrimination and Harassment

Supervisors are expressly prohibited from engaging in romantic or sexual relationships with any employee they directly, or indirectly, supervise.

E. Bullying

LCBDD will not in any instance tolerate bullying behavior. Bullying is defined as repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment. Bullying, whether intentional or unintentional, is prohibited.

Employees found in violation of this policy will be disciplined, up to and including termination.

F. Complaint Procedure

Anyone who feels their rights have been violated under this policy or an employee who has witnessed potential discrimination must immediately submit a complaint or report of discrimination to the Human Resource Director or the Business Director each of who shall have the authority to investigate and, once approved by the Superintendent, take appropriate action concerning the matter. If the Human Resource Director or the Business Director are the alleged harasser, the employee will report the conduct to the Superintendent. The investigation will include a review of the circumstances and facts under which the allegation occurred. The investigation may include interviews of the employee allegedly harassed, discriminated against and/or bullied, the employee committing the alleged harassment, discrimination, and/or bullying, and any and all witnesses. Information will be kept as confidential as practicable, although confidentiality cannot be guaranteed, pursuant to applicable public records laws. An investigative file will be maintained, and this file is public record under ORC Section 149.43, except to the extent it contains records which are specifically exempt from disclosure. All employees are required to cooperate in any investigation. If the investigation reveals that the complaint is valid, prompt attention and corrective or disciplinary action designed to stop the harassment, discrimination or bullying and prevent its recurrence will be taken.

G. Retaliation

Anti-discrimination laws prohibit retaliatory conduct against individuals who file a discrimination charge, testify, or participate in any way in an investigation, proceeding or lawsuit under these laws, or who oppose employment practices that they reasonably believe discriminate against protected individuals, in violation of these laws. LCBDD and its supervisors and employees shall not in any way retaliate against an individual for filing a complaint, reporting harassment or participating in an investigation. Any employee who feels they have been subjected to retaliatory conduct must report the conduct immediately to the immediate supervisor or the Human Resources Director immediately.

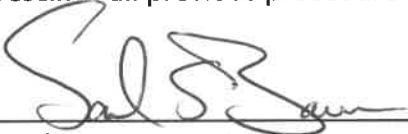
H. Complaint Resolution

For procedures on Complaint Resolution see Complaint Resolution Policy 5.5.2 of this procedure manual.

Policy & Procedure: 5.2.10 Unlawful Discrimination and Harassment

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

10/13/22
Date

Reviewed Date	Board Approved	Procedure Approved
03/26/2019	04/04/2019	03/26/2019
08/09/2022	09/01/2022	08/09/2022



Board President

9-1-22
Date

Policy & Procedure: 5.2.11 Reporting to Work and Tardiness

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Reporting to Work and Tardiness

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	January 2022

POLICY

Timely and regular attendance is an expectation of performance for all employees. To ensure adequate staffing, positive employee morale, and to meet expected productivity standards throughout the organization. Employees will be held accountable for adhering to their workplace schedule. In the event an employee is unable to meet this expectation, he/she must obtain approval from their supervisor in advance of any requested schedule changes. This approval includes requests to use appropriate accruals, as well as late arrivals to or early departures from work. Departments have discretion to evaluate extraordinary circumstances of a tardy, absence or failure to clock-in or clock-out and determine whether or not to count the incident as an occurrence. Human Resources is available to advise supervisors regarding the evaluation of extenuating circumstances.

The Logan County Board of Developmental Disabilities (LCBDD) expects employees to report and remain at work as scheduled and to be at their work stations at their starting time. It is important that we are available for our clients and the public as scheduled.

PROCEDURE

Employees who must unexpectedly be off work for personal reasons should call off in advance of their starting time in accordance with procedures established by their supervisor. The employee is to notify and receive confirmation from their supervisor so that the supervisor can discuss any work issues that may need to be handled in the employee's absence. Employees who call off and are unable to contact their supervisor must contact another member of management or Human Resources (until confirmation is received) on the day of their absence unless they have made alternate arrangements. Calling off work in accordance with this procedure will not necessarily result in an employee receiving approved leave for their absence and discipline for the absence may still take place. The LCBDD will consider the underlying reason for the absence in order to determine whether to grant approved leave or to consider discipline.

An employee who reports to work late, extends his lunch or break without authorization, or who leaves before the end of his scheduled shift, may be disciplined and docked pay. Pay will be docked in the lowest increments permitted by the LCBDD's timekeeping system.

Policy & Procedure: 5.2.11 Reporting to Work and Tardiness

1. Employees are expected to be present and ready to work at their scheduled starting times. Supervisors will document instances of employees arriving late. Excessive tardiness shall be grounds for discipline up to and including removal.
2. Non-exempt employees should not report to work sooner than 15 minutes prior to the start of the work shift and leave no later than 15 minutes after the work shift is over. They will remain on the job during regularly scheduled work hours unless an exception is authorized by their immediate supervisor.
3. The time sheet is the official record of the employee's time worked. It is the employee's responsibility to complete this time sheet in a timely and accurate manner. Each employee must accurately record actual starting and finishing times. LCBDD will follow the Fair Labor Standards Act (FLSA) recommended guidelines and round employee time to a quarter hour of work. Employee time will be rounded down from 1-7 minutes and will be rounded up from 8-14 minutes and count it as a quarter hour of work.
4. Employees with restricted duties must complete a personalized timesheet noting their work restrictions.
5. Failure to properly sign in or out as required, misrepresenting time worked, altering any time record, or allowing a time record to be altered by others will result in disciplinary action.
6. In regards to employee timekeeping related to federal awards, LCBDD will comply with federal OMB Circular A-133, 2 CFR, Part 225, Appendix B if employees are expected to work solely on a single Federal award or cost objective, their salary and wages will be supported by periodic certifications; or if they work on multiple activities, the distribution of their salaries or wages will be supported by personnel activity reports or equivalent.
7. An employee who is absent for a scheduled work day without approved leave may be subject to discipline. Employees who are not exempt from the overtime provisions of the Fair Labor Standards Act shall not receive pay for any period of an unauthorized absence. An absence without approved leave for three consecutive work days shall be cause for removal, regardless of prior discipline. An appointing authority may set aside the removal and re appoint the employee to her former position if, within ten (10) calendar days of the employee's last actual work day, the employee presents a satisfactory explanation of his absence to the appointing authority.
8. Failure to report for work without any authorization from the employer to be absent, may be deemed by the employer as an employee absent without leave, when that employee is tardy, or when the employee departs from his work site during work hours without authorization. Also known as unexcused absence.
9. Employees are responsible for providing their supervisor with a physician's statement identifying the nature of the disabling condition and the projected date of return. An employee who does not report to work in accordance with the physician's projected date of return is considered absent without leave.
10. Falsification of a physician's certificate or signed statement to justify the use of sick leave shall be grounds for disciplinary action, up to and including removal.
11. Failure of an employee to return to work at the expiration of an approved leave of absence shall be considered an absence without leave and shall be grounds for discipline, up to and including removal, in accordance with the regular policy on absences without leave. If it is determined that the employee is using a leave of absence for a purpose other than the purpose for which it was granted, the appointing authority may immediately revoke the leave of absence and may impose appropriate discipline on the employee, up to and

Policy & Procedure: 5.2.11 Reporting to Work and Tardiness

including removal.

IMPLEMENTATION

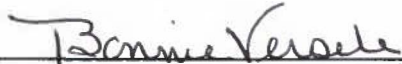
This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

04/23/2019
Date

Reviewed Date	Board Approved	Procedure Approved
04/23/2019	05/02/2019	04/23/2019



Bonnie Versela
Board President

05/02/2019
Date

Policy & Procedure: 5.2.12 Solicitation

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Solicitation

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	February 2025

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) solicitation policy and procedures outline our restrictions for distributing materials and soliciting funds, donations and signatures in activities or groups. To avoid disruption of business operations or disturbance of staff, visitors, and others, the LCBDD has implemented this policy and the following procedures.

PROCEDURE

Non-employees of the Logan County Board of Developmental Disabilities (LCBDD) are prohibited from soliciting funds or signatures, conducting membership drives, distributing literature or gifts, offering to sell merchandise or services (except by representatives of suppliers or vendors given prior authority by the Superintendent), or engaging in any other solicitation, distribution, or similar activity on the premises or at a worksite.

The LCBDD may authorize a limited number of fundraising drives by employees on behalf of charitable organizations or for employee gifts. Employees are encouraged to volunteer to assist these drives; however, participation is entirely voluntary.

The following restrictions apply when employees engage in permitted solicitation or distribution of literature or any other material or products for any group or organization, including charitable organizations:

- A.** Distribution of literature, solicitation and the display or sale of merchandise or services is prohibited in public areas.
- B.** Soliciting and distributing literature during the working time of either the employee making the solicitation or distribution, or the targeted employee, is prohibited. The term “working time” does not include an employee’s authorized lunch or rest periods or other times when the employee is not required to be working.

Policy & Procedure: 5.2.12 Solicitation

- C. Distributing literature or any other material or products in a way that causes litter on LCBDD property is prohibited.**

The LCBDD maintains various communications systems to communicate business-related information to employees and to disseminate or post notices required by law. The unauthorized use of the communications systems or the distribution or posting of notices, photographs, or other materials on any LCBDD property is prohibited.

Violations of this policy will be addressed on a case-by-case basis. Disciplinary measures will be taken as appropriate.

Solicitation by an employee is only permitted while the applicable employees are on their non-work time in a non-work area and with prior approval of the Superintendent and the following criteria must be observed:

1. Employees are not permitted to enter a Board facility on an unassigned workday (for example: vacation or personal leave day) for the purpose of solicitation or distribution.
2. Solicitation and/or distribution of literature or trespassing by non-employees is not permitted without advance permission from the Superintendent.
3. The Board's electronic equipment may not be used to solicit or promote commercial ventures, religious or political causes, outside organizations, or any other non-job-related solicitations.
4. The use of Board facilities, including mailboxes, bulletin boards, walls and tables for the distribution of literature, hand-outs, cards, notices, newsletters and memoranda relating to personal and private matters, is prohibited.
5. Distribution of literature by means of Board facilities, including mailboxes, bulletin boards, walls and tables, will be limited to official Board program information and material pertinent thereto.

Policy & Procedure: 5.2.12 Solicitation

IMPLEMENTATION


This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

4/12/2022
Date

Reviewed Date	Board Approved	Procedure Approved
04/23/2019	05/02/2019	04/23/2019
02/14/2022	03/03/2022	03/03/2022



Board President

4-6-22
Date

Policy & Procedure: 5.2.13 Workplace Violence

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Workplace Violence

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	March 2025

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) is committed to providing a work environment that is safe, secure and free of harassment, threats, intimidation and violence. The LCBDD will work to provide a safe workplace for employees and for visitors to the workplace. Each employee, and everyone with whom we come into contact in our work, deserves to be treated with courtesy and respect.

In furtherance of this commitment, the LCBDD enforces a zero-tolerance policy for workplace violence. Consistent with this policy, threats or acts of physical violence, including intimidation, harassment, and/or coercion which involve or affect employees, or which occur on LCBDD property or at a worksite, will not be tolerated. Employees who are found to have committed acts of workplace violence will receive discipline and possible criminal prosecution, depending on the nature of the offense.

PROCEDURE

A. Prohibited Conduct

The list of behaviors, while not exhaustive, provides examples of conduct that is prohibited:

1. Intentionally causing physical injury to another person.
2. Making threatening remarks. threatening harm to an employee or his family, friends, associates, or property;
3. Acting out in an aggressive or hostile manner that creates a reasonable fear of injury to another person or subjects another individual to emotional distress.
4. Intentionally damaging employer property or property of another employee.
5. Committing acts motivated by, or related to, sexual harassment or domestic violence.

Policy & Procedure: 5.2.13 Workplace Violence

6. Hitting or shoving.
7. Harassing or threatening telephone calls, letters or other forms of written or electronic communications, including email and website postings.
8. Intimidating or attempting to coerce an employee to do wrongful acts, as defined by applicable law, administrative rule, policy, or work rule.
9. Willful, malicious and repeated following of another person, also known as "stalking" and/or making threats with the intent to place another person in reasonable fear for his safety.
10. Suggesting or otherwise intimating that an act to injure persons or property is "appropriate", without regard to the location where the suggestion or intimation occurs.
11. Unauthorized possession or inappropriate use of firearms, weapons, or any other dangerous devices on LCBDD property.

B. Warning Signs and Risk Factors.

The following are examples of warning signs, symptoms and risk factors that may indicate an employee's potential for violence. In all situations, if violence appears imminent, employees should take the precautions necessary to assure their own safety and the safety of others. An employee should immediately notify management if they witness any violent behavior, including, but not limited to, the following:

- Hinting or bragging about a knowledge of firearms.
- Making intimidating statements such as: "I'll get even," or "You haven't heard the last from me."
- Unauthorized tracking and keeping records of other employees.
- Displaying physical signs of anger, such as hard breathing, reddening of complexion, menacing stares, loudness, and profane speech.
- Acting out violently either verbally or physically.
- Expressing excessive bitterness by a disgruntled employee or an ex-employee.
- Being a "loner," avoiding all social contact with co-workers.
- Having a romantic obsession with a co-worker who does not share that interest.
- History of interpersonal conflict.
- Domestic problems, unstable/dysfunctional family.
- Brooding, depressed, strange behavior.

C. Dangerous/Emergency Situations

Employees who confront or encounter an armed or dangerous person should not attempt to challenge or disarm the individual. Employees should remain calm. If a supervisor can be safely notified of the need for assistance without endangering the safety of the employee or others, such notice should be given.


Policy & Procedure: 5.2.13 Workplace Violence

D. Enforcement

Threats, threatening conduct, or any other acts of aggression or violence in the workplace will not be tolerated. Any employee determined to have committed such acts will be subject to disciplinary action, up to and including termination. Non-employees engaged in violent acts on the LCBDD premises will be reported to the proper authorities and fully prosecuted.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

4/12/2022
Date

Reviewed Date	Board Approved	Procedure Approved
03/23/2019	05/02/2019	04/23/2019
03/14/2022	04/07/2022	04/07/2022



Valerie Rott
Board President

4-6-22
Date

Policy & Procedure 5.2.14 Teleworking

LOGAN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

The Board approves all policies, and the Superintendent approves all procedures.

Teleworking Policy

Reviewing Department	Board Approval Policy Date	Effective Policy Date	Next Review Date Policy & Procedure
Administration	04/02/2020	04/02/2020	February 2024

POLICY

It is the policy of the Logan County Board of Developmental Disabilities (LCBDD) to allow designated employees to be authorized to “telework” and establish requirements and guidelines for employees who are engaging in “teleworking”. Telework is a work flexibility arrangement from an approved worksite other than the location from which the employee would otherwise work. Employee(s) must receive prior authorization from the superintendent to telework on an ongoing basis. Periodic use of telework can be approved by supervisor.

PROCEDURE

Scope

This procedure applies to all employees specifically authorized by LCBDD to perform teleworking.

Requirements

A. Location of Work

Employees must provide their LCBDD supervisor the physical address and telephone number of the location at which they will be teleworking.

- The workspace must be safe and free from hazards.
- The workspace must be free from interruptions and distraction that would affect work performance.
- The workspace must allow for the employees to preserve the confidentiality of sensitive or non-public information. Any LCBDD provided material or equipment shall not be removed from the workspace, unless authorized by the superintendent, while the employee is teleworking.
- Teleworking employees shall not meet with the public or clients in their home

Policy & Procedure 5.2.14 Teleworking

office in any official capacity or connected with LCBDD business. LCBDD is not responsible for any injuries to family members, visitors and others in the employees' home.

- LCBDD is not responsible for any loss to the employee's property whether caused by physical damage, computer virus attacks or other intrusions via the internet.
- Employees utilizing LCBDD equipment while teleworking must protect the equipment from damage.

B. Hours of Work

Non-exempt employees are authorized to engage in teleworking during their normally scheduled workdays and hours, or on days/times pre-approved by their supervisor. Non-exempt employees may not work outside of those days and hours without prior supervisor approval. Non-exempt employees are responsible for accurately reporting their time worked each day.

C. Reporting for Work

Employees must coordinate the hours of work and lunch breaks with their supervisor. Employees who do not work for all or a portion of a day they are expected to telework are responsible for requesting to use appropriate leave. LCBDD is not responsible for paying employees while teleworking if they are unable to perform work due to operational or technological issues such as the availability of an adequate internet connection.

D. Communication

While teleworking, employees must be reachable by LCBDD during their normal working hours and any other times designated by LCBDD. If the employee becomes aware of or anticipates any disruption in technological communication during their normal working hours, they are to immediately notify their immediate supervisor.

E. Security and Confidentiality

While working remotely, employees must take steps to preserve the security and confidentiality of LCBDD information. Employees must keep confidential documents and materials in a secure location. Employees must maintain password protection to the same extent as required at the workplace, and keep confidential documents and records securely stored. All personal devices must be preapproved by LCBDD to ensure valid up-to-date anti-virus software and appropriate computer and internet security is installed and activated. Any suspected hacks or breaches of security must be reported to LCBDD immediately.

F. Policies

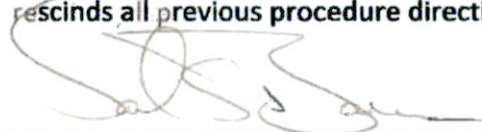
This teleworking arrangement does not change the basic terms and conditions of employment, including rate of pay and benefits. Employees are expected to apply with all LCBDD policies, procedures and performance standards. LCBDD may cease or modify an employee's approval for telework at any time. LCBDD retains the right to investigate

Policy & Procedure 5.2.14 Teleworking

alleged abuse of this teleworking policy.

IMPLEMENTATION


This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

03/01/2021
Date

Reviewed Date	Board Approved	Procedure Approved
	04/02/2020	
03/01/2021	03/04/2021	03/01/2021



Bonnie Verselle
Board President

03/04/2021
Date

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Flexible Work Options

Reviewing Department	Board Approval Policy Date	Original Effective Policy Date	Next Review Date Policy & Procedure
Administration	09/02/2021	09/02/2021	09/02/2026

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) supports methods that increase the ability to recruit and retain employees, job productivity, and satisfaction. Flexible work options can be a viable method when both the employee and the position are suited to such an arrangement. The preferred hours of employment are based on the needs of individuals served and the agency.. Flexible work options can be considered on a case-by-case basis in situations where creative work schedules have been shown to accomplish both successful work and personal goals to provide coverage for individual department operations and to serve the LCBDD with increased productivity at no expense to quality output. Employees of LCBDD must remain available and responsive to the people and families we serve and the community.

Flexible work options are not an entitlement or guaranteed benefit and does not change the terms and conditions of employment. Not all employees or positions benefit from this policy.

PROCEDURE

A. ELIGIBILITY

Flexible work arrangements are not appropriate for all employees or positions and are not a universal employee benefit. For a flexible work arrangement to be approved, it must benefit the agency. The employee must have successfully completed 3-6 months of successful job performance, including a satisfactory attendance record. The nature of the employee's work and responsibilities must be conducive to a flexible work arrangement without causing significant disruption to performance and service delivery.

B. Guidelines

Expectations: Each department director will have the responsibility to determine which flexible work options will be available to their employees based on the type of work the department completes, and their required availability. Flexible work options may begin on a trial basis and may be discontinued at will and at any time at the request of the employee or organization. Flexible work options are not designed to replace appropriate child or dependent care or sick time. While an employee is working, their focus must be on their work and meeting the needs of individuals served. Work schedules should be pre-approved by the Director and Superintendent. Employees must have pre-approval to work over-time, and should discuss significant changes to

Policy and Procedure 5.2.15 Flexible Work Options

their schedules with their supervisors. Outlook calendars must be utilized by employees to reflect their schedules. These calendars should be shared across the organization. Employees should be aware that their remote working schedule may change based on the needs of individuals served or the agency. Employees need to be available for crisis or urgent situations in person if they are working remotely as requested by their supervisor. Employees are expected to prioritize their schedules to participate in meetings and trainings in person. Employees will be expected to come into the office to provide updates to their supervisors as needed or scheduled. Employees must make every effort to return phone calls, voicemails and emails in a timely manner.

Home Office: The Board does not generally provide additional office equipment or furnishings outside of the employee's computer and cell phone unless specified by the person and approved by the Department Director and Business Director. Equipment supplied by the Board will be maintained by the Board and the employees must take appropriate action to protect the items from damage or theft. Equipment supplied by the Board will be used for business purposes only. Employees are responsible for equipping and maintaining their home offices in a manner that allows them to efficiently accomplish their work. The employee must have an adequate internet connection and cell coverage while working out of the office. A supervisor or designee may verify that the equipment is adequate to meet the needs. Employees will be expected to work from their designated "home office". In some circumstances, the superintendent may approve work from a designated space other than the home office, however this will not be the norm and consecutive, reoccurring days working from a space other than the designated home office will not be permitted. Employees are expected to maintain their home workspace in a safe manner, free from safety hazards. Confidentiality must be maintained in home offices. Employees must notify HR if an injury is sustained while working in the home office location and in conjunction with work duties.

At the conclusion of a flexible work option, or if an employee is no longer employed, the employee must return all equipment, supplies, and work-related documents, or other materials that are Board property to their supervisor within three days of the end of the flexible work option or by the last day of their employment, unless otherwise specified.

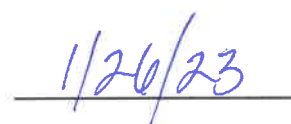
C. Options for Flexible Work may include:

1. Working from home
2. Hybrid schedule- In-office and from home
3. Compressed schedule with hours or days off
4. Working alternative hours
5. Job Sharing
6. A combination of the above

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.





Policy and Procedure 5.2.15 Flexible Work Options

Krista Oldiges, Executive Director

Date

Reviewed Date	Board Approved	Procedure Approved
8/30/2021	9/2/2021	9/2/2021
01/10/2023	01/26/2023	01/26/2023

Valerie Robt
Board President

1-26-23
Date

Policy & Procedure: 5.3.1 Performance Evaluation

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Performance Evaluation

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	April 2025

POLICY

It is the goal of The Logan County Board of Developmental Disabilities (LCBDD) to encourage employee development and maintain highly qualified and properly trained employees at all times. The LCBDD highly recommends and, in many cases, requires employees be given a written evaluation of their work performance at least annually by their immediate supervisor. The evaluation process will allow for an evaluation of work performance, establishment of goals and the identification of improvement plans if needed. In addition, the performance evaluation will allow for the employee to self-evaluate their goals accomplished and contributions they have made throughout the year. Regular attendance is considered the cornerstone of quality, consistent programs and services and will be judged as an integral part of performance evaluation.

PROCEDURE

A. Overview

Evaluations, if conducted, will be based upon defined and specific criteria and will generally be reviewed and signed by the employee's direct supervisor, and those superiors in the direct chain-of-command. Evaluation of an employee's performance is a continuous process based on conferences, discussions, and observations and is a method for increasing the worker's competence and effectiveness.

To assist in completing evaluations you should review the position description, program objectives, personal career development plans, absent time records, compliance with Board policy and procedures, written records kept by the employee and the supervisor, and any other material from competent sources which seems pertinent. The employee will have the opportunity to review, discuss and make written comments of the evaluation.

Policy & Procedure: 5.3.1 Performance Evaluation

B. Frequency

Each new employee will receive a written evaluation from their immediate supervisor prior to six months of employment and again prior to one year of employment. The end of the probationary period is at the one-year anniversary.

Written evaluations of each employee will be completed annually. The annual evaluation provides the basis for determining work performance, reference writing and/or promotion.

C. Employee Response

The results of the evaluation will be discussed with the employee and the employee will be asked to sign the evaluation. An employee's signature will reflect their receipt of the evaluation, not their agreement with its contents. Should the employee refuse to sign, a notation will be made reflecting the date and time of the review along with the employee's refusal to sign. Employees may offer a written response to their performance evaluation. Such response, if given, will be maintained with the evaluation.

If the employee feels the evaluation is not a true reflection of job performance, the employee may request a review of the evaluation by submitting a written notice for a review of the evaluation and stating which area needs reviewed. This review, if possible, will be with the next higher person in the chain of command for the department. The written request must specify which part(s) of the evaluation the employee is requesting be reviewed and must include specifics related to job performance upon which the request is based.

D. Resolution

The supervisor/administrator responsible for reviewing the evaluation must meet with the employee within 30 days and present the findings to the employee. The employee, if still not satisfied after the initial review conference, they may request further reviews through the chain of command. The final review is with the Superintendent, whose decision will be final.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent



Date

Reviewed Date	Board Approved	Procedure Approved
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Policy & Procedure: 5.3.1 Performance Evaluation

04/23/2019	05/02/2019	04/23/2019
04/12/2022	05/05/2022	05/05/2022

Valerie Rott

Board President

5-5-2020

Date

Policy & Procedure: 5.3.2 Training

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Training

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	May, 2022

POLICY

In support of our mission, vision and values, the Logan County Board of Developmental Disabilities (LCBDD) encourages employees at all levels to participate in job-related training and development activities in order to enhance skills, expand knowledge, and grow as professionals.

The responsibility for identifying and participating in training is shared by individual employees, their supervisors, and the LCBDD. Employees are responsible for obtaining approval from their supervisor to attend training programs, and supervisors are encouraged to approve employee requests to participate in such programs that fit within our strategic plan whenever feasible, responsible and within budget. Supervisor approval may be dependent on factors such as budget, the ability of the department to function in the employee's absence, and the relevance of the activity to either the employee's current position or their professional development plan (goals). In all cases, participation in development activities should not interfere with the effective performance of job responsibilities.

The LCBDD will ensure all personnel employed by or under contract with the Board participate in staff development activities appropriate to their job description such as formal course work, in-services, workshops, clinics, local area and staff meetings, and observations of other programs. A training rubric is reviewed by the Human Resource (HR) department to assure training compliance.

The employee is responsible for obtaining the credentials required for their position, and for the expenses not covered in training provided by the board.

PROCEDURE

The LCBDD encourages all personnel employed by or under contract with the Board to participate in staff development activities such as formal course work, in-services, workshops, clinics, local area and staff meetings, and observations of other programs.

Policy & Procedure: 5.3.2 Training

A. Board-Administered Training

1. New Staff Orientation

- a. All other new staff will have an orientation to include an overview of county board program services, enrollee rights, policies and procedures and job shadowing if needed.

2. In-Service Programs

- a. In-service programs are primarily designed to develop skills and quality of services to enrolled individuals. Whenever possible, the LCBDD will provide in-service programs which qualify for continuing education credits from accrediting entities (Ohio Department of Education, Ohio Department of DD, etc.).
- b. Records of in-service participation will be maintained for each staff member up to seven years. It is the staff member's responsibility to submit such records to the Personnel Office in a timely manner.

3. BODD Works

- a. Policy Updates, Compliance Regulations, Health and Safety Alerts and required OSHA Safety training that is mandated based upon assessed workplace hazards will be provided in the BODD Works training system.

4. Supplementary Training

- a. Although an employee may be fully certified, registered and/or licensed for his/her position, the LCBDD may request additional training or course work be obtained in order to remain abreast of current information, improve upon weaknesses which appear in an employee's performance evaluation, and/or assist the employee in keeping up with the changes within the professional field. It is the intent of this policy to ensure the employee is reimbursed for reasonable out-of-pocket expenses incurred as a result of attending classes.

B. Employee Initiated Training

Employee-initiated requests for professional development training opportunities will be honored based upon supervisory recommendation and available funds.

C. All Staff

1. New Staff

All new staff will complete an orientation. The Human Resource department will

Policy & Procedure: 5.3.2 Training

schedule the orientation with the employee and coordinate with the management that will be providing the training. The management staff will sign the orientation sheet to verify the required training was completed. The completed orientation sheet will be turned into Human Resources and filed in the employee personnel file.

2. In-Service Programs

In-service programs are primarily designed to develop skills and quality of services to enrolled individuals. The fall in-service is usually attended by all employees. Human Resources will coordinate the activities for this in-service and apply for continuing education Units (CEU). Service awards will be presented at this in-service. Certificates of Participation and CEUs earned will be distributed by the HR department and a copy will be placed in the employee personnel file. The remaining two in-services will be scheduled by the Management team as needed by their area. They will coordinate with HR to verify required training is being completed and CEU's are applied for. Certificates of Participation and CEU's earned will be distributed by the HR department and a copy will be placed in the employee personnel file.

3. Public School Works (BODD Works)

Any additional training that is required will be provided in BODD Works. Human Resources will enroll all employees into the BODD training system. The Human Resource Director will coordinate the training schedule with the BODD Works account representative. Reports and tracking for this training can be printed as needed for tracking and audits.

4. Annual Training Requirements for All Staff

- a. Body mechanics and safety in lifting, carrying and moving enrolled individuals.
- b. Fire suppression (at a minimum, one person per building and all kitchen & custodial)
- c. Assault prevention and intervention
- d. Communicable disease management, blood-borne pathogens and review of the agency's exposure control plan
- e. MUI rule review

5. Required Triennial Training

- a. Recognition and Reporting of Abuse and Neglect (all employees)
- b. First aid and CPR training for Safety Teams. (The safety team concept was adopted by the Board 11/20/03 as a viable alternative to training all direct service staff in first aid and CPR.)
- c. Each Support Services employee in a direct service position (Employment positions in which the employee has physical contact with, the opportunity to be alone with, or exercises supervision or control over one or more individuals with mental retardation or developmental disability. Including but not limited to instructors,

Policy & Procedure: 5.3.2 Training

educational aides, vocational support specialists, transportation, ancillary staff, and contractors.) shall hold the following certifications:

- Valid "American Red Cross" or equivalent certification in First Aid.
- Valid "American Red Cross" or equivalent certification in Cardiopulmonary resuscitation (CPR)

D. Intermittent Staff Training

Intermittent Staff may be required to attend annual mandatory training determined by each department and the position for which they may be employed. Intermittent Staff attending mandatory training shall be compensated per board policy.

E. Departmental Meetings

Important information will be provided at staff meetings and some additional training may be conducted at these meetings. If training is conducted a training signature sheet will be signed as verification that the training was completed.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

04/23/2019
Date

Reviewed Date	Board Approved	Procedure Approved
04/23/2019	05/02/2019	04/23/2019



Bonnie Vesich
Board President

05/02/2019
Date

Policy & Procedure 5.4.1 - Health & Safety

LOGAN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

The Board approves all policies, and the Superintendent approves all procedures.

Health & Safety

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	June 2025

POLICY

Safe working conditions are primary concerns of the Logan County Board of Developmental Disabilities (LCBDD). It is the responsibility of every department to provide safe working conditions, tools, equipment and work methods for its employees. The employee and their supervisor must address unsafe conditions promptly and ensure that all safety rules and good working methods are used by employees and supervisors.

It is the duty of all employees to use the safety equipment provided by the LCBDD and to follow all safety rules and safe working methods recommended for their safety.

Employees may refer to the Emergency Procedure Manual and the Discovery Center School Safety Plan for additional information.

PROCEDURE

A. Safety and health procedures/practices

It is the responsibility of each employee to ensure that all safety and health procedures/practices are observed.

1. All employees are responsible to ensure, to the best of their ability, safe working conditions, tools, equipment, and work methods to promote a healthy environment for all people who enter our buildings and receive our services.
2. An employee found to be willfully or wantonly negligent of any safety regulations, including equipment operation, resulting in either damage to the equipment or an accident, will be subject to disciplinary action which may include termination.
3. All employees, particularly supervisors, are charged with the responsibility of reporting the existence of any hazardous condition or practice in the workplace.
4. Any accident occurring during an employee's worktime will be reported to the immediate supervisor immediately even if no injury has occurred. The employee will submit an accident form to the supervisor within 24 hours. The employee or his/her supervisor will enter the accident report into BODD works.

Policy & Procedure 5.4.1 - Health & Safety

5. Clothing, shoes, and jewelry will be conducive to the safe and effective performance of required job duties.
6. When appropriate, staff are advised to call 911 and to take responsive action to protect themselves and others. Full cooperation will be given to law enforcement officials who will handle any ensuing arrest and prosecution through the Prosecutor's Office.
7. The appropriate supervisor will use the following procedure for handling on the job injury cases:
 - a. Arrange for prompt medical care.
 - b. Ensure the employee or his/her supervisor completes the Incident Accident Report form in BODD works and ensure the facts are clear.
 - c. A copy of the report will be kept on record within BODD works and notification will be sent to the Human Resources Department and to the Superintendent.
8. Human Resources Department will use the following procedure for handling on the job injury cases:
 - a. Ensure the employee is sent to nearest hospital or Corporate Health when and where appropriate.
 - b. Ensure employee is evaluated for injury
 - c. Ensure required drug/alcohol screens are administered
9. Obtain the Injury Accident report from BODD works and forward to the Superintendent and Logan County Commissioners office if it is a recordable injury according to OSHA regulations.
 - a. Log injury into the PERRP log
 - b. Form will be maintained in the BODD works system.
 - c. All associated paperwork is scanned to the employee confidential file.

B. Safety Compliance

It is the duty of the employee to take reasonable care of their own health and safety as well as that of co-workers and individuals during program hours. Non-compliance may indicate a need for retraining and or, depending on the circumstance of the incident, a need for disciplinary action using the discipline procedures established by the Logan County DD Board.

All staff who hold positions in which they are required to lift, carry, push, pull and move enrollees or materials as an essential function of the position descriptions must participate in an in-service which stresses body mechanics, and safe techniques of lifting, carrying, and moving.

Job Descriptions will specify which positions must be physically able to lift, carry and move enrollees or lift, carry, push, pull and move materials and which positions may be requested to assist to lift, carry and move enrollees or lift, carry, push, pull and move materials.

C. Physical Ability to Lift, Carry and Move Enrollees & Handle Materials Safely

All employees of LCBDD have the responsibility to work safely on the job to prevent injuries to self and others and prevent repetitive motion types of injuries to self during frequent and

Policy & Procedure 5.4.1 - Health & Safety

routine assistance in repositioning, transferring or otherwise moving enrollees with disabilities and when lifting, pushing, pulling or handling materials.

Back safety awareness is extremely important due to the prevalence and potential severity of back injuries. Back disorders can develop gradually or can be the result of a single traumatic event. Sprains and strains are the most common causes of lower back pain. Improper lifting, pushing, pulling or lifting loads that are too heavy for the back to support, falling, or sports activities are a few examples of back injury causes. Of these, lifting improperly or lifting, pushing, pulling loads that are too heavy for the back to support is the largest single cause of back pain and injury.

1. Minimal Assistance

Providing a light amount (less than 40 pounds) of steadying, shifting, guiding, or offering a hand to someone who can perform most of the task independently. Minimal assistance is primarily assistance in balancing or overcoming inertia. In cases where there is more than just a light amount of lifting, pushing, pulling of product or material or assistance is required to move or transfer, an assessment should be recommended by the individual team.

2. Transfer

A procedure in which the individual bears part or all the product or material weight and or body weight themselves OR part of the weight is supported by an assistive device (transfer board, walker)

Transfer Criteria

- a. Individual can bear some or all their weight at least through one leg or both arms or assistive device is used to move product or material.
- b. Individual is co-operative and reliable to assist in their own transfer.
- c. Appropriate equipment is available.
- d. Suitable environment (space, surface heights, few distractions).
- e. Size and body proportions of individual are compatible.

3. Lift

A procedure in which the entire product or material weight and or body weight of the individual is supported by something or someone other than the individual's (i.e.: mechanical lifting device or caregiver).

4. Mechanical Lift

A mechanical device that can be used to pick up individuals who need to be transported from one location to another or equipment used to move product or material. This could include transporting from a wheelchair to a chair, bed or commode or the floor and back again.

5. Enrollee Lifting Criteria

Any time you are required to lift, push, or pull something make sure you are following proper moving techniques and using your legs instead of your back. If items being lifted, pushed, or pulled are more than 40 lbs., break them down to smaller weights (Example: 80 lb. bag of salt, purchase in 40 lb. bag or use a scoop to transfer half the bag into a 5-gallon bucket with a handle so it can be easily moved to the proper location.) If this is not possible, have another employee assist you with the lift, push, or pull. **Never lift,**

Policy & Procedure 5.4.1 - Health & Safety

push, or pull more than 40 pounds by yourself and always use proper moving techniques.

- a. Individuals who weigh over 40 pounds that are not able to transfer independently shall be transported with a mechanical lift or product and materials weighing over 40 lbs. will be lifted, pushed, or pulled by more than one person if load can't be broken down below 40 lbs. or lifted with a mechanical device.
 - b. Lifting outside of this will be allowed when it is determined that it would not be in the enrollee's best interest to use a mechanical lift. The Superintendent must approve when this can occur upon consulting with other Staff Members.
6. Appropriate Dress Code for Lifting, Carrying and Moving Enrollees
- a. Staff who are in a class, group or environment where they may be expected to lift or be involved in a behavioral intervention, must wear shoes with a flat, wide-base heel.
 - b. Jewelry of any type could be broken, grabbed or pulled by an enrollee, and/or could inhibit moving enrollees safely and should be carefully considered before being worn. The Board will not replace such items.
 - c. Loose clothing that could be caught in wheel chairs or braces and tight-fitting clothing that could limit movement should not be worn.

D. Hepatitis B Vaccine

Every LCBDD employee (full time, part time and intermittent) will be offered the Hepatitis B vaccine within 10 working days of first date of service. The form for acceptance or refusal of the vaccine will be completed along with other hiring paperwork, (withholding forms, emergency medical, etc.) It will be highly recommended for staff members who are assigned to work directly with any enrollee. The Hepatitis B vaccine will be given by the Logan County Health District, located at 310 S. Main St. Bellefontaine, OH 43311. Human Resources will authorize the vaccine being administered if you accept. Once authorized, you are responsible to call the Logan County Health District (phone # 937-592-9040) to schedule/find out time slots available to receive your vaccine. The Logan County Health District will invoice LCBDD for the vaccine. If you choose to utilize your pharmacy, doctor or corporate health for the service, you are also responsible to pay for it and will be reimbursed when you complete an expense report. You must attach the receipt and submit the expense report to the fiscal department.

The Hepatitis B vaccine is given by injection. Three doses are given on three different dates. All three doses are needed for full protection. Exactly when these three doses are given will vary. After the first dose, the second dose will be given one month later and the third dose given six months after the first. Studies have shown that individuals who have completed the series are protected for at least 10 years. Booster doses are not recommended at this time.

Policy & Procedure 5.4.1 - Health & Safety

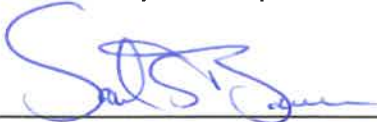
When you have completed the series of three vaccines submit a copy of the vaccination records to human resources. The completed vaccination records will be placed in the employee's medical file. Keep the original for your own records.

For those employees who declined the Hepatitis B vaccine, they may later choose to receive the vaccination by submitting a written request to their supervisor. The supervisor will refer the employee to Human Resources so the above procedures can be followed and they will be reimbursed.

For those employees who are not vaccinated and who become exposed to the HBV. It will be recommended that they be given a titer test. Based on the recommendation of a licensed physician they may be provided with one dose of the HGIG (hepatitis B immune globin) and begin the Hepatitis B vaccine series. These immunization services will be handled by a private clinic such as Corporate Health Services.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

8/24/22
Date

Reviewed Date	Board Approved	Procedure Approved
01/29/2019	02/07/2019	01/29/2019
06/14/2022		



Board President

8-4-22
Date

Policy & Procedure: 5.4.2 Lifting

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Lifting

Reviewing Department	Board Approval Policy Date	Effective Policy Date	Next Review Date Policy & Procedure
Administration	12/06/18	01/01/19	July 2022

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) developed this policy to help increase our employee(s) awareness, decrease injuries or risk of injuries and stress the importance of back safety because policies and procedures are key elements to a safe environment. LCBDD is dedicated to protecting its employees from on-the-job injuries and to being in compliance with PERRP (public employment risk reduction program).

All employees of LCBDD have the responsibility to work safely on the job to prevent injuries to self and others and prevent repetitive motion types of injuries to self during frequent and routine assistance in repositioning, transferring or otherwise moving individuals with disabilities and when lifting, pushing, pulling or handling materials.

PROCEDURE

Back safety awareness is extremely important due to the prevalence and potential severity of back injuries. Back disorders can develop gradually or can be the result of a single traumatic event. Sprains and strains are the most common causes of lower back pain. Improper lifting, pushing, pulling or lifting loads that are too heavy for the back to support, falling, or sports activities are a few examples of back injury causes. Of these, lifting improperly or lifting, pushing, pulling loads that are too heavy for the back to support is the largest single cause of back pain and injury.

Policy & Procedure: 5.4.2 Lifting

Policy & Procedure: 5.4.2

A. Definitions

Minimal Assistance - Providing a light amount (less than 40 pounds) of steadying, shifting, guiding or offering a hand to someone who can perform most of the task independently. Minimal assistance is primarily assistance in balancing or overcoming inertia. In cases where there is more than just a light amount of lifting, pushing, pulling of product or material or assistance is required to move or transfer, an assessment should be recommended by the individual team.

Transfer —A procedure in which the individual bears part or all the product or material weight and or body weight themselves OR part of the weight is supported by an assistive device (transfer board, walker)

1. Transfer Criteria

- a. Individual can bear some or all their weight at least through one leg or both arms or assistive device is used to move product or material.
- b. Individual is co-operative and reliable to assist in their own transfer.
- c. Appropriate equipment is available.
- d. Suitable environment (space, surface heights, few distractions).
- e. Size and body proportions of individual are compatible.

Lift — A procedure in which the entire product or material weight and or body weight of the individual is supported by something or someone other than the individual's (i.e.: mechanical lifting device or caregiver)

Mechanical Lift — A mechanical device that can be used to pick up individuals who need to be transported from one location to another or equipment used to move product or material. This could include transporting from a wheelchair to a chair, bed or commode or the floor and back again.

B. Procedure Statement

It shall be the procedure of the Board that all transfers, lifts, repositions, assisted ambulation and handling of materials by lifting, pushing, or pulling will be performed using the safest techniques and equipment available to employees to accomplish the task.

In all transfers, employees will avoid manual handling in all situations where more than minimal assistance is needed to reposition or move an individual or handling (which consists of lifting, pushing, pulling) of materials. In instances where more than minimal assistance is needed, employees will utilize Board provided assistive devices, such as lifts, standing devices, walkers, gait belts, forklifts, pallet jacks, dollies, and carts to safely accomplish the task.

The Board recognizes that, on occasion, they may need to authorize an assessment by PT

Policy & Procedure: 5.4.2 Lifting

or OT to determine the level of assistance needed by an individual and the most appropriate equipment to use and when to use it; this information will be included in the individual's Individual Service Plan (ISP).

The Board commits to providing the equipment needed to implement this policy to the extent possible within the budget.

Program directors will be responsible for seeing that maintenance and repair of the equipment used in their program occurs as necessary.

Department heads will assure that employees and substitutes who use the equipment in delivery of services receive training in its use and demonstrate competency in delivery of the service.

This policy and the procedures will be maintained, reviewed, and updated by the safety team at least annually whenever necessary to reflect *new* or modified procedures that affect issues related to back safety and lifting procedures.

The Safety Committee will review any injuries to individuals or employees, which occurred during lifting, pushing, pulling or transferring of individuals or objects and will make recommendations for a plan of correction if required to prevent further injuries.

1. Individuals who weigh over 40 pounds that are not able to transfer independently shall be transported with a mechanical lift or product. Materials weighing over 40 lbs. will be broken down below 40 lbs. or lifted with a mechanical device.
2. Lifting outside of this policy must be approved by the Superintendent. It can be allowed when it is determined that it would not be in the individual's best interest to use a mechanical lift.

Any time you are required to lift, push, or pull something make sure you are following proper moving techniques and using your legs instead of your back. If items being lifted, pushed, or pulled are more than 40 lbs., break them down to smaller weights (Example: 80 lb. bag of salt, purchase in 40 lb. bag or use a scoop to transfer half the bag into a 5- gallon bucket with a handle so it can be easily moved to the proper location.) If this is not possible, have another employee assist you with the lift, push, or pull. **Never lift, push, or pull more than 40 pounds by yourself and always use proper moving techniques.**

3. Compliance - It is the duty of the employee to take reasonable care of their own health and safety as well as that of co-workers and individuals during program hours. Non-compliance may indicate a need for retraining and or, depending on the circumstances of the incident, a need for disciplinary action using the discipline procedures established by the LCBDD Board.

Policy & Procedure: 5.4.2 Lifting

All staff who hold positions in which they are required to lift, carry, push, pull and move individuals or materials as an essential function of the position descriptions must participate in an in-service which stresses body mechanics, and safe techniques of lifting, carrying and moving. An annual review of these principles is required.

Job descriptions will specify which positions must be physically able to lift, carry and move individuals or lift, carry, push, pull and move materials and which positions may be requested to assist to lift, carry and move individuals or lift, carry, push, pull and move materials.

C. Appropriate Dress Code for Lifting, Carrying and Moving Enrollees

1. Staff who are in class, group or environment where they may be expected to lift or be involved in a behavioral intervention, must wear shoes with a flat, wide-base heel.
2. Jewelry of any type could be broken, grabbed or pulled by an enrollee, and/or could inhibit moving enrollees safely and should be carefully considered before being worn. The board will not replace such items.
3. Loose clothing that could be caught in wheelchairs or braces and tight-fitting clothing that could limit movement should not be worn.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

08/25/2020

Date

Reviewed Date	Board Approved	Procedure Approved
08/25/2020		08/25/2020

Board President

Date

Personnel Policy & Procedure 5.4.3 Bloodborne Pathogens

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Bloodborne Pathogens

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	August 2025

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) seeks to protect all employees who may be exposed to bloodborne pathogens in their regular performance of assigned duties; and comply with the Public Employment Risk Reduction Program (PERRP), Ohio Revised Code Chapter 4167 and the Occupational Safety and Health Administration's Bloodborne Pathogens Standard, 29 CFR 1910.1030.

PROCEDURE

The LCBDD will implement a Bloodborne Pathogens Exposure Control Plan which will identify employees whose duties create a reasonable anticipation of exposure to bodily fluids and substances, including blood and other potentially infectious materials and provide the Hepatitis B vaccine at no cost to the employees.

The LCBDD will ensure proper training in the bodily substance isolation method of infection control against exposure and/or contamination, including the use of engineering and work practice controls, the provision of appropriate protective supplies and equipment, and appropriate housekeeping schedules and procedures.

LCBDD will establish appropriate procedures for the reporting, evaluation and follow-up of any and all incidents of occupational exposure to blood or other infectious bodily fluids, provide for record keeping for all of the above which complies with the Public Employment Risk Reduction Program, and develop an exposure control plan that incorporates all of the above items.

A. RESPONSIBILITIES:

The Board's Department Heads are responsible for overall management and support for the Board's Exposure Control Plan. This includes ensuring appropriate follow-up and medical record keeping for any occupational exposure.

The Board's Department Heads are also the Board's Exposure Control Officers. Responsibilities include:

1. Writing, implementing, and monitoring compliance with the Exposure Control Plan;

Personnel Policy & Procedure 5.4.3 Bloodborne Pathogens

2. Developing and presenting suitable training programs and maintaining attendance records;
3. Reviewing the plan at least annually and updating whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and new or revised employee positions with occupational exposure;
4. Acting as the Board's liaisons during Federal and/or State inspections;
5. The Board's Department Heads are responsible for scheduling proper Bloodborne Pathogens training for all employees. These Department Heads will be knowledgeable in Bloodborne Pathogens and the Exposure Control Plan adopted and implemented by the Board with respect to each work site at which instruction is given annually or as needed to reflect modifications of tasks and/or procedures that affect an employee's occupational exposure.

B. AVAILABILITY TO EMPLOYEES:

The Board's Exposure Control Plan is available to employees at any time. Employees are advised of this availability during their training sessions. A copy of the Exposure Control Plan is located in the public folder. All new employees are required to read the plan during their orientation (at least within ten days after employment) and sign a statement that they have done so. All other staff are required to re-read the plan annually and sign a statement that they have done so. A hard copy of the plan will be made available to an employee who requests a hard copy within five (5) working days of the employee's request. Copies are also available via the Public (S) Drive along with other Board Policies.

C. REVIEW OF PLAN:

The Exposure Control Plan is reviewed and updated by the Board's Department Heads annually and whenever new or modified tasks or procedures are implemented which affect occupational exposure to our employees.

Definitions:

Blood: human blood, human blood components, and products from human blood.

Bloodborne Pathogens: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated: the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry: laundry soiled with blood or other potentially infectious materials that may contain sharp items.

Decontamination: the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item and the surface or item is rendered safe for handling, use or disposal.

Engineering Controls: area controls used to minimize employee exposure to blood borne pathogens (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace, hand washing facilities, waterless hand washing agents, disposable towels.

Personnel Policy & Procedure 5.4.3 Bloodborne Pathogens

Exposure Control Plan: each employer having an employee with the potential of occupational exposure shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

Exposure Incident: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

Hand washing Facilities: a facility providing an adequate supply of running water, soap and single use towels or hot air-drying machines, and/or waterless hand washing agents.

HBV: hepatitis B virus.

HIV: human immunodeficiency virus.

Licensed Health Care Professional: is a person whose legally permitted copy of practice allows him or to independently perform the activities required by the Logan County Board of Developmental Disabilities policy on bloodborne pathogens.

Occupational Exposure: means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Personal Protective Equipment (PPE): specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses not intended to function as protection against a hazard are not considered to be personal protective equipment (gloves, goggles, boots, aprons, coveralls may be considered PPE).

Regulated or Infectious Waste: means (1) liquid/semi-liquid blood and/or infectious material containing bodily fluids; (2) bodily fluids when compressed; (3) items caked with dried blood/bodily fluids; (4) contaminated sharps; (5) the carcasses/body parts of animals either intentionally or unintentionally killed.

Sterilize: means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospore.

Universal Precautions: is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls: means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

D. EXPOSURE DETERMINATION

An Occupational Exposure is defined as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties." Because the Board is implementing the body substance isolation method of infection control, an occupational exposure includes exposure to all body fluids and substances. "Parenteral" means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, or abrasions.

An Exposure Incident is defined as "a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that

Personnel Policy & Procedure 5.4.3 Bloodborne Pathogens

results from the performance of an employee's duties." Because the Board is implementing the body substance isolation method of infection control, an exposure incident includes, but is not limited to, skin with dermatitis, hand-nails, cuts, abrasions and chafing.

All employees within the Logan County Board of DD are considered to be at risk of occupational exposure while employed at Board operated facilities. Opportunity for occupational exposure determination has been made without taking into consideration the use of personal protective clothing or equipment.

All Board employees' job classifications are associated with the following tasks and procedures dealing with personal hygiene:

1. Shaving
2. CPR
3. Tooth brushing
4. Handling soiled linens
5. Menses care
6. Toileting/skin care
7. Suctioning
8. Wound care/wound irrigation
9. Cleaning and maintenance of toileting facilities
10. Cleaning up of blood and bodily fluid spills
11. Changing and applying urinary draining bags
12. Disposing of articles saturated with blood
13. Clean up of semen
14. First Aid
15. Injection/disposing of contaminated needles and syringe/sharps
16. Dental procedures
17. Suturing
18. Assisting and feeding of enrollees
19. Catheter insertion
20. Tube feedings/inserting tube changing and applying colostomy bags
21. Handling vomitus and saliva
22. Oral/motor assessments

E. METHODS OF COMPLIANCE:

1. Body Substance Isolation

The Board adopts body substance isolation ("BSI") in place of universal precautions as the method of infection control to be used. Universal precautions require that all blood and other potentially infectious materials be treated as if known to be infectious. BSI incorporates not only all blood and other potentially infectious materials but expands coverage to include all body fluids and substances, including, but not limited to, stool, vomitus, urine, sputum and wound drainage.

2. Universal Precautions:

Personnel Policy & Procedure 5.4.3 Bloodborne Pathogens

Universal Precautions will be observed in order to prevent contact with blood or other potentially infectious materials (OPIM). As a result, all blood and other potentially infectious materials will be treated as if they are known to be infectious for HBV, HIV, or other bloodborne pathogens by using the following procedures:

- a. Gloves will be worn for touching blood and body fluids, mucous membranes, or non-contact skin of all individuals, for handling items or surfaces soiled with blood or body fluids that contain visible blood. Gloves should be changed after contact with each individual.
 - b. Hands will be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands must be washed after gloves are removed (this is a most important practice).
 - c. Gowns or plastic aprons will be worn only if blood splattering is likely.
 - d. Masks and protective goggles will be worn if splattering is likely to occur such as in certain dental and surgical procedures, wound irrigations, post-mortem exams, bronchoscopy and suctioning procedures.
 - e. To minimize emergency mouth-to-mouth resuscitation, mouth pieces, resuscitation bags, or other ventilation devices will be located and available in areas where the need for resuscitation is predictable.
 - f. Sharp objects will be placed in impervious containers. Needles should not be bent, recapped or broken before inserting them in the impervious container. In all instances, retractable/safety needles should be used.
 - g. Blood spills will be cleaned up promptly with a disinfectant solution.
 - h. All individual blood specimens will be considered hazardous. Environmental contamination of surfaces or equipment in health care facilities has not been a means of transmitting HIV to people. Nevertheless, the precautions described should be routinely taken in the care of all individuals.
 - i. Employees are aware that working conditions may exist that are not such as normally exist in the occupation of the public employee. These conditions may include exposure to bloodborne pathogens, potentially infectious materials, and/or aggressive behavior.
3. Engineering Controls:
- a. Engineering and work practice controls will be utilized to minimize employee exposure to bloodborne pathogens. Where occupational exposure remains after institution of these controls, personal protective equipment (PPE) shall also be utilized.
 - b. The following engineering controls are accessible throughout Logan County Board of DD facilities. Employees should check with their immediate supervisor if clarification of these locations is needed.
 - c. Hand washing facilities, with antiseptic liquid cleanser and disposable towels, which are readily accessible to all employees located in all restrooms and sick room areas.
 - d. All community sites will use existing facilities; where none exist, waterless antiseptic hand washing agents and disposable towels are provided to field crews/enclaves. When antiseptic hand cleansers and/or disposable towels are used, hands are washed with soap and running water as soon as feasible.

Personnel Policy & Procedure 5.4.3 Bloodborne Pathogens

- e. Disposable sharp containers which are leak proof on the sides and bottom, puncture resistant, labeled with the words "sharps" and a biohazard symbol or red in color, transparent in an area that allows employees to see if a container needs to be replaced, and located in all designated sick room areas of all facilities.
- f. Inspecting sharps containers to replace them when they are 2 3/4 full is the responsibility of each Department Head/designee. Inspecting sharps containers should be done periodically.
- g. All other engineering controls are reviewed for proper function and repair or replacement every month.

4. Work Practice Controls:

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. Alcohol-based waterless hand cleaners are used only if hands are not visibly soiled or when it is not possible to use soap and water (i.e. water outage) and hands are washed with soap and running water as soon as feasible.

If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact. Employees who have open wounds, skin conditions, or dermatitis must consult their direct supervisor prior to providing direct service.

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. Exception to this may occur if the procedure requires that the contaminated needle be recapped or removed and no alternative is feasible. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device. A one-handed scoop technique is used only as a last resort. Recapping or removal is only permitted for the following procedure:

<u>Procedure</u>	<u>Device/Technique</u>
Drawing up medication prior to injection.	May recap with one (1) handed technique.

5. Containers for Reusable Sharps:

The Board does not permit the re-use of sharps for any purpose and employees are prohibited from doing so.

6. Work Area Restrictions:

In work areas (i.e. - restrooms, changing areas, gymnasium, etc.) where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees may not eat, drink, apply cosmetics, or lip balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench-tops where blood or other potentially infectious materials are present.

All procedures are conducted in a manner which minimizes splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Personnel Policy & Procedure 5.4.3 Bloodborne Pathogens

- a. Whenever employees anticipate contact with blood or other potentially infectious materials.
- b. When handling or touching items or surfaces contaminated with bodily fluids and/or substances.
- c. When giving injections to individuals.
- d. When diapering and/or changing incontinent individuals.

Disposable gloves used by the Board are not washed or decontaminated for re-use and are replaced as soon as practical when they become contaminated or as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Masks and eye protection are used whenever splashes or sprays may generate droplets of blood and/or infectious materials. Masks cover both the nose and mouth and are changed when moist to maintain barrier effectiveness.

Fluid resistant gowns are worn whenever potential exposure to body fluids is anticipated.

10. Required Personal Protective Equipment:

Listed below are the requirements to protect the Board's employees from potentially infectious agents. This list is not all-inclusive and so judgment is required to assess the need for additional barrier protection.

Legend: X=Routinely S= Soling is likely *=If Splattering is likely

<i>Task</i>	<i>Hand Washing</i>	<i>Gloves</i>	<i>Gown</i>	<i>Mask</i>	<i>Eye Protection</i>
Bleeding, pressure application to control	X	X	S	*	*
Blood glucose (capillary), testing	X	X			
Changing visibly soiled beds	X	X	S		
CPR (Use mouth-to-mask resuscitation device)	X	X			
Changing non-toilet trained (incontinent) persons	X	X			
Cleaning changing stations	X	X			
Feeding	X	X			
Oral/Motor Assessments	X	X			
Medication Administration					
Eye, ear, and nose drops	X	X			
Intramuscular/subcutaneous	X	X			
Oral, Administered					
Handed to patient	X				
Placed in patient's mouth	X	X			
Topical medication to intact skin	X	X			

Personnel Policy & Procedure 5.4.3 Bloodborne Pathogens

One of the methods employed to accomplish this goal is that when changing a colostomy bag, employees will wear disposable gloves and wash hands following removal of gloves.

7. Specimens:

The Board employees do not collect specimens on site. In the event that health care personnel or other personnel from other agencies collect specimens, they will be responsible for ensuring that the collection, storage and transport of the specimen are performed in an approved manner.

8. Contaminated Equipment:

Equipment which has become contaminated with blood and/or infectious material will be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination is not feasible. If it is feasible, the equipment will be marked with a biohazard label which can be found in the Nurse Clinics in the Discovery Center and RTC Industries. The label will state which portions of the equipment remain contaminated.

9. Personal Protective Equipment:

All personal protective equipment (PPE) used at the Logan County Board of DD is provided without cost to employees. PPE will be chosen in conjunction with Department Heads based on the anticipated exposure to body fluids and substances. PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Personal Protective Equipment provided to employees of the Board include: gloves (exam/utility), cover gown, and mouth-to-mask resuscitation devices. All Personal Protective Equipment will be cleaned, laundered, and disposed of by the Board at no cost to employees. All repairs and replacements will also be made by the Board at no cost to employees.

All used Personal Protective Equipment will be removed prior to leaving the work area and placed in the appropriate container provided in the work area.

All Board employee garments which are saturated by blood/infectious materials shall be removed immediately or as soon as feasible. Home laundering of clothing soiled with blood or other potentially infectious materials is not permitted.

In the event an employee's personal clothing becomes exposed, the employee may not leave the premises until such time that clothes are change and exposure control has been completed. The clothes will be laundered at the Board's expense at a pre-determined laundry facility. Exposure with injury resulting in emergency medical transport becomes the responsibility of the emergency squad.

Gloves shall be worn in the following circumstances:

Personnel Policy & Procedure 5.4.3 Bloodborne Pathogens

Topical medication to lesion	X	X		
Physical assessment	X	X		

11. Regulated Waste Disposal:

All contaminated sharps shall be discarded as soon as feasible in sharps containers which are located in the clinic area at Discovery Center and DD HR office.

Regulated waste other than sharps will be placed in appropriate biohazard containers located in the clinic areas of all facilities.

12. Environmental Cleaning:

The cleaning of all areas of the Logan County Board of DD is based on:

- a. Tasks and procedures performed in the areas;
- b. Types and amounts of contamination; and
- c. Types of surfaces to be cleaned.

The Board's Department Heads/designees shall conduct cleaning inspections periodically of the sharps containers, equipment surfaces and regulated waste containers.

The tuberculocidal disinfectant or one effective against both HIV and HBV is used when blood/other potentially infectious materials contamination is known or reasonably anticipated.

Dispatch is used at the LCBDD.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.

Any broken glassware which may be contaminated will not be picked up directly with the hands. Employees will utilize mechanical means such as a dust pan and brush or tongs to clean.

For spills of blood/other potentially infectious materials pre-mixed solutions will be utilized for clean-up adhering to the manufacturer's direction and Material Safety Data Sheet.

<u>Spill Category</u>	<u>Appropriate Amount of Fluid</u>	<u>Clean-Up Procedure</u>
Small	<50cc (1.5 oz/3.3 Tbl) if it involves contamination of more than one surface or if sprayed over large area.	<ol style="list-style-type: none"> 1. Wear gloves 2. Blot with paper towel 3. Spray with approved disinfectant 4. Wipe with paper towel 5. Dispose of material used to clean spill in approved container

Personnel Policy & Procedure 5.4.3 Bloodborne Pathogens

Large	>50cc (1.5 oz/3.3 Tbl.)	<ol style="list-style-type: none">1. Gown, gloves, mask, eye protection, boots mandatory for spill in excess of 1 cubic foot2. Call for assistance on site of spill location3. Dispose of materials used to clean spill in approved container.
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13. Laundry Procedures:

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use. Laundry that is soiled with materials in the body substance isolation category will also be handled by staff as little as possible.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials. Contaminated laundry from the LCBDD will be cleaned at a pre-determined area at the Board's expense. The laundry facility will be notified before the laundry is sent to them.

14. Warning Labels:

Labels include the international biohazard symbol. They are fluorescent orange or orange-red with lettering symbols in a contrasting color. The labels are an integral part of the container or are affixed in such a way to prevent their loss or unintentional removal.

Red bags or red containers may be substituted for labels and should be recognized by employees as containing potentially infectious materials. The following items require biohazard labeled containers: regulated waste container, containers used for storage, transport, or shipping of blood or other potentially infectious materials, soiled laundry (soiled with blood or OPIM), and sharps disposal containers.

15. Emergency Phone Numbers:

Public Employment Risk Reduction
1-800-671-6858
Ohio Environmental Protection Agency
(Ask for solid waste division)
1-800-282-9378


Mary Rutan Hospital Corporate Health Services
(937) 592-5015

Logan County Health Department
(937) 592-9040

Personnel Policy & Procedure 5.4.3 Bloodborne Pathogens

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

11/13/22
Date

Reviewed Date	Board Approved	Procedure Approved
04/23/2019		04/23/2019
08/09/2022	09/01/2022	08/09/2022



Board President

9-1-22
Date

Policy & Procedure: 5.5.1 Auditor of State Fraud Reporting System

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Auditor of State Fraud Reporting System

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	September 2022

POLICY

Any Logan County Board of Developmental Disabilities (LCBDD) employee who learns in the course of employment of a violation of state or federal statutes, rules, or regulations or the misuse of public resources which a supervisor or the Superintendent could correct shall report that violation or misuse to their immediate supervisor and/or to the Superintendent without fear of reprisal.

PROCEDURE

Per ORC 117.103(B)(1), LCBDD shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to new employees upon employment. Each new employee has thirty days after beginning employment to confirm receipt of this information by signing the "Acknowledgement of Receipt of Auditor of State Fraud Reporting System" form.

The Ohio Auditor of State's Office maintains a system for reporting fraud, including the misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll-free number, the Auditor of State's website, or the United States mail. Contact information is as follows:

Email: fraudohio@ohioauditor.gov
Telephone: 1-866-FRAUD OH (1-866-372-8364)
US Mail: Ohio Auditor of State's Office
Special Investigations Unit
88 East Broad Street
P.O. Box 1140
Columbus, OH 43215
Email: fraudohio@ohioauditor.gov
Web: www.ohioauditor.gov

Policy & Procedure: 5.5.1 Auditor of State Fraud Reporting System

Reporting Violations or Misuse/Whistleblower Protection

Steps to report the violation are as follows:

1. Reports must be written. Oral reports have no protection under the "whistle-blower" statute, ORC 124.341.
2. If the employee believes the violation or misuse constitutes a criminal offense, the written report should also be filed with the prosecuting attorney. If the employee believes there has been an ethics violation (ORC 102), unlawful interest in a public contract (OAC 2921.42) or soliciting or receiving improper compensation (OAC 2921.43), the report should be filed with the Ohio Ethics Commission.

Employees will make reasonable efforts to determine the accuracy of any information reported under this policy. Employees may be disciplined, up to and including removal, for purposely, knowingly or recklessly reporting false information.

Employees who are disciplined as a result of reporting violations or misuse under this policy may appeal that punishment to the State Human Resources Board of Review. Appeals must be filed no more than 30 calendar days after the employee learns he/she will be disciplined. ORC 124.341(D) makes appeal to the State Human Resources Board of Review the exclusive remedy for employees who are disciplined for reporting violations or misuse under this policy.

References

ORC 102.01, et seq.; 124.341; 2901.22; OAC 2921.42 and 2921.43.

The legislation also extends the current whistle-blower protections contained in Section 124.341 of the Revised Code to employees who file a complaint with the new fraud-reporting system. If a classified or unclassified employee becomes aware of a situation and reports it to the Auditor of State's fraud-reporting system, the employee is protected against certain regulatory or disciplinary actions. If retaliatory or disciplinary action is taken against the employee, the employee has the right to appeal with the State Human Resources Board of Review.

Policy & Procedure: 5.5.1 Auditor of State Fraud Reporting System

IMPLEMENTATION

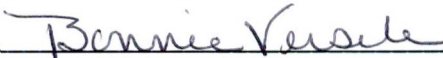
This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Hauer, Superintendent

06/25/2019
Date

Reviewed Date	Board Approved	Procedure Approved
06/25/2019	08/01/2019	06/25/2019



Board President

08/01/2019
Date

Policy & Procedure: 5.5.2 Complaint Resolution

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Complaint Resolution

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	October 2022

POLICY

This policy is intended to ensure that Logan County Board of Developmental Disabilities (LCBDD) handles complaints fairly, efficiently and effectively.

Our complaint management system is intended to:

- enable LCBDD to respond to issues raised by people making complaints in a timely and cost-effective way
- boost public confidence in our administrative process, and
- provide information that can be used by us to deliver quality improvements [where relevant], services, staff and complaint handling.

This policy provides guidance to our staff and people who wish to make a complaint on the key principles and concepts of our complaint management system. Disagreements and complaints, in most cases, are resolved without policies or procedures. In the case when a complaint cannot be resolved cordially or if due to the serious nature of the complaint further process and resolve is needed, the following policy and procedure should be used.

It is the intent of the LLCBDD to provide an orderly dispute resolution process for all employees of the Board, whether it be through an informal process for issues and concerns or through a formal grievance process when there is an allegation that there has been a misinterpretation, misapplication or violation of the express terms of Board policies, procedures and/or relevant law. Regardless of the course of action, it is the Board's desire to seek resolution at the earliest possible time and preferably on an informal basis.

Employees may have questions or concerns caused by misunderstandings in the application of policies, procedures and work rules. LCBDD believes these questions and concerns should be heard promptly, and action taken to resolve or clarify a situation. The LCBDD expects staff at all levels to be committed to fair, effective and efficient complaint handling.

Policy & Procedure: 5.5.2 Complaint Resolution

PROCEDURE

A. PERSONS SERVED DISPUTE RESOLUTION

Complaints or concerns related to persons enrolled in the Board's programs will be immediately referred to Service and Support (SSA) Department for investigation.

B. EMPLOYEE DISPUTE RESOLUTION

Open communication between supervisors and immediate staff are always encouraged as a primary and immediate step to resolution of employee-related complaints and correction of misunderstandings. An informal forum will be provided for employee interaction and problem resolution.

All employees shall have the right to file a complaint without fear of retaliation. No employee shall be disciplined, harassed or treated unfairly in any manner as a result of filing a complaint. A complaint is defined as a disagreement between two employees or between an employee and the Board about the interpretation or application of official policies, departmental rules and regulations, or other disagreements perceived to be unfair or inequitable relating to treatment or other conditions of employment. The following is the procedure to be followed when an employee has a complaint as defined above:

Step 1: Verbal/Informal

The first step in the grievance process is a meeting with the employee's supervisor to attempt informal resolution. If not resolved at this meeting, proceed to step 2.

Step 2: Immediate Supervisor/Written

An employee having a complaint shall file it in writing with his/her immediate supervisor, as outlined in the procedure for his/her work unit. The employee's immediate supervisor will review the complaint and attempt to resolve the complaint within a reasonable time and will provide the employee with a written response. Step 2 may be bypassed by either the employee or immediate supervisor if the immediate supervisor lacks the authority to make a change and/or the immediate supervisor is the subject of the complaint.

Step 3: Superintendent or Designee

Where the employee is not satisfied with the Step 2 response, the employee may submit the original complaint to the Superintendent within (7) calendar days. The Superintendent or designee will review the situation including, but not limited to, all material provided and will provide the employee with a written response in a timely manner. The Step 3 response shall be final.

Policy & Procedure: 5.5.2 Complaint Resolution

C. EEO COMPLAINT PROCEDURE

Employees who feel they have been subject to discrimination by a fellow employee, supervisor, or other individual otherwise affiliated with the LCBDD shall immediately report the conduct, to the Human Resource Director (Equal Employment Opportunity Coordinator EEOC) at 292-3011 or the Business Director at 292-3031 each of whom shall have the authority and responsibility to investigate and, once approved by the Superintendent, take appropriate action concerning the complaint.

The following formal complaint procedure has been adopted by the Board, in accordance with federal law, and has specific timeframes and actions required. Complainants, their representatives, and witnesses will be free from restraint, interference, coercion, discrimination, or reprisal at any stage in the presentation and processing of written complaints or grievances.

1. Filing of Discrimination Complaint

Any employee or applicant having complaint of discrimination on basis of race, color, religion, sex, national origin, age (40 and over), disability, military status, genetic information or sexual orientation may file a written discrimination complaint in the office of the Equal Employment Opportunity Coordinator (EEOC) located at the Board Office.

The complaint must be filed within 30 days of the alleged discriminatory action, except that this time limit may be extended if the complainant can show that he or she did not have notice of the time limit, or was prevented by circumstances beyond his/her control from submitting the complaint within the time limit, or for other reasons considered sufficient by the EEOC.

A complaint will be deemed filed on the date it is received, or on the date postmarked if mailed. The EEOC will acknowledge receipt of the complaint in writing, and inform the complainant in writing of the complaint procedure and of his/her right to file with the EEO Commission and the Ohio Civil Rights Commission.

2. Complainant's Right to Representation

At any time during the course of the procedure, the complainant will have the right to be accompanied, represented, and advised by a representative of his/her choosing. If the complainant is an employee and has designated another employee as his or her representative, both the representative and the complainant will be given a reasonable amount of time off work during normal working hours to present the complaint. Time spent during non-working hours to prepare the complaint will not merit compensation under this procedure.

Policy & Procedure: 5.5.2 Complaint Resolution

3. Rejection of Untimely or Insufficient Complaints

The EEOC may reject a complaint that was not timely filed or where information supplied by the complainant is deemed insufficient for the purpose of conducting an investigation.

The EEOC will reject those complaints which do not allege discrimination on the basis of race, color, religion, sex, national origin, age (40 and over), disability, genetic information and sexual orientation or which are identical to a previous complaint filed by the same complainant which is pending or has been decided under this procedure.

The decision to reject a complaint and the reason(s) for the decision, will be communicated to the complainant and Superintendent in writing within 10 days of the filing of the complaint.

4. Informal Resolution of Complaint

Upon receipt of accepted complaint, the EEOC will have 21 days in which to investigate and attempt to resolve the complaint informally. If an informal resolution of the complaint is achieved, the terms of the resolution will be set forth in writing, made part of the complaint file, and a copy will be provided to the complainant.

If an informal resolution of the complaint is not achieved, the EEOC will notify the complainant in writing:

- (1) of the proposed disposition of the complaint; and
- (2) of the complainant's right to a hearing before the Superintendent if the complainant notifies the EEOC in writing of his/her desire for a hearing within 15 days of receipt of such notice.

5. The Hearing

Upon receipt by the Superintendent of the written notification of the complainant's desire for a hearing, the Superintendent has 30 days in which to conduct a hearing on the complaint.

The EEOC will transmit to the Superintendent all materials concerning the complaint which have been acquired. Should the Superintendent determine that further investigation is needed, the Superintendent may direct the EEOC to conduct such investigation.

- The hearing will be conducted in accordance with due process of law, including:
- Adequate notice to parties of hearing time, place, and procedures;
- Reasonable timing;
- Right of each party to representation;
- Right of each party to present evidence;
- Right of each party to question evidence of the other;

Policy & Procedure: 5.5.2 Complaint Resolution

- Decision made solely on the basis of recorded evidence.
- The Superintendent will have authority to:
- Regulate the course of the hearing;
- Exclude irrelevant or unduly repetitious evidence
- Limit the number of witnesses;
- Exclude any person from the hearing for misconduct during the hearing.

The rules of evidence applicable to civil proceedings need not be followed.

6. Decision

The Superintendent will render a decision within 10 days of the conclusion of the hearing. The decision will be made in writing and will contain a statement of the reason(s) for the decision. Copies of the decision will be provided to the EEOC, and the complainant. In addition, a letter will be provided the complainant advising of the complainant's right to file with the EEO Commission and the Ohio Civil Rights Commission. The complainant has the right to file with the EEO Commission and the Ohio Civil Rights Commission within 180 days (federal) or six months (state) of the date of the alleged discrimination. The decision of the Superintendent will be final until overruled by the EEO Commission or Ohio Civil Rights Commission.

D. DISCRIMINATION OR HARRASSMENT COMPLAINT PROCEDURE

1. Complaint

Employees who feel they have been subject to unlawful discrimination or harassment by a fellow employee, supervisor, or other individual otherwise affiliated with the LCBDD shall immediately report the conduct to the Human Resource Director at 292-3011 or the Business Director at 292-3031 each of whom shall have the authority and responsibility to investigate and take appropriate action concerning the complaint.

Late reporting of complaints and verbal reporting of complaints will not preclude the LCBDD from taking action. However, so that a thorough and accurate investigation may be conducted, employees are encouraged to submit complaints in writing and in an expedient manner following the harassing or offensive incident. All supervisors are required to follow up on all claims or concerns, whether written or verbal, regarding unlawful discrimination and harassment.

2. Investigation

When the LCBDD is notified of the alleged harassment, it will timely investigate the complaint. The investigation may include private interviews of the employee allegedly harassed, the employee committing the alleged harassment and all witnesses. Information will be kept as confidential as practicable, although confidentiality is not guaranteed. All employees are required to cooperate in any investigation.

Policy & Procedure: 5.5.2 Complaint Resolution

Determinations of harassment shall be made on a case-by-case basis. If the investigation reveals the complaint is valid, prompt attention and disciplinary action designed to stop the harassment and prevent its recurrence will be taken.

3. Retaliation

All people are to be treated with respect, including people who make complaints. Anti-discrimination laws prohibit retaliatory conduct against individuals who file a discrimination charge, testify, or participate in any way in an investigation, proceeding, or lawsuit under these laws, or who oppose employment practices that they reasonably believe discriminate against protected individuals, in violation of these laws. The law also prevents retaliatory conduct against individuals who are close personal friends or family members with an individual who engaged in protected conduct.

The LCBDD and its supervisors and employees shall not in any way retaliate against an individual for filing a complaint, reporting harassment, participating in an investigation, or engaging in any other protected activity. Any employee who feels he has been subjected to retaliatory conduct as a result of actions taken under this policy, or as a result of his/her relationship with someone who took action under this policy, shall report the conduct to the Human Resource Director at 292-3011 or the Business Director 292-3031 immediately. Disciplinary action for filing a false complaint is not a retaliatory act.

4. False Complaints

Legitimate complaints made in good faith are strongly encouraged; however, false complaints or complaints made in bad faith will not be tolerated. Failure to prove unlawful discrimination or harassment will not constitute a false complaint without further evidence of bad faith. False complaints are a violation of this policy.

5. Corrective Action

If LCBDD determines unlawful discrimination, harassment, or retaliation has taken place, appropriate corrective action will be taken, up to and including termination. The corrective action will be designed to stop the unlawful conduct and prevent its reoccurrence. If appropriate, law enforcement agencies and licensing bodies will be notified. Any individual exhibiting retaliatory or harassing behavior towards an employee who exercised a right under this policy, or who is a close friend or family member of someone who exercised a right under this policy, will be subject to corrective action, as will an employee who has knowledge of unlawful conduct and allows that conduct to go unaddressed.

Policy & Procedure: 5.5.2 Complaint Resolution

REPORTING VIOLATIONS OR MISUSE/WHISTLEBLOWER PROTECTION

Any employee of the Board who learns in the course of employment of a violation of state or federal statutes, rules, or regulations or the misuse of public resources which a supervisor or the Superintendent could correct should report that violation or misuse without fear of reprisal as follows:

1. Reports must be written. Oral reports have no protection under the "whistle-blower" statute, ORC 124.341.
2. If the employee believes the violation or misuse constitutes a criminal offense, the written report should be filed with the prosecuting attorney. If the employee believes there has been an ethics violation (ORC 102), unlawful interest in a public contract (ORC 2921.42) or soliciting or receiving improper compensation (ORC 2921.43), the report should be filed with the Ohio Ethics Commission.

Employees will make reasonable efforts to determine the accuracy of any information reported under this procedure. Employees may be disciplined, up to and including removal, for purposely, knowingly or recklessly reporting false information.

Employees who are disciplined as a result of reporting violations or misuse under this procedure may appeal that punishment to the State Personnel Board of Review. Appeals must be filed no more than 30 calendar days after the employee learns he/she will be disciplined. ORC 124.341(D) makes appeal to the State Personnel Board of Review the exclusive remedy for employees who are disciplined for reporting violations or misuse under this procedure.

References

ORC 102.01, et seq.; 124.341; 2901.22; 2921.42 and 2921.43.

The legislation also extends the current whistle-blower protections contained in Section 124.341 of the Revised Code to employees who file a complaint with the new fraud-reporting system. If a classified or unclassified employee becomes aware of a situation and reports it to the Auditor of State's fraud-reporting system, the employee is protected against certain regulatory or disciplinary actions. If retaliatory or disciplinary action is taken against the employee, the employee has the right to appeal with the State Personnel Board of Review.

Policy & Procedure: 5.5.2 Complaint Resolution

IMPLEMENTATION


This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

06/25/2019
Date

Reviewed Date	Board Approved	Procedure Approved
06/25/2019	08/01/2019	06/25/2019



Board President

08/01/2019
Date

Policy & Procedure: 5.6.1 Administrative Leave

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Administrative Leave

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	November 2022

POLICY

The purpose of this policy is to outline the appropriate use of administrative leave. Logan County Board of Developmental Disabilities (LCBDD) employees may be granted administrative leave for purposes and benefits directly related to the function of the agency in accordance with O.R.C 124.388.

PROCEDURE

The Logan County Board of Developmental Disabilities (LCBDD) Superintendent will review the details and facts along with the impact this absence will have on the agency and decide if the leave will be granted.

A. Administrative Leave with pay

The Superintendent may, at his or her discretion, place an employee on administrative leave with pay. Administrative leave with pay is to be used only in circumstances where the health or safety of an employee or of any person or property entrusted to the employee's care could be adversely affected. Compensation for administrative leave with pay shall be equal to the employee's base rate of pay. The length of administrative leave with pay is solely at the discretion of the Superintendent but shall not exceed the length of the situation for which the leave was granted.

Policy & Procedure: 5.6.1 Administrative Leave

B. Administrative Leave without pay

The Superintendent may, at his or her discretion, place an employee on administrative leave without pay for a period not to exceed two months, if the employee has been charged with a violation of law that is punishable as a felony. If the employee subsequently does not plead guilty to, or is not found guilty of a felony with which the employee is charged or any other felony, the Superintendent shall pay the employee at the employee's base rate of pay, plus interest, for the period the employee was on the unpaid administrative leave.

IMPLEMENTATION


This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

06/25/2019
Date

Reviewed Date	Board Approved	Procedure Approved
06/25/2019	08/01/2019	06/25/2019



Board President

08/01/2019
Date

Policy & Procedure: 5.6.2 Calamity Day Leave and Virtual Working Day

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Calamity Day Leave and Virtual Working Day

Reviewing Department	Board Approval Policy Date	Effective Policy Date	Next Review Date Policy & Procedure
Administration	12/06/18	01/01/19	December 2025

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) Superintendent/designee may authorize a Calamity Day. A Calamity Day is defined as an emergency closing or delay for all or part of the agency due to inclement weather conditions or other emergencies (i.e., weather, water main break, heating malfunction).

In some emergency cases, such as a pandemic or extended periods of unscheduled leave, a Virtual Working Day will replace a Calamity Day. During a Virtual Working Day all staff will work as instructed by their supervisor or superintendent.

CALAMITY DAY PROCEDURE

Direct service staff – nursing, teachers, therapists, teacher assistants and any other classifications who provide services identified on an individual’s plan – will follow announced delays and declared calamity days. In the interest of maintaining services to the public, employees such as management, secretaries, support staff, custodians, food service, case management, etc. are not eligible for delayed work schedules or calamity day leave unless an emergency is declared by the Logan County Commissioners or if they are notified by the Superintendent. All administrative offices will be closed during a declared emergency

A calamity day will be considered a paid leave day subject to all applicable policies related to active status. At a minimum, the Ohio Department of Education and Ohio Department of DD attendance standards for individuals will be met. Employees will be required to make up days/hours at no pay if an excess of calamity days requires extending the calendar until the minimum number of required days/hours of actual instruction is completed. The Superintendent

Policy & Procedure: 5.6.2 Calamity Day Leave and Virtual Working Day

shall determine the number of makeup days/hours. The current ODE rules require make up after 5 calamity days.

- A. **Active Pay Status.** Employees who are in an active pay status (i.e., paid sick, professional, or vacation leave) either the entire day before or after a calamity day, will be paid for the calamity day or portion of the day missed, and will not be charged for sick, professional, or vacation leave for the portion of time they were not expected to report to work.
- B. **Inactive, Non-Pay Status.** Employees who are in an inactive, non-pay status on the day before and after day after a calamity day or employees who are not scheduled to work on a declared calamity day will not be granted calamity day leave.
- C. **Substitute and Temporary Employees.** Substitute and temporary employees who are scheduled to work the day before and the day after a calamity day and are scheduled to work the day of the calamity day, will receive paid calamity day leave for the portion of the day missed due to calamity or delay. Paid leave may be altered or eliminated for an emergency that extends beyond three days.

VIRTUAL WORKING DAY PROCEDURES

A Virtual Working Day is defined as a day when employees work virtually from home or office. Instructions for a virtual working day will be given by the supervisor or superintendent.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



 Saul Bauer, Superintendent 01/25/2021
 Date

<u>Reviewed Date</u>	<u>Board Approved</u>	<u>Procedure Approved</u>
06/25/2019	08/01/2019	06/25/2019
01/25/2021	02/04/2021	01/25/2021



 Board President 02/04/2021
 Date

Policy & Procedure: 5.6.3 Civic Duty Leave

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Civic Duty Leave

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	January 2026

POLICY

It shall be the policy of the Logan County Board of Developmental Disabilities (LCBDD) to grant court leave to employees in accordance with Ohio Revised Code 124.135 and Ohio Administrative Code 123:1-34-03.

PROCEDURE

A. Jury Duty

Employees will be excused from regularly scheduled work for jury duty. If an employee's jury duty is concluded prior to the completion of the employee's regularly scheduled workday, ~~he~~ they must return to work for the remainder of the workday. The LCBDD will compensate an employee who is called to, and reports for, panel and/or jury duty, at the employee's straight-time hourly rate for the hours ~~he was~~ they were scheduled on that day. The employee must give the LCBDD prior notice of jury duty and pay ~~his~~ their jury duty fee to the LCBDD, in order to receive ~~his~~ their regular pay.

B. Work Related Proceeding

Employees who are required by the LCBDD to appear in court or other proceedings on behalf of the LCBDD, will be paid at their appropriate rate of pay for hours worked. Employees must obtain prior approval from their supervisor before appearing in court or administrative proceedings on behalf of the LCBDD. Employees who receive a subpoena for work-related matters and have a concern regarding that subpoena should seek assistance from their supervisor or the Superintendent.

Policy & Procedure: 5.6.3 Civic Duty Leave

C. Personal Matters

Employees who are required to appear in court on personal matters, or on matters unrelated to their employment with the LCBDD, must seek an approved vacation leave, personal leave or unpaid leave of absence.

An employee who is the appellant in action before the State Human Resources Board of Review or the claimant before the Bureau of Workers Compensation for a Board-related claim, and who is in active pay status at the time of the hearing or examination, will be granted leave with pay for purposes of attending such hearing or examination during a normally scheduled work day. Reference: R.C. 124.135; Ad. Code 123:1-34-03

D. Pay

Since the Board shall pay the employee's regular wage for court leave or jury duty, any compensation or reimbursement from the Courts received related to jury duty or for court attendance compelled by subpoena must be remitted to the Business Office when such duty was performed during normal working hours.

An employee, who is summoned for jury duty or is subpoenaed to appear in court, will receive regular pay for any regular hours of work missed as a result of such jury duty or subpoena compelled court attendance provided the employee is not a party to the case. Employees who are a party to the case or are required to appear in court on other matters, which include personal matters, must use vacation leave, personal days or leave without pay. Such other matters would include, but are not be limited to, criminal or civil cases, traffic court, divorce proceedings, custody or appearing as directed as a parent or guardian of juveniles.

Policy & Procedure: 5.6.3 Civic Duty Leave

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent

1/26/23
Date

Reviewed Date	Board Approved	Procedure Approved
06/25/2019		06/25/2019
01/28/2020		01/28/2020
01/10/2023		01/26/2023



Board President

1-26-23
Date

Policy & Procedure: 5.6.3.1 Poll Worker

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Poll Worker

Reviewing Department	Board Approval Policy Date	Effective Policy Date	Next Review Date Policy & Procedure
Administration	09/03/20	09/03/20	December 2023

POLICY

The Logan County Board of DD recognizes there is a need for available people to serve as precinct election officials in order for our democratic process to operate in a fair and efficient manner. Accordingly, LCBDD will allow certain permanent full-time employees, certified by the local Board of Elections (BOE) , to be eligible for paid leave (Poll Worker Leave) on election date to serve as precinct election official.

PROCEDURE

- A. **Applicability:** Poll Worker Leave only applies to an individual who works full time for LCBDD, is a resident of Logan County and is not a management or supervisory employee. Employees, who are classified as part time or non-permanent appointment types such as seasonal, intermittent, etc. are not eligible for Poll Worker Leave. An employee who is on any type of paid or unpaid leave of absence is not eligible for Poll Worker Leave. Poll Worker Leave may be granted to employees of LCBDD in accordance with section 3501.28 of the Ohio Revised Code.
- B. **Hours:** The BOE has the right to refuse to place an employee as a precinct election official on the day of an election. In such an instance, the employee must report to work during the employee's regular work hours.
 - 1. The employee may be required to attend training courses as mandated by Ohio Law and conducted by the Logan BOE. The employee must attend said training courses as required by the BOE, of which there are options that are outside of traditional working hours. Poll Worker Leave is not applicable for required training under this policy.
 - 2. The normal Election Day workday is 5:45am until 8:30pm, or until all election responsibilities are completed. The employee's prompt return to work on the

Policy & Procedure: 5.6.3.1 Poll Worker

employee's next regular working day is expected.

3. An employee using Poll Worker Leave to serve as a precinct election official is entitled to paid leave plus compensation designated by the BOE based on the assigned election official duties. The paid leave in this case is not considered "hours worked" for the purposes of computing overtime. An employee using Poll Worker Leave is only eligible for paid leave for regularly scheduled hours of work (typically 8 hours) on the day of election and not on the amount of time spent working the polls for the Board of Election.

C. **Procedures:** The ability to be away from work as contemplated by this work rule is subject to the terms and conditions set forth below. Employees requesting Poll Worker Leave and supervisors who receive the requests for leave must follow the procedures established by this work rule. This work rule shall be uniformly applied to eligible employees.

1. A request for paid time off to serve as a precinct election official on Election Day shall be submitted to the employee's supervisor at least 14 calendar days prior to the date of the election or as soon as practicable. To request time off the employee must complete a standard "Request for Leave" form, check the box for "Other" and write "Poll Worker Leave" on the form.

Additionally, the employee must attach to the request for leave a copy of the employee's certificate of appointment issued by the BOE pursuant to RC 3501.27(A), a commitment card, or another form of confirmation from the local BOE that the employee will be serving as a precinct election official on a particular election day. Any request for time off that is not timely or not presented in the proper manner may be denied.

Upon receiving a properly completed Request for Leave form with the required documentation, the immediate supervisor shall note the date and time the request was received in the supervisor's section. The supervisor is responsible for notifying an employee when the form is not completed properly or when documentation is missing. Such notification shall be given by the supervisor prior to marking the leave form as being received for processing.


3. Requests for Poll Worker Leave shall be subject to the operational needs of the employee's work unit. Requests for Poll Worker Leave will be given the lowest priority as compared to all other types of leave requests received from employees within the work unit for the same date.
4. If the number of employees requesting Poll Worker Leave would cause a work unit to not be able to fulfill its operational needs, then requests for Poll Worker Leave will be granted in the order they were received. The supervisor's date and time in the remarks section is the sole factor in determining when a request was submitted. Incomplete forms or forms with missing documentation will not be considered submitted until the error is corrected.

Policy & Procedure: 5.6.3.1 Poll Worker

5. The LCBDD Superintendent or Supervisor can revoke the approval of Poll Worker Leave if operational circumstances of the employee's work unit so necessitate. An official who makes this determination shall follow the existing procedures for revoking approved leave. It is the employee's responsibility to notify the BOE if the employee is no longer available or approved to serve as a precinct election official.
6. If requested, an employee must verify to his or her immediate supervisor the employee's service as a precinct election official. Failure of the employee to timely submit the required verification to the employee's immediate supervisor will cause the employee to be considered absent without leave (AWOL) for that day and may subject the employee to discipline, up to and including removal.
7. Any employee who fails to follow the procedures set forth in this work rule may be subject to disciplinary action, up to and including removal.

IMPLEMENTATION

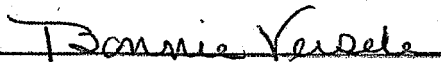
This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

01/19/2021
Date

Reviewed Date	Board Approved	Procedure Approved
08/25/2020	09/03/2020	08/25/2020
01/19/2021	02/04/2021	01/19/2021



Bonnie Verdele
Board President

02/04/2021
Date

Policy & Procedure: 5.6.4 Holiday Pay

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Holiday Pay

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	February 2026

POLICY

Logan County Board of Developmental Disabilities (LCBDD) employees are entitled to the paid holidays in accordance with O.R.C. 325.19 as determined annually by the LCBDD. Generally, these will consist of the following for full-time employees:

New Year's Day
President's Day
Juneteenth
Labor Day
Veterans Day
Christmas Day

Martin Luther King Day
Memorial Day
Independence Day
Columbus Day
Thanksgiving Day

PROCEDURE

A. Observance

If the holiday falls on a Saturday, it shall be observed on the preceding Friday; if the holiday falls on a Sunday, it shall be observed on the following Monday. If the holiday occurs while an employee is on vacation, sick or personal leave, the holiday will not be charged against such leave.

Holiday pay will not be given to any employee who is on a leave of absence without pay. An employee must be on approved active pay status before and after the holiday in order to be eligible for holiday pay.

Policy & Procedure: 5.6.4 Holiday Pay

B. Holiday Pay-Overtime

An hourly employee who is required to work, with prior approval of the appointing authority, on one of the board approved holidays is entitled to receive compensation. The first forty hours actually worked during a holiday week will be paid at straight time + holiday. Hours worked above 40 hours for the week will be paid at time and a half. Holiday hours are not considered actual hours worked and will not be used to calculate overtime eligibility.

C. Part-time Employees

Part-time employees are entitled to be paid for a holiday if the holiday, or it's observed day, falls within a typical work schedule.

D. Religious Holiday

LCBDD tries to be flexible and fair to permit and assist employees to observe religious holidays which have not been granted by law. Employees observing religious holidays on a day other than the already approved holidays may use personal leave, vacation leave or approved leave without pay.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent



Date

Reviewed Date	Board Approved	Procedure Approved
06/25/2019	08/01/2019	06/25/2019
02/25/2020	08/01/2019	02/25/2020
02/14/2023	03/02/2023	03/02/2023



Board President



Date

Policy & Procedure: 5.6.5 Hours of Work and Overtime

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Hours of Work and Overtime

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	March 2026

POLICY

The Logan County Board of DD (LCBDD) will establish the hours of work for all employees. Staff may be required to work days, evenings, nights and/or weekends and/or have their schedules altered based on operational needs.

The LCBDD may mandate overtime as a condition of continued employment. Supervisors shall attempt to distribute overtime as equally as practicable among qualified employees within those classifications in which overtime is required. An employee who refuses to work a mandatory overtime assignment may be considered insubordinate and disciplined accordingly. Additionally, the LCBDD may authorize or require employees to work a flexible schedule in a work week. For overtime eligible, non-exempt employees, a flexible schedule must occur within a single forty-hour work week.

PROCEDURE

The purpose of this procedure is to establish uniform guidelines for the payment of overtime or compensatory time. The provisions of this procedure apply to all non-exempt employees of the Board. Compensatory time in lieu of wages due may be awarded at the rate of 1.5 times hours actually worked in overtime (Refer to Holiday Pay policy and procedure for actual hours worked for holiday pay overtime). References to overtime pay in this section apply to actual pay or compensatory time. Scheduled overtime that is subsequently cancelled for any reason will not entitle the employee to overtime compensation.

Policy & Procedure: 5.6.5 Hours of Work and Overtime

A. Overtime Exempt Employees

Employees who are exempt from the overtime provisions of the Fair Labor Standards Act (“FLSA”) are not eligible for overtime payment. LCBDD shall determine if an employee is exempt from overtime requirements for purposes of the FLSA. Such exemptions may include employees whose job duties are executive, administrative or professional in nature. At the discretion of LCBDD, exempt employees may be required to keep track of and report their hours without destroying their exempt status. Employees who are exempt from the overtime provisions of the FLSA shall not receive compensatory time. A list of overtime exempt classifications will be maintained at the Board Office.

B. Overtime Non-Exempt Employees

Due to federal regulations, employees who are not exempt from the overtime provisions of the FLSA are prohibited from signing in or beginning work before their scheduled starting time or signing out/stopping work past their scheduled quitting time except with supervisory approval or in emergency situations. Additionally, non-exempt employees who receive an unpaid lunch period are prohibited from working during their lunch period except with supervisory approval or in emergency situations. Non-exempt employees who work outside their regularly scheduled hours in contravention of this rule shall be paid and/or receive compensatory time off for all hours worked but may be disciplined accordingly.

Non-exempt employees should not report to work sooner than 15 minutes prior to the start of the work shift and leave no later than 15 minutes after the work shift is over. They will remain on the job during regularly scheduled work hours unless an exception is authorized by their immediate supervisor. Per FLSA regulations, an employee’s time from 1-7 minutes may be rounded down, and thus not counted as hours worked, but employee time from 8 to 14 minutes must be rounded up and counted as a quarter hour of work time for overtime compensation purposes.

C. Compensatory Time – Non-Exempt Employees Only

At the discretion of LCBDD, certain non-exempt employees may be permitted to receive compensatory time-off in lieu of overtime payment. Compensatory time, like overtime, shall accrue at a rate of one and one-half (1 ½) times the hours actually worked and applies only to hours actually worked in excess of forty (40) in any one work week. Compensatory time must be used within three hundred sixty-five (365) days of its accrual. Employees’ time will be used on a first-in, first-out basis. Compensatory time not used within the required period of time will be paid out at the rate of pay in which it was earned.

Policy & Procedure: 5.6.5 Hours of Work and Overtime

D. Flex Time

An arrangement between an employee and the immediate supervisor may exist to handle flexible scheduling to avoid an overtime situation if the adjustment to the work schedule occurs within the same 7-day work week.

E. Volunteer Time

The time in which an employee engages in volunteer activities outside normal work time and will not be compensated.

TIMEKEEPING

The "LCBDD Timesheet" form is the official record of the employee's time worked. It is the employee's responsibility to complete this time sheet in a timely and accurate manner. Each employee must accurately record actual starting and finishing times, and lunchtime (if applicable). Employees with restricted duties must complete a personalized timesheet noting their work restrictions.

Failure to properly sign in or out as required, misrepresenting time worked, altering any time record, or allowing a time record to be altered by others may result in disciplinary action up to and including dismissal.

All actual hours more than 40 hours in a given work week must be approved by the direct supervisor and the Superintendent prior to the employee actually working the hours, unless it is determined an emergency. An approved "Overtime Pay Request" form must be attached to time sheets for the work weeks involved. The supervisor's signature on the timesheet verifies that all hours recorded were approved.

In regards to employee timekeeping related to federal awards, LCBDD will comply with federal OMB Circular A-133, 2 CFR, Part 225, Appendix B if employees are expected to work solely on a single Federal award or cost objective, their salary and wages will be supported by periodic certifications; or if they work on multiple activities, the distribution of their salaries or wages will be supported by personnel activity reports or equivalent.

OVERTIME CALCULATION

A. Overtime Payment

All "Overtime Eligible Employees" will be compensated at one and one-half times their base rate of pay for actual hours worked in excess of 40 hours during one work week.

Policy & Procedure: 5.6.5 Hours of Work and Overtime

Time spent in active pay status for which the employee did not actually work is not included in the accumulation of 40 hours worked for the purposes of establishing overtime eligibility. Examples of active status, non-work time include holidays, vacation leave, calamity leave, sick leave, personal leave, compensatory leave, etc.

Refer to the "Holiday Pay" policy and procedure on compensation when actual hours worked include working on a scheduled paid holiday.

When an overtime eligible employee works at two different rates, overtime may be paid at the weighted average of the two overtime rates (per FLSA).

B. Comp Time

If an employee elects to receive compensatory time off in lieu of overtime pay for any overtime worked, such compensatory time shall be granted by the Superintendent/designee on a time and one-half basis, at a time that is mutually convenient to the employee and LCBDD. An approved "Overtime Pay Request" form must be attached to time sheets for the work weeks involved.

C. Vacation and Sick Accrual

Hours in excess of 40 per week do not qualify for vacation or sick leave accrual.

IMPROPER DEDUCTIONS

The LCBDD will comply with all FLSA provisions. Improper deductions that are not in accordance with the FLSA are prohibited. Additionally, improperly classifying individuals as "exempt" from overtime is prohibited. Any deduction that is subsequently determined to be improper, or any exemption status later found to be improper, shall be reimbursed. Any employee who believes that he has had an improper deduction from his salary, or who believes he has been improperly classified under the FLSA, shall submit a complaint in writing to the Human Resource Director and/or the Business Director. The Human Resource Director and/or the Business Director will investigate to ensure a good faith effort to comply with the FLSA requirements.

Policy & Procedure: 5.6.5 Hours of Work and Overtime

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Executive Director



Date

Reviewed Date	Board Approved	Procedure Approved
06/25/2019	08/01/2019	06/25/2019
03/14/2023	04/06/2023	04/06/2023



Board President



Date

Policy & Procedure: 5.6.6 Unpaid Leave

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Unpaid Leave

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	April 2026

POLICY

It shall be the policy of Logan County Board of Developmental Disability (LCBDD) to retain highly qualified and trained employees. It is important that employees complete their duties and are present in their positions as scheduled. Employees are hired to complete a necessary role and are needed to complete their position description as assigned and scheduled. A leave of absence can disrupt the ongoing operation of the agency. Unpaid leave will only be approved in advance and due to justifying circumstances.

The LCBDD recognizes that medical or extenuating circumstances occur outside of the normal conditions. The Superintendent shall authorize employees an unpaid leave of absence only when necessary for professional, educational, or other personal reasons. An unpaid personal leave of absence may be granted for one day and up to six months for any reason deemed appropriate or up to one year for educational or training which would be of benefit to LCBDD. The Superintendent has sole discretion to grant or deny the request for leave without pay. Upon completion of approved unpaid leave, the employee shall be returned to his/her former position or to a similar position within the same classification. This policy applies after all paid leave has been exhausted.

PROCEDURE

Leave without pay is considered “inactive” status and the employee shall not accumulate paid leave or holiday pay. It is the responsibility of the employee to know their leave balances and when they need to request unpaid leave.

Employees are not eligible for employee benefits while in “inactive” pay status and will be offered COBRA while on non-FMLA (Family Medical Leave Absence) leave of absence without pay lasting longer than one pay period. If the employee is absent longer than two weeks, the employee is

Policy & Procedure: 5.6.6 Unpaid Leave

responsible for both the employer's and employee's share of health care premiums for the portion of time on leave without pay status.

A. Request for Leave

Authorization of a leave of absence without pay is a matter of administrative discretion. The Superintendent will decide in each individual case if a leave of absence is to be granted. Such things to be considered are circumstances, position description/job duties, length of employee tenure, disciplinary history or excessive absenteeism etc. Leave without pay will not be granted until such time that all other forms of applicable leave have been exhausted including vacation, personal leave and sick leave.

Except for emergencies or unforeseen circumstances, employees will request unpaid leave of absence on the "Request for Unpaid Leave" form. The employee shall state the reason for the leave and dates requested and submit the form to the Superintendent 30 days in advance of the desired leave.

B. Length of Leave

The Superintendent may grant a leave of absence without pay to any employee for a maximum duration of one day up to six months for any personal reasons of the employee. Unpaid time spent in FMLA status counts toward the six-month total leave allowance. Whenever the personal leave of absence is related to health or injury problems of the employee and a probable date of return is unknown or longer than six months, the employee may be placed on disability separation.

Leave may be granted for a maximum of one year for the purpose of education, training, or specialized experience that would benefit the Board by improved operations at any level.

C. Completion of Leave

Upon completion of a leave of absence, the employee shall return to the position formerly occupied, or to a similar position if the employee's former position no longer exists. Any replacement in the position while an employee is on leave may be terminated subject to established layoff procedures, upon the reinstatement of the employee from leave. The terminated employee may be considered for other vacancies.

An employee may return to work before the scheduled expiration of leave if requested by the employee and approved by the Superintendent. An employee who fails to return to work within three working days of the completion or a valid cancellation of a leave of absence without pay without explanation to and approval from the Superintendent or

Policy & Procedure: 5.6.6 Unpaid Leave

designee will be considered absent without leave and may be removed from his/her position.

D. Revoke of Leave

The LCBDD may revoke an unpaid leave of absence for business reasons upon one week's written notice to the employee that he must return to work. An employee on an unpaid leave of absence who is determined to be using the leave for purposes other than for which the leave was granted may be ordered to return to work immediately and be subject to disciplinary action.

E. Probationary Period

The period during which an employee is on a leave of absence without pay shall not be counted towards an employee's original probationary period.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent

5/3/23

Date

Reviewed Date	Board Approved	Procedure Approved
06/25/2019	08/01/2019	06/25/2019
04/25/2023	05/04/2023	05/04/2023



Board President

5/3/2023

Date

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Personal Leave with Pay

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	May 2025

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) expects its employees to attend to personal matters outside of working hours. However, personal circumstances may necessitate an absence from work that extends beyond reasonable attempts to schedule outside of working hours. Employees may request personal leave, which is subject to approval by the employee's supervisor. The LCBDD will grant eligible employees personal leave with pay according to the guidelines outlined in the personal leave with pay procedure below.

PROCEDURE

On the first day of January each year, employees hired prior to 1/1/2017 will receive 4 personal days for 12-month employees and 3 personal days for 9-month school employees. For employees hired after the beginning of the calendar year, personal leave will be calculated on a pro-rated basis and added to the employee's credit three months following employment date and rounded to the nearest full hour.

Employees hired after 1/1/2017, personal days will be placed to the employee's credit on the first day of January of each year based on the below calculation. For employees hired after the beginning of the calendar year, personal leave will be calculated on a pro-rated basis and added to the employee's credit three months (90 days) following employment date and rounded to nearest full hour. The "Calculation of Personal Leave" form will be completed and provided to the employee upon hire.

A. Calculation

The calculation of personal leave will be based on the following:

1. 12 Month Employee

Each full and part time 12-month employee who has worked at least three months with the Logan County Board of Developmental Disabilities (LCBDD) will be granted the equivalent of four days of personal leave per year based on 2000 annual hours and will be prorated and rounded to the nearest hour for those employees who are less than 2000 hours per calendar year.

2. 9 Month Employee

Policy & Procedure: 5.6.7 Personal Leave with Pay

Each full and part-time 9-month employee will be granted the equivalent of three days of personal leave per year based on 1455 annual hours and will be prorated and rounded to the nearest hour for those employees who are more or less than 1455 annual hours.

3. Intermittent and Temporary Staff


Intermittent and temporary employees are not eligible for this benefit.

B. Use of Personal Leave

1. Personal leave must be taken in units of one-quarter hour
2. Unused personal leave will not carry over to the following year. Employees may elect to donate or be paid unused personal leave balances utilizing the Personal Leave Conversion form in the following ways:
 - a. Personal Leave Donation may be made by employees as described in the Personal Leave Donation Policy.
 - b. Personal leave payout may be made to all employees for any annual unused personal leave balance on the first pay in January each year or upon separation based on the prorated amount earned from January 1 to their termination date using the same prorated calculation at their current rate of pay.
3. Prior written approval by the Superintendent or designee must be obtained on the standard request for leave form prior to using this benefit. Same-day emergency authorization may be approved by the employee's immediate supervisor prior to the start of the workday utilizing established call-in procedures. Approval of personal leave will be based on the immediate supervisor's judgement to maintain adequate services, programming, and operations.
4. Personal leave will be utilized and approved based on the needs of LCBDD. . In order to ensure quality services to the individuals served, personal leave may be denied. LCBDD and the employee will work together to utilize alternative scheduling or payout options in order to mutually satisfy and respect the needs of all involved.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

10/13/22
Date

Reviewed Date	Board Approved	Procedure Approved
04/23/2019	05/02/2019	04/23/2019
06/25/2019	05/02/2019	06/25/2019
09/29/2020	10/01/2020	09/29/2020
01/25/2021	10/01/2020	01/25/2021
11/01/2021	11/04/2021	11/01/2021
08/23/2022	09/01/2022	08/23/2022



Board President

9-1-22
Date

Policy & Procedure: 5.6.8 Sick Leave

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Sick Leave

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	June 2026

POLICY

This policy provides guidelines for accruing, using, and reporting sick leave, when an eligible employee must be out of work due to a condition or circumstance described below. All employees of the Logan County Board of Developmental Disabilities (LCBDD) shall be entitled to sick leave in accordance with §§ 124.38 and 124.39 of the Ohio Revised Code.

PROCEDURE

The Logan County Board of Developmental Disabilities (LCBDD) will implement sick leave using the following procedures:

A. Accumulation

For each completed hour in active pay status, an employee earns .0575 hours of sick leave not to exceed 80 hours in a by-week for a maximum total of 120 per year. Previous accumulated sick leave of an employee who has separated from public service shall be re-credited if reemployment in public service takes place within ten (10) years of the last termination from public service and the employee provides proof of the prior leave balance. An employee who transfers from one public agency to another shall be credited with up to the maximum of sick leave accumulation permitted in the public agency to which the employee transfers. The amount of sick leave time any one employee may accrue is unlimited. For the purposes of this section, active pay status is defined as hours worked, hours on vacation, personal leave, holiday leave, calamity leave, administrative leave, wage continuation, transitional work, and hours on paid sick leave.

B. Use

An employee may request sick leave for absences resulting from illness as described below in increments of one-quarter of an hour (OAC 123:1-32-03). Sick leave may be used

Policy & Procedure: 5.6.8 Sick Leave

by employees and upon approval of the direct supervisor for absences due to the following:

1. Illness, injury, or pregnancy-related medical condition of the employee.
2. Exposure of an employee to a contagious disease which could be communicated to and jeopardize the health of other employees.
3. Examination of the employee, including medical, psychological, dental, or optical examination, by an appropriate licensed medical practitioner.

Death of a member of the employee's immediate family. Such usage shall be limited to reasonably necessary time, not to exceed three (3) days. Other appropriate leaves of absence may be requested if additional time is needed. Grandparent-in-law, aunts and uncles shall also be considered immediate family for bereavement leave purposes. Such usage shall be limited to reasonably required time, not to exceed one (1) day. The Superintendent may grant additional time off for a spouse or child on a case by case basis not to exceed five (5) days.

4. Illness, injury, or pregnancy-related medical condition of a member of the employee's immediate family where the employee's presence is reasonably necessary for the health and welfare of the employee or affected family member.
5. Medical, dental, or optical examinations or treatments of an employee or of a member of an employee's immediate family where the employee's care and attendance is reasonably required.

Elective cosmetic surgeries that are not medically necessary do not constitute an appropriate usage of sick leave. Other appropriate leaves of absence, such as vacation, may be requested for such purposes.

For purposes of sick leave, immediate family is defined as: grandparent; great-grandparents; brother; sister; brother-in-law; sister-in-law; daughter-in-law; son-in-law; father; mother; father-in-law; mother-in-law; spouse; child; step-child; step-parent; grandchild; legal guardian; or another person who stands in place of a parent.

C. Employee Notification

When an employee is unable to report to work due to illness or other acceptable sick leave reason, they shall notify their supervisor. If the supervisor is not available, they must contact another member of management or the Human Resource Director. An employee must continue such notification each succeeding day of absence except in cases of prolonged illness or absence where the employee has been granted a set period of leave. Failure of an employee to make

Policy & Procedure: 5.6.8 Sick Leave

proper notification may result in denial of sick leave and/or appropriate disciplinary action.

D. Written Statement

Proof of illness, such as a doctor's excuse, may be required when the LCBDD believes absence to be excessive, chronic, patterned, or abusive. A satisfactory licensed medical practitioner's certificate may be required at any time but will generally be required in each case when an employee has been absent more than three (3) consecutive days. When a licensed medical practitioner's certificate is required, it must be submitted to the Human Resource Director before an employee will be permitted to return to work from leave. The licensed medical practitioner's certificate must be signed personally by the treating practitioner and must verify that the employee was unable to work during the period in question, not simply that the employee was "under the doctor's care." For absences where a licensed medical practitioner's certificate is not required, the employee must submit a written statement to the Human Resource Director explaining the reason sick leave is requested.

E. Sick Leave Abuse

Application by an employee for sick leave through fraud or dishonesty will result in denial of such leave and with disciplinary action, up to and including dismissal. Patterns of sick leave usage immediately prior or after holidays, vacation, days off and/or weekends or excessive sick leave usage may result in sick leave denial and appropriate disciplinary action. The LCBDD reserves the right to investigate allegations of sick leave abuse. The LCBDD reserves the right to question employees concerning their sick leave use. Whenever an employee is on sick leave, he/she must be at home or obtaining treatment or medication during his/her scheduled work hours.

F. Uses of Other Leave

Other accumulated unused leaves may be used for sick leave purposes once all sick leave has been used at the discretion of the Superintendent

G. Sick Leave Charge

Sick leave shall be charged in minimum increments of one-quarter (1/4) hour. When sick leave is used it shall be deducted from the employee's available sick leave. Sick leave payments shall not exceed the normal scheduled workday or workweek earnings. Employees may utilize sick leave only for the hours and days on which they are scheduled to work. Employees may not use sick leave that has not been earned.

Policy & Procedure: 5.6.8 Sick Leave

H. Sick Leave Upon Retirement

Upon retirement from active service with LCBDD, an employee who has ten or more years of eligible Ohio public service will be paid in cash for up to 25% or one-fourth (1/4) the value of the employee's accrued but unused sick leave credit. The maximum aggregate payment to the employee shall not exceed the value of thirty (30) days accrued, unused sick leave. The payment shall be based on the employee's rate of pay at the time of retirement. The above payments will only be made after documentation is provided by the employee from Ohio Public Employees Retirement System. A payout under this provision will eliminate all of the retiring employee's sick leave balance. ORC 124.39 (B). A rehired employee is not eligible to be paid unpaid sick leave upon separation since the employee has already retired.

I. Medical Information

The LCBDD will maintain employees' medical information in a separate medical file and will treat the information in a confidential manner. Employees who are concerned that their medical information is not being treated in a confidential manner should report such concerns to the Human Resource Director at 292-3011 or the Business Director at 292-3031.

J. Absenteeism Standard

The absence of an employee that is verified by a physician is not questioned and is considered an excused absence. Employees whose rate of absenteeism exceeds 2.3% of their scheduled work hours are subject to counseling at the discretion of their supervisor about overuse of sick leave. Absenteeism in excess of 2.3 percent without medical reason will be noted on an individual's annual performance evaluation. The use of sick leave in a pattern (ex. many Fridays or Mondays and/or pre/post-holidays) will be investigated for abuse of sick leave and is subject to progressive disciplinary action.

K. Absence Without Leave (AWOL)

An employee is absent without leave if absent from work without prior notification to immediate supervisor and/or for which the payment of available sick leave was denied for just cause or if all other forms of leave have been exhausted. Each scheduled workday for which the employee is absent without prior supervisor notification and/or unexcused by their supervisor is considered one unexcused absence. An employee who is absent without leave (AWOL) for three consecutive days may be removed.

Policy & Procedure: 5.6.8 Sick Leave

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.

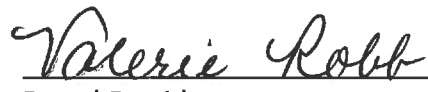


Krista Oldiges, Superintendent




Date

Reviewed Date	Board Approved	Procedure Approved
06/25/2019	08/01/2019	06/25/2019
06/17/2020	08/06/2020	06/17/2020
08/25/2020	08/25/2020	08/25/2020
02/22/2021	03/04/2021	02/22/2021
06/06/2023	08/03/2023	08/03/2023



Board President



Date

Policy & Procedure: 5.6.9 Vacation Leave

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Vacation Leave

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	July 2023

POLICY

Eligible employees of the Logan County Board of Developmental Disabilities (LCBDD) can utilize vacation leave as described below in order to ensure that employees maintain a healthy balance between personal life and work-related obligations. It shall be the policy of the LCBDD to provide vacation leave with pay for employees in accordance with O.R.C. §§325.19 and 124.13 as applicable.

PROCEDURE

A. Vacation Leave Accrual

1. Part-time (less than thirty-six [36] hours per week), seasonal, temporary, and intermittent employees do not earn vacation.
2. Full-time LCBDD employees shall be entitled to vacation after completion of one full year of public employment in Ohio. Vacation time is credited each bi-weekly pay period at rates as established below in accordance with O.R.C. §§325.19 and 124.13 as applicable. An employee who is not in active pay status for part of a bi-weekly pay period shall earn a pro-rated amount of vacation leave for that period. All full-time employees earn vacation leave according to their number of years of service as follows:

Employee Years of Service	Bi-weekly Accrual Per Hours Worked	Annual Accrued Vacation Weeks
1-8 Years of Service	Hours Worked Times .0388 Per Hour	Up to 2 Weeks

Policy & Procedure: 5.6.9 Vacation Leave

9-15 Years of Service	Hours Worked Times .0575 Per Hour	Up to 3 Weeks
16-25 Years of Service	Hours Worked Times .0775 Per Hour	Up to 4 Weeks
26 or More Years of Service	Hours Worked Times .0963 Per Hour	Up to 5 Weeks

Note: Employees who worked less than 40-hour work weeks will be pro-rated at the per hour rate.

3. The service required in each instance needs not be continuous; however, completion of a total of one year of service is required before eligibility for any vacation leave is established.
4. Part-time, intermittent, seasonal and temporary service days of service is counted only for determining length of service. However, an employee must be working on a full-time basis to earn vacation credit.
5. Vacation credit is accumulated to a maximum of that earned in three years of service. Credit more than this maximum is automatically eliminated from the employee's vacation leave balance.
6. Vacation leave is earned during the time the employee is in active pay status. It is not earned while on unpaid leave of absence or unpaid military leave.
7. Time spent on military leave will be counted in determining length of service, but vacation credit will not be accumulated during the time spent on military leave.
8. For purposes of vacation leave, employment with any of the following shall be counted as qualifying service; (it shall be noted, however, that vacation credit and length of service will accrue from employment at only one agency if an employee is working at more than one agency concurrently):
 - a. Ohio Department of Developmental Disabilities, bureaus and commissions;
 - b. State-supported universities, community colleges, and technical institutes;
 - c. Boards of County Commissioners or other county offices;
 - d. Cities, villages, and townships;
 - e. School districts;
 - f. Health districts;
 - g. Public libraries;
 - h. Special purpose districts established pursuant to the law; for example, conservancy and park districts, housing transportation, port and airport authorities;

Policy & Procedure: 5.6.9 Vacation Leave

9. Retirement systems, Bridges Commission, Ohio Turnpike Commission, and Ohio Historical Society.
10. Any other qualifying governmental agencies.
11. Satisfactory verification of previous service time must be received by the Human Resources Department within 90 days of hire. Verification received after 90 days of hire will be credited from the date received forward.

B. Transfer of Vacation

An employee who transfers from one agency to another is paid by the releasing agency at the time of transfer for any unused vacation leave. An employee who has less than one year of service at time of transfer will become eligible for vacation upon completion of a total of one year of service.

C. Separation from Service

1. Upon separation from LCBDD service, an employee is entitled to compensation for any earned, but unused, vacation credit at the time of separation.
2. Payment for earned, but unused, vacation will be made in a lump sum at the employee's current base rate of pay. The employee will not be carried on the payroll for liquidating the vacation balance.
3. The maximum amount of vacation for which payment may be made upon separation is that earned in three years of service. An employee whose service in active pay status totals one year or more is entitled to vacation payment upon separating whether the service is continuous or not. Such vacation payment will be made at the employee's current base rate of pay.

D. Vacation Pay in Case of Death

In the case of death of an employee, any earned but unused vacation leave shall be paid to date of death in accordance with Section 2113.04, Ohio Revised Code.

E. Vacation Requests

1. Vacations shall be planned to avoid interference with the efficient operation of the LCBDD. On the other hand, once a vacation is requested and approved on a properly completed request for leave form, the vacation will not be rescinded unless it is at the request of the employee or in the event of a dire emergency such as a major disaster or strike. The Superintendent or his/her designee must approve all requests for an extension of a vacation whether verbally or in writing.
2. All vacation leave must be requested on Request for Leave Form
3. When vacation time is requested, the approved/disapproved Request for Leave Form will be returned to the employee prior to the beginning of the vacation and notice of approval/disapproval will be made to the employee as soon as the request has been

Policy & Procedure: 5.6.9 Vacation Leave

received by the Superintendent or designee.

4. If vacation is requested, the request for leave should be submitted to the employee's supervisor or department head at least twenty-one days in advance. Vacation requests submitted with less than one day's notice should be considered according to the operational needs of LCBDD. Generally, vacations will be granted when requested by the employee.
5. LCBDD staff seniority will be the determining factor in the choice of scheduled vacation dates when there are concurrent requests 90 days in advance of the requested date. Otherwise, vacations will be granted on a first-come, first-served basis. Such dates for vacation are, however, subject to the administrative discretion and approval of the department head and Superintendent. All recommended vacation leave requests need to be approved or disapproved by the direct Supervisor with the Superintendent's authorization.
6. In no instance will vacation be granted in place of sick leave without prior written or verbal approval of the Superintendent or his/her designee. When an employee has used all of his/her sick leave and holidays, vacation days may, in some circumstances, be used to keep him/her on the payroll, but only at the employee's request and with prior written or verbal approval of the Superintendent.
7. If vacation is requested when the employee is on duty, the Request for Leave Form must be filled out prior to leaving duty and submitted to the appropriate department head, (unless the emergency situation prevents completing the Request for Leave Form) for the department head's recommended approval/ disapproval. In any event, employees taking such leave without written or verbal approval will be held as "absent without leave" and in a no-pay status.
8. If vacation is requested and approved when the employee is not on duty, the Request for Leave Form shall be submitted on the first working day following the completion of the vacation time period to the department head.
9. Days designated, as holidays are not charged to vacation leave regardless of the day of the week on which they occur, unless an employee is scheduled to work on a holiday.
10. Each department or program unit will establish the minimum number of staff members necessary to meet the operational requirements at any given time and will grant vacation according to the established minimum.

Policy & Procedure: 5.6.9 Vacation Leave

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

03/01/2021
Date

Reviewed Date	Board Approved	Procedure Approved
06/25/2019	08/01/2019	06/25/2019
08/25/2020	09/03/2020	08/25/2020
03/01/2021	09/03/2020	03/01/2021

Board President

Date

Policy & Procedure: 5.6.10 FMLA

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

FMLA

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/18	August 2026

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) will comply with Public Law 103-3, *Public Law 110-181*, Family and Medical Leave Act of 1993, to provide family and medical leave as specified in the legislation. Eligible employees will be provided up to 12 weeks of paid or unpaid leave in connection with specific qualifying events. Eligible employees may take up to 26 weeks of unpaid leave to care for a covered service member. Generally, employees will be provided employment in an equivalent position with equivalent conditions of employment upon return from family or medical leave. LCBDD will maintain records of utilization of family or medical leave per the requirements of the Department of Labor. (Please see additional information under 5.6.10.1 Temporary Family Medical Leave Act Families First Coronavirus Response Act (FFCRA) Policy)

PROCEDURE

A. Qualifying Events for Basic Leave Entitlement

In order to be entitled to take the appropriate amount of family and medical leave, one of the following "qualifying events" must occur:

1. Incapacity due to pregnancy, prenatal medical care or child birth;
2. Care for the employee's child after birth, or placement for adoption or foster care;
3. Care for the employee's spouse, son, daughter or parent, who has a serious health condition;
4. For a serious health condition that makes the employee unable to perform the employee's job

Policy & Procedure: 5.6.10 FMLA

B. Definitions

The term "spouse" means a husband or wife. For purposes of this definition, husband or wife refers to the other person with whom an individual entered into marriage as defined or recognized under state law for purposes of marriage in the State in which the marriage was entered into or, in the case of a marriage entered into outside of any State, if the marriage is valid in the place where entered into and could have been entered into in at least one State. This definition includes an individual in a same-sex or common law marriage that either:

1. was entered into in a State that recognizes such marriages; or
2. if entered into outside of any State, is valid in the place where entered into and could have been entered into in at least one State.

The term "parent" means a biological, adoptive, step, or foster father or mother, the spouse of any such person, or any other person who stood in loco parentis to the employee when the employee was a child as defined in this section. This term does not include "parents in law."

The term "son or daughter," for purposes of FMLA leave taken for birth or adoption or to care for a family member with a serious health condition, means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is either under age 18, or age 18 or older and "incapable of self-care because of a mental or physical disability" at the time that FMLA leave is to commence.

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than three (3) consecutive calendar days combined with at least two (2) visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Policy & Procedure: 5.6.10 FMLA

C. Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on “covered active duty” or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies.

The term "spouse" means a husband or wife. For purposes of this definition, husband or wife refers to the other person with whom an individual entered into marriage as defined or recognized under state law for purposes of marriage in the State in which the marriage was entered into or, in the case of a marriage entered into outside of any State, if the marriage is valid in the place where entered into and could have been entered into in at least one State. This definition includes an individual in a same-sex or common law marriage that either:

1. Was entered into in a State that recognizes such marriages; or
2. If entered into outside of any State, is valid in the place where entered into and could have been entered into in at least one State.

The term "parent" means a covered service member's biological, adoptive, step or foster father or mother, the spouse of any such individual, or any other individual who stood in loco parentis to the covered service member. This term does not include parents “in law.”

The term "son or daughter," for purposes of military family leave, means a covered service member's biological, adopted, or foster child, stepchild, legal ward, or a child for whom the covered service member stood in loco parentis, and who is of any age.

An employee’s spouse, son, daughter, or parent is on “covered active duty” when he or she is either a) on duty as a member of a regular component of the Armed Forces and deployed with the Armed Forces to a foreign country under a call or order to active duty, or b) on duty as a member of a reserve component of the Armed Forces and deployed to a foreign country under a call or order to active duty in support of a contingency operation. Qualifying exigencies to manage the service member’s affairs are described on the Department of Labor form Certification of Qualifying Exigency for Military Family Leave and include: 1) Short notice deployment; 2) Military events and related activities; 3) Childcare and school activities; 4) care of the military member’s parent who is incapable of self-care; 5) Financial and legal arrangements; 6) Counseling; 7) Rest and recuperation; 8) Post-deployment activities; and 9) Additional activities not encompassed in the other categories, but agreed to by the employer and employee.

A qualified eligible employee may take leave to care for a covered service member

Policy & Procedure: 5.6.10 FMLA

who has suffered a serious injury or illness in the line of active duty or who has had an existing condition aggravated by military service (“military caregiver leave”). A covered service member means (1) a current member of the Armed Forces, National Guard or Reserves who is undergoing medical treatment, recuperation, or therapy, is in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness incurred in the line of duty; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness. The injury or illness for which the covered service member requires military caregiver assistance may manifest itself before or after the member officially became a “veteran.” Military caregiver leave also applies to pre-existing medical conditions that were aggravated by the service member’s active duty service in the military. **The FMLA definitions of “serious injury or illness” for current service members and veterans are distinct from the FMLA definition of “serious health condition”.**

An employee who has a qualified family relationship with a covered service member may take up to 26 weeks of leave during a single 12-month period. A qualified family relationship is a spouse, parent, son or daughter, or next of kin. The leave entitlement described in this paragraph applies on a per-covered service member, per-injury basis, such that an eligible employee may be entitled to take more than one leave if the leave is to care for a different covered service member or to care for the same service member with a subsequent serious illness or injury, but the employee is limited to a total of 26 weeks of military caregiver leave in any single 12-month period. No more than 26 weeks total of FMLA leave may be taken within any single 12-month period to care for a covered service member. Spouses who are employed by the same covered employer may be limited to a combined total of 26 workweeks of leave during the single 12-month period for military caregiver leave.

An employee may take FMLA leave for up to 12 weeks for a Qualifying Event in the same 12-month period in which an FMLA leave is taken to care for a covered service member.

The Board will provide the employee with a copy of the Department of Labor Form Certification for Serious Injury or Illness of Covered Service member for Military Family Leave or Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave to be completed by the employee and an authorized military health care provider of the covered service member. The employee may present certain military certifications such as “Invitational Travel Orders” or “Invitational Travel Authorizations” for purposes of certification that must be accepted by the Board.

If the certification is incomplete or unclear, the employee is to be given seven (7)

Policy & Procedure: 5.6.10 FMLA

additional calendar days to provide more complete information. Re-certifications and second or third opinions are not permitted in connection with respect to leave to care for a covered service member.

The Superintendent or a person designated by the Superintendent may contact the covered service member's health care provider for clarification and/or authentication of the medical certification. Under no circumstances may an employee's direct supervisor contact the health care provider. Attempts to clarify or authenticate a medical certification shall not result in obtaining additional medical information.

D. Certification and restrictions on leave

The Board may require that an employee's leave to care for the employee's covered family member with a serious health condition, or due to the employee's own serious health condition that makes the employee unable to perform one or more of the essential functions of the employee's position, be supported by a certification issued by the health care provider of the employee or the employee's family member. The Board may also require that an employee's leave because of a qualifying exigency or to care for a covered service member with a serious injury or illness be supported by a certification. An employer must give notice of a requirement for certification each time a certification is required; written notice must be provided whenever the Board is required to determine eligibility for FMLA leave. An oral request by the Board to an employee to furnish any subsequent certification is sufficient.

The employee must provide the requested certification to the Board within 15 calendar days after the Board's request, unless it is not practicable under the particular circumstances to do so despite the employee's diligent, good faith efforts or the Board provides more than 15 calendar days to return the requested certification. The employee must provide a complete and sufficient certification to the Board. The Board shall advise an employee whenever it finds a certification incomplete or insufficient, and shall state in writing what additional information is necessary to make the certification complete and sufficient. A certification is considered incomplete if the Board receives a certification, but one or more of the applicable entries have not been completed. A certification is considered insufficient if the Board receives a complete certification, but the information provided is vague, ambiguous, or non-responsive. The Board must provide the employee with 7 calendar days (unless not practicable under the circumstances despite the employee's diligent good faith efforts) to cure any such deficiency. If the deficiencies specified by the Board are not cured in the resubmitted certification, the Board may deny the taking of FMLA leave. A certification that is not returned to the Board is not considered incomplete or insufficient but constitutes a failure to provide certification.

Policy & Procedure: 5.6.10 FMLA

The Superintendent or a person designated by the Superintendent may contact an employee's health care provider for clarification and/or authentication of the medical certification. Under no circumstances may an employee's direct supervisor contact the health care provider. Attempts to clarify or authenticate a medical certification shall not result in obtaining additional medical information.

At the time the Board requests certification, it must also advise an employee of the anticipated consequences of an employee's failure to provide adequate certification. If the employee fails to provide the Board with a complete and sufficient certification, despite the opportunity to cure the certification, or fails to provide any certification, the Board may deny the taking of FMLA leave. In all instances when certification is requested, it is the employee's responsibility either to furnish a complete and sufficient certification or to furnish the health care provider providing the certification with any necessary authorization from the employee or the employee's family member in order for the health care provider to release a complete and sufficient certification to the Board to support the employee's FMLA request.

An eligible employee may take up to 12 weeks of unpaid leave to care for the employee's son or daughter with a serious health condition. For purposes of the FMLA, the terms "son" or "daughter" mean a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing *in loco parentis*, who is either under age 18, or age 18 or older and "incapable of self-care because of a mental or physical disability" at the time that FMLA leave is to commence. "Incapable of self-care" requires active assistance or supervision to provide daily self-care in three or more "activities of daily living." For purposes of this policy, a spouse does not need to establish an "*in loco parentis*" relationship with a child to exercise their rights. In the absence of a marriage, as recognized under this policy, an employee may exercise his/her rights pursuant to the FMLA to care for a child when that employee stands *in loco parentis* to that child. Persons who are "*in loco parentis*" include those with day-to-day responsibilities to care for or financially support a child. A biological or legal relationship is not necessary.

In the absence of a biological or legal relationship and/or for purposes of confirmation of family relationship, the Board may require the employee giving notice of the need for leave to provide reasonable documentation or statement of family relationship. This documentation may take the form of a simple statement from the employee, or a child's birth certificate, a court document, etc. The Board is entitled to examine documentation such as a birth certificate, etc., but the employee is entitled to the return of the official document submitted for this purpose.

Entitlement for child care ends at the end of the 12-month period beginning on the date of birth. Entitlement for child care ends at the end of the 12-month period beginning on the date of placement. The child care entitlement applies to parents in a marriage,

Policy & Procedure: 5.6.10 FMLA

as recognized under this policy, and unmarried individuals acting "*in loco parentis*."

When the Board employs both spouses, the total amount of Family and Medical Leave shall be twelve (12) weeks combined, when the leave is taken for birth of the employee's son or daughter or to care for the child after birth, for placement of a son or daughter with the employee for adoption or foster care or to care for the child after placement, or to care for the employee's parent with a serious health condition. Leave taken for other qualifying events shall not be subject to this restriction.

E. Qualified Employee

A Board employee must meet the following criteria to be a "qualified employee" eligible for family and medical leave:

1. An employee must be employed by the Board for more than 12 months of active service, which need not be 12-consecutive months.
2. An employee must have worked more than 1,250 hours in the 12 months prior to the commencement of FMLA leave.
3. An employee must be employed at a worksite where 50 or more employees are employed within 75 miles of that worksite.

Service Member Time in the military service covered under the Uniformed Services Employment and Reemployment Rights Act (USERRA) will count towards fulfilling the length of employment and hours of work requirements to be eligible for an FMLA leave.

F. Use of Paid Leave

If an employee does not elect to use accrued paid leave, he/she will be required to use all accrued, unused paid vacation, personal, sick, compensatory time, and/or PTO as a substitute for unpaid Family and Medical Leave. Such paid leave will run concurrently with and be counted toward the 12 workweeks of leave. Once all paid leave is exhausted, any remainder of the Family and Medical Leave shall be unpaid.

G. Coverage Period; Intermittent Leave

A qualified employee is entitled to take up to a total of twelve (12) weeks of a combination of paid and unpaid leave per year (as defined by the Board) for a qualifying event.

Leave under qualifying events 1 or 2 will not be taken by an employee intermittently or on a reduced leave schedule unless the employee and the Board agree otherwise. Leave taken under qualifying events 3, 4, and Section B may be taken intermittently

Policy & Procedure: 5.6.10 FMLA

or on a reduced leave schedule when medically necessary. If an employee requests intermittent leave or leave on a reduced leave schedule, the Board may require the employee to transfer temporarily to an available alternative position for which the employee is qualified and that has equivalent pay and benefits and better accommodates recurring periods of leave than the regular employment position of the employee. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis. Upon return to work from such leave, the employee will be returned to his/her former position, or an equivalent position.

H. Benefits

Qualified employees who take family or medical leave under this provision are entitled to the continuation of health and dental care benefits during the period of family or medical leave or military caregiver leave. The Board will continue to pay the Board's share of the health and dental insurance premiums during any family or medical leave or military caregiver leave. If the employee should exhaust all paid leave during the Family and Medical Leave, the employee shall make arrangements with the Board to pay the employee's share of health insurance costs prior to the beginning of the unpaid Family and Medical Leave. The Board is entitled to recover the premium paid by the Board for maintaining insurance coverage for the employee if the employee fails to return after the expiration of the family or medical leave to which the employee is entitled under this act for a reason other than (1) the continuation, recurrence, or onset of either a serious health condition of the employee (Qualifying Event 3) or the employee's family member (Qualifying Event 4), or a serious injury or illness of a covered service member; or (2) other circumstances beyond the control of the employee.

Qualified employees do not accrue seniority or benefits, other than health and dental care benefits during the time of family or medical leave unless they are in active pay status using sick leave or vacation leave. Use of FMLA leave will not result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

I. Designation of Leave

It is the responsibility of the Board, through the Superintendent or designee, to designate employee absences as FMLA leave or not FMLA leave. This is the case whether or not an employee wishes to have absences designated as FMLA leave, and whether or not the employee has requested FMLA leave. The Board may request from the employee, and the employee will provide to the Board, such information as is reasonably necessary for the Board to determine whether an employee absence qualifies for FMLA leave. The Board will act reasonably in determining whether an

Policy & Procedure: 5.6.10 FMLA

absence qualifies for and/or is designated FMLA leave.

The Board shall inform an employee requesting leave whether he/she is eligible under the FMLA. If the employee is eligible, the Board will provide the employee with all appropriate forms and notices required or authorized by the FMLA including the employee's rights and responsibilities. The Board will notify the employee that the leave will be designated as FMLA-protected leave and the amount of leave counted against the employee's entitlement. If the employee is not eligible for FMLA leave, the Board will provide the employee as to the reason for ineligibility. If the Board determines that the leave is not FMLA-qualifying, the Board will notify the employee.

J. Notifications and Timeframes

The qualified employee will give the Board at least 30 days' notice of the date family or medical leave when the need is foreseeable. Otherwise, the employee shall provide notice as soon as practicable under the facts and circumstances, and generally must comply with the Board's normal call-in procedures. Employees must comply with established procedures for requesting leave, including paid leave.

Employees must provide sufficient information for the Board to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, a family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the Board if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees will be required to provide a certification and periodic recertification supporting the need for leave.

The qualified employee will provide the Board-certified information from the health care provider (licensed doctor of medicine or osteopathy) of the employee, employee's spouse or immediate family member upon requesting utilization of family or medical leave. Such certification will include:

1. The date the condition began;
2. The anticipated duration of the condition;
3. The necessity of the leave;
4. The inability of the employee to perform job functions.

The Board may, at its expense, request a second or third opinion from a health care provider. When certification is requested for FMLA approval, it is the employee's responsibility to provide the employer with timely, complete, and sufficient

Policy & Procedure: 5.6.10 FMLA

certification and failure to do so may result in delay or denial of FMLA leave. If the certification is incomplete or unclear, the employee is to be given seven (7) additional calendar days to provide more complete information.

Before being permitted to return to work from a leave for the employee's own serious health condition, the employee shall be required to provide certification from his or her health care provider that the employee is able to resume work and perform the essential functions of the employee's job. If state or local law requires that a public health official examine an employee as a condition for returning to work, the employee must fulfill this obligation.

In cases where an FMLA leave is for a qualifying exigency, the Board shall provide the employee with a copy of the Department of Labor form Certification of Qualifying Exigency for Military Family Leave to be completed by the employee. The completed form along with the documentation that the employee provides will be used to determine if the leave request qualifies and the length of the leave.

K. Reinstatement After Leave

Upon return from leave under this policy, the employee shall be restored to his/her former position or an equivalent position with equivalent pay, benefits, and other terms and conditions of employment, to the extent required by law. However, no employee is entitled under this policy to any right, benefit, or position other than that to which the employee would have been entitled had he/she not taken leave. The FMLA contains a limited exception to the restoration provision for certain highly compensated employees ("key employees") under certain conditions. Employees determined to be key employees and to whom the Board intends to deny restoration will be notified in writing at the time the employee gives notice of the need for FMLA leave or as soon thereafter as the Board makes such determination.

L. Definition of "Year"

For purposes of the Board's Family and Medical Leave Act policy, a "year" means a "rolling twelve-month period measured backward from the date an employee uses any FMLA leave". This rolling 12-month period means that each time an employee takes FMLA leave, the remaining leave balance would be any balance of the 12 weeks which has not been used during the immediately preceding 12 months. For example, if an employee has taken eight weeks of leave during the past 12 months, an additional four weeks of leave could be taken. If an employee used four weeks beginning February 1, 2008, four weeks beginning June 1, 2008, and four weeks beginning December 1, 2008, the employee would not be entitled to any additional leave until February 1, 2009. However, beginning on February 1, 2009, the employee would again be eligible to take FMLA leave, recouping the right to take the leave in

Policy & Procedure: 5.6.10 FMLA

the same manner and amounts in which it was used in the previous year. Thus, the employee would recoup (and be entitled to use) one additional day of FMLA leave each day for four weeks, commencing February 1, 2009. The employee would also begin to recoup additional days beginning on June 1, 2009, and additional days beginning on December 1, 2009.

M. Unlawful Acts

The FMLA makes it unlawful for the Board to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Termination or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

N. Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

The FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

The LCBDD will follow the procedure outlined below to comply with FMLA Guidelines:

1. The employee that needs to request FMLA will get the FMLA form on our public drive or from the Human Resource Department.
2. The Human Resource Department will notify the Superintendent and Department Director of the FMLA request and of approval or denial of request.
3. The Human Resource Department will notify employee if their FMLA request has been approved or if additional information is needed from the employee or physician.
4. The Human Resource Director will enter the FMLA approved date into INFAL.
5. The Business Director will take the FMLA leave sheets to the Human Resource Director for approval after timesheets are received for payroll.
6. The Human Resource Director will approve or deny the FMLA requests based on the approved leave.
7. The fiscal department will enter the approved days in INFAL.
8. The Human Resource Department will run the INFAL FMLA reports and notify any employees who have maximized the time they can utilize under the FMLA regulations.

Policy & Procedure: 5.6.10 FMLA

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent

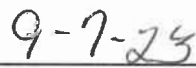


Date

Reviewed Date	Board Approved	Procedure Approved
06/25/2019	08/01/2019	06/25/2019
11/02/2020	11/05/2020	11/02/2020
08/08/2023	09/07/2023	09/07/2023



Board President



Date

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

TEMPORARY FAMILY MEDICAL LEAVE ACT (FFCRA) POLICY

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	8/6/20	04/01/20	April 2021

Logan County Board of Developmental Disabilities (LCBDD) Policy Handbook Addendum 20-1

POLICY

Under the Families First Coronavirus Response Act (FFCRA), eligible employees may request up to twelve (12) weeks of emergency family and/or medical leave (EFML) for qualifying reasons related to COVID-19 with job protection and no loss of accumulated service provided the employee meets the conditions outlined in this policy. This policy is temporary and is in effect between April 1, 2020 and December 31, 2020.

The expanded EFML provided by this policy is not in addition to FMLA leave available for other FMLA qualifying conditions, such as an employee’s serious health condition, a serious health condition of an employee’s immediate family member (spouse, child or parent), upon the birth, adoption or foster placement of a child or for certain military leave related reasons. The 12-month period applicable for traditional FMLA leave is applicable to the leave requested by employees under this policy.

The various regulations adopted by the United States Department of Labor make clear that entitlement to Emergency Paid Sick Leave and Expanded Family and Medical Leave under the FFCRA is only available to an employee up to December 31, 2020.

Since the FFCRA is no longer effective and employees are no longer entitled to use Emergency Paid Sick Leave and Expanded Family and Medical Leave and no employee or former employee has a right or entitlement to receive, financial compensation or other reimbursement for unused Emergency Paid Sick Leave or unused Expanded Family and Medical Leave upon or after the FFCRA’s expiration on December 31, 2020, the decision to continue to provide employees the paid leave provisions of the FFCRA lies in the discretion of each Board. As a Board operates as a separate administrative entity from the rest of the county, and a Board has the power to establish compensation and fringe benefits for its employees pursuant to Ohio Revised Code §5126.05(A)(7), **the LCBDD Board will provide administrative leave through March 31, 2021 for this to all eligible employees up to the equivalent of their remaining balance of Emergency Paid Leave and Expanded Family and Medical Leave on 12/31/2020.**

PROCEDURE

A. Definitions.

As used in this procedure , the following terms and phrases shall be defined as follows:

1. **“Qualifying need related to a COVID-19”**: employee is unable to work (or telework) due to a need for leave to care for the son or daughter under 18 years of age and needs parental daycare of such employee if the school or place of care has been closed or the child care provider of such son or daughter is unavailable due to COVID-19.
2. **“Emergency responder”**: An emergency responder is an employee who is necessary for the provision of transport, care, health care, comfort, and nutrition of such patients, or whose services are otherwise needed to limit the spread of COVID-19. This includes but is not limited to police officers, fire fighters, emergency medical services personnel, emergency medical technicians, paramedics, emergency management personnel, and persons with skills or training in operating specialized equipment or other skills needed to provide aid in a declared emergency as well as individuals who work for such facilities employing these individuals and whose work is necessary to maintain the operation of the facility.
3. **“Health care provider:”** A health care provider is anyone employed at any doctor’s office, hospital, health care center, clinic, postsecondary educational institution offering health care instruction, medical school, local health department or agency, nursing facility, retirement facility, nursing home, home health care provider, any facility that performs laboratory or medical testing, pharmacy, or any similar institution, Employer, or entity. This includes any permanent or temporary institution, facility, location, or site where medical services are provided that are similar to such institutions.

B. Eligibility.

To be eligible for leave under this policy, an employee must meet all of the following conditions:

1. Worked for the LCBDD for at least thirty (30) days prior to the commencement of the EFMLA.
2. Spouses who are both employed by the LCBDD are jointly entitled to a combined leave total of twelve (12) weeks (rather than twelve (12) weeks each) for childcare purposes. Employees who are both employed by the LCBDD may not take leave under this policy at the same time.
3. An employer of an employee who is a health care provider or an emergency responder may elect to exclude such employee from the application of this policy pursuant to the EFCRA. Each appointing authority is responsible for explicitly designating health care workers and emergency responders who are exempt from this policy and notifying the exempted workers.
4. Employees who have been furloughed or laid off are not eligible for EFMLA leave.

C. Use of Leave.

Leave under this policy is limited to circumstances where an employee is unable to work (including telework) due to the need to care for the employee’s child because the child’s school or place of

POLICY & PROCEDURE FMLA 5.6.10.1 Temporary FMLA (FFCRA) Policy

childcare has been closed or the childcare provider of the child is unavailable due to COVID-19. The child must need parental daycare, be under the age of 18, or over the age of 18 and incapable of self-care because of a mental or physical disability.

Employees taking leave under this policy must be present with the minor children during regular work hours and otherwise act in a manner consistent with the need for such leave.

A. Procedures for Requesting EFMLA Leave

Requests for EFMLA leave must be submitted in writing as soon as practicable after the commencement of leave using a form provided by the LCBDD. The employee must follow the regular reporting procedures for each absence.

The LCBDD reserves the right to require documentation verifying that the need for requested leave meets the conditions set forth in this policy.

B. Duration of Leave and Compensation.

Eligible employees are eligible for up to twelve (12) weeks of EFMLA leave. This leave entitlement is reduced by the amount of leave an eligible employee has taken under the FMLA in the current twelve-month leave year. The EFMLA taken under this policy by an eligible employee will be deducted from any remaining FMLA leave the employee has available for the current twelve-month leave year. As a result, eligible employees are entitled to a maximum of combined EFMLA and FMLA leave in the current twelve-month leave year.

The first 10 days (or two calendar weeks) of EFMLA leave are unpaid, but eligible employees may use emergency paid sick leave during these first 10 days to avoid loss of income. Employees eligible for EFMLA leave pursuant to the FFCRA in order to care for the employee's child as outlined in Section D above shall be eligible for up to ten (10) weeks of expanded family and medical leave paid at two-thirds the employee's regular rate of pay for the number of hours the employee would otherwise be scheduled to work (with a maximum payment of \$200 per day and \$12,000 total). Employees may supplement paid EFMLA leave with other accrued leave so that they are receiving their full regular rate of pay at the discretion of the appointing authority.

C. Intermittent/Reduced Schedule Leave.

An employee may take FMLA leave on an intermittent or reduced work schedule basis for a qualifying need related to a COVID-19 with the employer's approval. Requests for intermittent or reduced schedule FMLA leave must be submitted in writing as soon as practicable prior to the commencement of the leave or as soon as practicable following the commencement of leave if prior notice is not possible.

D. Reinstatement.

Employees who take leave under this policy will be reinstated to the same or a similar position upon return from leave except that if the position that the employee occupied prior to taking FMLA leave is not available due to an action that would have affected the employee regardless of whether the leave was taken.

POLICY & PROCEDURE FMLA 5.6.10.1 Temporary FMLA (FFCRA) Policy

E. Retaliation.

Employee will not be retaliated against for exercising their rights to leave in accordance with this policy.

F. Expiration.

This policy is temporary and will be effective April 1, 2020 and expire on March 31, 2021.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saúl Bauer, Superintendent

03/01/2021

Date

Reviewed Date	Board Approved	Procedure Approved
7/22/2020	8/06/2020	07/22/2020
01/25/2021	02/04/2021	01/25/2021
03/01/2021	03/04/2021	03/01/2021



Board President

03/04/2021

Date

Policy & Procedure: 5.6.11 Expense Reimbursement

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Expense Reimbursement

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	September 2026

POLICY

Employees of the Logan County Board of Developmental Disabilities (LCBDD) may receive reimbursement for expenses incurred while working or traveling on official Board business with prior approval of the Superintendent and presentation of original receipts. The Board has authorized the Superintendent to approve all travel and seminar registration expenses whether in or out of state. The Superintendent has Board approval for out-of-state travel and registration to attend one national conference annually.

Official Board business does not include attending classes for the sole purpose of maintaining proper licensure, registration and/or certification.

PROCEDURE

Employees of the County Board may receive reimbursement for expenses incurred while traveling on official LCBDD business based on the availability of funds with prior authorization. All expenses must be itemized, submitted on the proper form and include original receipts. All expenses must be submitted for reimbursement within ninety (90) calendar days of the expense(s) being incurred. Failure to submit expenses within the timelines specified may result in the denial of the requested reimbursement(s). Expenses submitted past ~~90 days~~ 60 days from the end of the year shall be denied.

A. Non-Reimbursable

1. Sales tax and tips are not reimbursable pursuant to Logan County practice.
2. Travel between home and work

Policy & Procedure: 5.6.11 Expense Reimbursement

B. Reimbursable

1. Mileage

Employees will be reimbursed for actual miles, while on official Board business, at the current IRS rate when using personal vehicles (no mileage reimbursement will be made for employees using county vehicles). Such payment is total reimbursement for all vehicle-related expenses. If two or more employees traveling on the same trip use the same vehicle, mileage reimbursement is payable to only one employee. Every effort shall be made to travel together, in groups, to each destination when practical, reasonable and safe.

2. Tolls

Charges incurred for parking and tolls while on official board business are reimbursable at the actual amount. Receipts for parking costs and tolls are required.

3. Overnight Expenses

Expenses covering the cost of a motel room may be reimbursed upon presentation of a paid receipt when an employee travels over an hour one way on official Board business, and such travel reasonably requires an overnight stay.

4. Meals

The Board has established a daily maximum limit for meals in (\$15 for breakfast, \$15 for lunch and \$25 for dinner). Reimbursement must be supported with receipts. Meals within Logan County are not reimbursable.

5. Miscellaneous Expenses

Employees are encouraged to requisition the purchase of materials and other expenses through the Business Office's purchase order process. However, on occasion it is recognized that sundry purchases or last-minute meeting registrations must be paid for by the employee and later submitted for reimbursement. With prior supervisory approval, such practices will be honored, and expenses reimbursed.

6. Personal Property

Damaged glasses or other aids which require medical prescription for replacement if essential personal property is damaged beyond repair in the course of work, certain personal property losses may be reimbursed up to \$500. Damage must occur while in the line of duty and it must be documented. Complete an accident/incident report and submit it to your supervisor. The Superintendent's approval will be required before repair or replacement can be made. If damage is directly due to an individual, his/her guardian will be considered for the first resource of compensation. LCBDD will require an expense report be completed with a receipt submitted before compensation is made.

Policy & Procedure: 5.6.11 Expense Reimbursement

7. Cell Phone Reimbursement

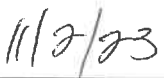
Employees that have been identified to be on-call, or work in the community, will receive a monthly reimbursement payment for the use of their personal cell phone for voice, internet or any data charges the employee may incur. An itemized receipt is not required. Refer to the Computer Use Policy 5.9.3 and the HIPAA Privacy and Confidentiality Policy 14.1.1 for the proper use of cell phones.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent

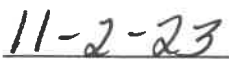


Date

Reviewed Date	Board Approved	Procedure Approved
07/29/2019	08/01/2019	07/29/2019
09/29/2020	10/01/2020	09/29/2020
10/24/2023	11/02/2023	11/02/2023



Board President



Date

Policy & Procedure: 5.6.12 Workers Compensation

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Workers Compensation

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	October 2026

POLICY

The purpose of this Logan County Board of Developmental Disabilities (LCBDD) policy is to ensure that any worker injured in the course and scope of employment receives timely access to all the benefits as prescribed by workers' compensation laws. All employees are covered under the provisions of workers' compensation laws. Workers' compensation covers employees' reasonable and necessary medical expenses and may provide weekly income for lost time from work due to an accident or an illness deemed compensable under the workers' compensation law.

The LCBDD follows the provisions of ORC 4123, Bureau of Workers Compensation. Every LCBDD employee is eligible for worker's compensation for injuries or occupational illnesses arising out of, or in the course of, his or her employment as defined in ORC 4123.

PROCEDURE

Guidelines for administering Worker's Compensation are as follows:

A. Staff Accident/Injury Report Completion

If an employee is injured during employment with the Board, the employee will immediately notify the supervisor and will complete a staff injury report form which is located in BODD Works. This report must be completed, regardless of the apparent seriousness of the injury, and regardless of whether medical attention is required. Such report must be signed by the supervisor following an investigation of the injury/accident and forwarded within 24 hours to the Human Resources Directors Office (Once you sign the document BODD Works will forward to Supervisor, Nurse, HR & Superintendent).

Policy & Procedure: 5.6.12 Workers Compensation

B. Accident/Injury Report flow

The Human Resource (HR) Director will review the report and BODD Works will send to the following:

1. Forward to the Superintendent for review.
2. HR Director will place a copy in PERRP Record file.
4. If recordable, forward to the County HR Representative.
3. Scan original in HR file.

C. Investigation

The Human Resource Director will complete an investigation based on the following:

1. Take immediate action, if necessary. Begin your investigation right away. If a situation is volatile or could otherwise cause immediate harm you must act immediately.
2. Plan the investigation. Take some time up front to organize your thoughts. Gather any information you already have about the problem. Using this information as your guide, think about what you'll need to find out to decide what happened. Whom will you interview and what will you ask? Are there additional documents that employees or supervisors might have? Is there anyone who witnessed important events -- or should have?
3. Conduct interviews. The goal of every investigation is to gather information and the most basic way to do that is by asking people questions. Most investigations involve at least two interviews: one of the employees accused of wrongdoing, and another of the employee who complained or was the victim. Sometimes, you will also want to interview witnesses -- others who may have seen or heard something important. When you interview people, try to elicit as much information as possible by asking open-ended questions.
4. Gather documents and other evidence. Almost every investigation will rely to some extent on documents -- personnel files, email messages, company policies, correspondence, and so on. And some investigations will require you to gather other types of evidence, such as drugs, a weapon, photographs, or stolen items.
5. Evaluate the evidence and present to the Superintendent. The most challenging part of many investigations, especially if witnesses disagree or contradict each other is figuring out what happened. Present the evidence gathered to the Superintendent for review.
6. Take action. The Superintendent will review the facts and evidence submitted and will determine what additional action, if any needs to be taken. Sometimes the investigation will result in disciplinary action. In deciding how to handle these situations, you should consider a few factors, including how serious the actions were and how you have handled similar problems in the past.
7. Document the investigation. Once your investigation is complete, write an investigation report that explains what you did and why. This will provide a written

Policy & Procedure: 5.6.12 Workers Compensation

record. The report should explain how and when the problem came to the company's attention, what interviews you conducted, what evidence you considered, what conclusions you reached, and what you did about the problem.

- 8. Follow up. The last step is to follow up with your employees to make sure that you've solved the problem that led to the investigation.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent

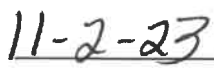


Date

Reviewed Date	Board Approved	Procedure Approved
06/25/2019	08/01/2019	06/25/2019
11/02/2020	11/05/2020	11/02/2020
10/24/2023	11/02/2023	11/02/2023



Board President



Date

Policy & Procedure: 5.6.13 Tuition Reimbursement

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Tuition Reimbursement

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	08/18/16	9/1/16	November 2026

POLICY

It is the policy of the Logan County Board of Developmental Disabilities (LCBDD) that each full-time employee may be granted limited tuition reimbursement to attend accredited coursework based on the availability of funds. Reimbursement for classes shall be contingent upon employees' enrollment in specialized courses to support their professional growth.

PROCEDURE

Each full-time employee may be reimbursed for 75% of the tuition for pre-approved courses once they are successfully completed (with an A or B grade), for a maximum amount of \$3,000 per employee per calendar year.

The staff member must submit a completed Request to Participate in Tuition Reimbursement Program form through the chain of command prior to attending the classes. Upon successful completion of the coursework, the employee will then submit a regular Expense Reimbursement Form itemizing the course fees to the Business Office, along with a copy of the approved Tuition Reimbursement Form, the original tuition fee statement and a copy of the grades earned.

Policy & Procedure: 5.6.13 Tuition Reimbursement

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent

12/20/23
Date

Reviewed Date	Board Approved	Procedure Approved
03/26/2019	04/04/2019	04/04/2019
11/30/2020	12/03/2020	11/30/2020
11/13/2023	12/07/2023	12/07/2023



Board President

12-7-23
Date

Personnel Policy & Procedure # 5.6.14 Personal Leave Donation

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Personal Leave Donation

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/2018	01/01/2019	December 2023

POLICY

Pursuant to ORC section 124.391, Logan County Board of Developmental Disabilities (LCBDD) has adopted a personal leave donation policy.

Employees may voluntarily provide assistance to their co-workers by donating personal leave to a "Leave Bank" that may be accessed by an employee who is in critical need of personal leave due to a catastrophic illness or injury of themselves or a member of their immediate family as defined in the provisions of the Family Medical Leave Act (FMLA).

This policy does not supersede or replace any other disability programs that may be available. The Superintendent reserves the right to review and approve or deny individual requests in light of department business needs and overall circumstance.

PROCEDURE

A catastrophic illness or injury is defined as an FMLA qualifying medical condition that incapacitates an employee or an employee's spouse, child or parent for whom the employee will provide care. The medical condition is likely to require the prolonged absence of the employee from duty, and which will result in a substantial loss of income to the employee because the employee has exhausted all accrued leave. The Superintendent will make the final decision as to whether a condition qualifies as a "catastrophic illness or injury".

A. Membership

All full-time and part-time employees with at least one year of service are eligible to become members of the "Leave Bank". Intermittent and temporary employees will not be eligible for participation. Employees must first become a member of the "Leave Bank" to request to use personal leave from the "Leave Bank". Minimum requirement to become a member is the equivalent of one-day personal leave hours donated.

Once a member, you may elect to donate in ¼ day units in December or January each year utilizing the "Personal Leave Conversion" form.

Personnel Policy & Procedure # 5.6.14 Personal Leave Donation

B. Criteria to Donate Personal Leave

Any donations made pursuant to this policy must be voluntary and donated to a "blind" bank. The employee donating the personal leave may not specify a staff member to whom the personal leave will be given. No employee is to be intimidated, coerced or otherwise compelled to make any donations. Any such conduct may result in disciplinary action. No individual shall actively solicit any donations under this policy by means other than the established personal leave donation procedure.

Employees that donate personal leave understand the following:

1. The donation is voluntary and permanent. Any unused donated personal leave will remain in the "Leave Bank".
2. Personal leave is the only leave that can be donated and must be certified by the employee each December or January to be donated to the "Leave Bank". Employees who resign or retire may donate their remaining balances upon separation.
3. The minimum donation is $\frac{1}{4}$ of one day equivalent of personal leave and the maximum donation shall not exceed 4 days annually (3 days for 9/10-month employees) equivalent of personal leave. (Example: 6 hour a day employee can donate one day equal to 6 hours).
4. They must be a member of the Leave Bank in order to request to use the Leave Bank hours.
5. Employees who donate personal leave will continue to comply with applicable attendance policies without consideration of the donated personal leave.

In the event there is not enough donated personal leave in the bank, and an employee has demonstrated the need, or there are requests that exceed the amount in the bank, a notice will be sent out to all employees informing them there is a need for personal leave and provide the opportunity for staff to donate the same denominations and criteria as written above. At no time will the Board disclose the employee(s) who requested the personal leave and shall maintain all HIPAA and privacy information in a confidential manner.

C. Criteria to Request Personal Leave

If an employee is in critical need of personal leave due to a catastrophic illness or injury of themselves or a member of their immediate family, the employee must submit for approval to the Superintendent on the "Donated Leave" form. The personal leave will be approved as needed in increments not to exceed 90 days in a 12-month period. Donated personal leave will be counted towards FMLA as appropriate. Eligibility to receive donated personal leave will be based on the following criteria:

1. The employee is in active full or part-time status
2. The employee has been employed for not less than one year
3. The employee has no documented sick leave attendance corrective action plan(s), counseling, discipline, leave without pay, or written sick leave attendance goals on their evaluation for the previous 12-month period. All other disciplinary matters that may affect receiving the personal leave

Personnel Policy & Procedure # 5.6.14 Personal Leave Donation

donation will be at the discretion of the Superintendent.

4. The employee is a member of the "Leave Bank".
5. The employee has exhausted all available leave balances and will be in a "non-paid" status.
6. The employee has not been approved to receive disability or workers compensation benefits. If applicable, employees must begin the application process of such benefits upon approval. This must be met before approval of the second request.
7. The employee has a certified medical condition documented under the provisions of FMLA that has been determined to be a catastrophic illness or injury for the employee or a member of the employee's immediate family. The Board may request additional documentation from medical examiner that the extended time off work is medically necessary.

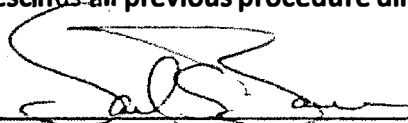
D. Upon Approval

Employees using donated personal leave will be considered in active pay status and shall accrue leave and be entitled to any benefits to which they would otherwise be entitled. Leave accrued by the employee while in active status will be used prior to the donated personal leave for each bi-weekly pay period.

The Business Office will track all donated, used and unused personal leave. Upon approval, the Business Office will credit the hours needed for each bi-weekly pay period to the employee not to exceed the approved amount. All unused/unneeded personal leave will remain in the "Leave Bank" for future use.

IMPLEMENTATION

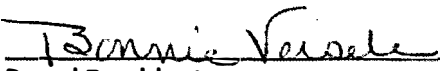
This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

01/19/2021
Date

Reviewed Date	Board Approved	Procedure Approved
11/12/2019	12/05/2019	11/12/2019
01/19/2021	02/04/2021	01/19/2021



Board President

02/04/2021
Date

Personnel Policy & Procedure # 5.6.15 Volunteer Leave – Red Cross

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Volunteer Leave – Red Cross

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/2018	01/01/2019	January 2024

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) may grant volunteer leave in accordance with ORC 124.132.

Upon presenting proof of official volunteer status and rationale for the request, paid volunteer leave for Disaster Services/Human Resource (DSHR) volunteers of the American Red Cross may be granted by the LCBDD in accordance with ORC 124.132.


PROCEDURE

If you want to request this leave, you must present proof of official volunteer status and the rationale for the request, to your supervisor as soon as you know the leave is needed.

The Supervisor will turn the required paperwork into the Human Resource Director or Business Director who will forward the information to the Superintendent or designee for approval. The maximum amount that can be approved is 30 days per year.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.

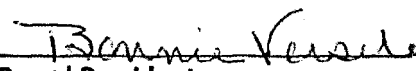


 Saul Bauer, Superintendent

01/25/2021

 Date

Reviewed Date	Board Approved	Procedure Approved
11/12/2019	01/01/2019	11/12/2019
01/25/2021	02/04/2021	01/25/2021



 Bonnie Vesich
 Board President

02/04/2021

 Date

Personnel Policy & Procedure 5.6.16 Military Leave

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Military Leave

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date Policy & Procedure
Administration	12/06/2018	01/01/2019	February 2021

POLICY

It shall be the policy of the Logan County Board of Developmental Disabilities (LCBDD) to grant military leave to an eligible employee in accordance with applicable state rules and regulations. Nothing in this policy and procedure shall be construed as giving employees greater rights than those contained in Ohio Revised Code.

Military leave is governed by O.R.C. Chapters 5903, 5906 and 5923 and the Uniformed Services Employment and Reemployment Rights Act (USERRA).

PROCEDURE

A. Paid Military Leave

LCBDD employees who are members of the Ohio organized militia or members of other reserve components of the armed forces, including the Ohio National Guard, are entitled to military leave. Employees requesting military leave must submit a written request to the LCBDD as soon as they become aware of such orders. Employees must provide the published order or a written statement from the appropriate military authority with the request for leave.

Pursuant to O.R.C. §5923.05, employees are authorized up to twenty-two (22) eight (8)-hour working days or one hundred seventy-six (176) hours within a year. During this period, employees are entitled to receive their regular pay in addition to compensation from military pay. Any employee required to be serving military duty in excess of twenty-two (22) days or 176 hours in a year due to an executive order issued by the President of

Personnel Policy & Procedure 5.6.16 Military Leave

the United States or an act of Congress or by the Governor in accordance with law shall be entitled to a leave of absence. During this leave of absence employees are entitled to be paid a monthly amount equal to the lesser of (1) the difference between the employee's gross monthly wage and his/her gross monthly uniformed pay and allowances received for the month, or (2) five hundred dollars (\$500). No employee is entitled to receive this benefit if the amount of gross military pay and benefits exceed the employee's gross wages from the LCBDD for that period.

Employees who are on military leave in excess of twenty-two (22) days or one hundred seventy-six (176) hours in a year, may use their accrued vacation leave, personal leave or compensatory time while on military leave. Employees who elect this option shall accrue vacation leave and sick leave while on such paid leave.

For military leave up to twenty-two (22) days or one hundred seventy-six (176) hours in a calendar year, employees shall continue to be entitled to health insurance benefits as if they are working. These benefits shall continue beyond this period if the employee is on military leave and elects to utilize paid leave. Employees who exceed the twenty-two (22) days or one hundred seventy-six (176) hours and do not elect to utilize paid leave are not entitled to the health insurance benefits on the same basis as if they are working. In these circumstances, employees will be provided notice of their rights to continue this coverage at their cost in accordance with applicable law.

Also see Family and Medical Leave Act Policy

Military leave is governed by Chapter 5903 and Section 124.29 of the Ohio Revised Code. A permanent public employee shall be granted, upon giving notice to his or her appointing authority, a leave of absence to serve in the uniformed service, as defined in section 5903.01 of the Revised Code. This leave shall be without pay and shall be considered as a leave of absence from service with reinstatement rights as defined in OAC 123: 1-34-05, ORC124.29 and 5903.92.

Paragraph 5923.05, ORC, requires that Ohio National Guard, Defense corps, Naval Militia, and all U. S. Armed Forces reserve components members be authorized up to 31 calendar days leave with pay per calendar year for training purposes. Employees are required to submit a copy of Active Duty for training orders with such requests for leave. ORC 5923.05 (b) limits the pay to 28 work days or 176 hours of pay per calendar year. The employee is entitled to be paid by the Board, per month, the difference in pay between what the employee would have earned with the Board and the sum of the employee's uniformed pay and allowances or \$500, WHICHEVER IS LESS. The employee is not entitled to be paid by the Board if s/he is paid more by the military than s/he would be paid by the Board.

Employees requesting such leave will be required to submit the necessary documentation and complete the necessary leave papers in advance of the leave.

Policy & Procedure: 5.6.17 Health Care Coverage

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Health Care Coverage

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	03/02/2023	03/02/2023	03/02/2026

POLICY

This policy is to establish a method for determining health insurance eligibility and coverage for all employees of Logan County Board of Developmental Disabilities consistent with Federal and State laws.

PROCEDURE

A. Health Care Coverage

1. Logan County Board of Developmental Disabilities provides basic health care coverage on a single or family basis for full-time employees. The cost of such coverage is shared between the employer and the employee. The monthly contributions from employees are established by the Board.
2. To be eligible for coverage under the health care plan, employees must work thirty-six (36) or more hours per week on a continual basis. Part-time employees (35 hours or less) are eligible for single-plan health, dental and vision coverage only. Part-time employees hired prior 8/20/15 were grandfathered with their current level of coverage prior to 8/20/15. Part-time employees hired prior to 01/31/2023 were grandfathered with their current level of coverage for the dental or vision plan. Intermittent employees are not eligible for health care coverage.
3. The employee monthly share of the insurance premium will be automatically deducted from the employee's earnings in two bi-weekly amounts. In the event that the employee separates from LCBDD, health care coverage will continue until the last day of the month that employment ends. If the employee does not earn enough wages or have enough accumulated leave payout time to deduct the employee share of the premium for the remainder of the month, the employee will be responsible for paying their share

Policy & Procedure: 5.6.17 Health Care Coverage

of the remaining premium. LCBDD will invoice the employee for the remainder of that premium payment.

4. Employee health care coverage becomes effective the first of the month following the employee’s start date. An employee who does not elect coverage or waives at the time they become eligible, may elect participation only during open enrollment, unless there is a qualified change in eligibility status. Qualified changes in eligibility status include:
 - a. Spouse’s change in eligibility status due to change or loss of employment
 - b. Legal Separation
 - c. Death
 - d. Marriage or divorce
 - e. Birth or adoption of child
 - f. Dependent loses/gains insurance eligibility
 - g. Employee or dependent becomes Medicare eligible
5. Employees who terminate their employment with the County may be eligible for continuation of coverage (COBRA) as required by Federal law and as outlined in the plan policy.
6. Employees must remain in an active pay status in order to continue to be eligible for the employer-paid health care coverage except as provided for in the Federal Family and Medical Leave Act (FMLA) and the Employers FMLA policy. Employees who qualify under FMLA, and who do not have wages to collect the employee share of insurance, will be responsible for payment and will receive an invoice for payment.
7. Health insurance coverage provisions are outlined in the health insurance certificates of coverage provided by the insurance carrier. Additional information regarding insurance benefits can be obtained by contacting the insurance provider directly.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent



Date

Policy & Procedure: 5.6.17 Health Care Coverage

Reviewed Date	Board Approved	Procedure Approved
01/31/2023	03/02/2023	03/02/2023

Valerie Rott

Board President

4-6-23

Date

Policy & Procedure: 5.7.1 Layoff & Abolishment

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Layoff & Abolishment

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	January 2026

POLICY

If layoffs are required, the Logan County Board of Developmental Disabilities (LCBDD) will follow the layoff procedures outlined in this policy. The procedures are designed to administer layoffs in an equitable manner and in conformance with applicable laws and regulations.

PROCEDURE

(The rules previously applicable to county layoffs have been rescinded. While rules for state employees still exist, no such rules exist for county employees. – Steve Postalakis, Ohio Lawyers Group)

A. Layoff – Classified Employees

In the event that it is necessary to lay off classified employees, the Superintendent shall make the determination of necessity of layoff and shall report such reasons to the Board. If it becomes necessary for the Board to reduce its work force, the Superintendent shall determine the number of positions and the classifications in which layoffs will occur.

Employees in the classified civil service may be laid off whenever a reduction in force is necessary due to:

- a lack of funds;
- a lack of work; or
- the abolishment of positions as a result of a reorganization for the efficient operation of the Board, for reasons of economy, or for lack of work.

B. Layoff – Unclassified Employees

Unclassified employees may be laid off whenever a reduction in force is deemed necessary by the Board due to lack of funds, lack of work, or the abolishment of positions.

The Board, at its sole discretion, will determine the job titles in which a reduction in force will occur. Within each job title, the order of layoff will be as follows:

Policy & Procedure: 5.7.1 Layoff & Abolishment

1. Within each category of contract, part-time employees will be laid off before full-time employees.
2. Layoffs will proceed in inverse order of seniority.
3. Employees may not bump into other job titles

Affected employees will be given a 30-day notice of layoff.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent

1/26/23

Date

Reviewed Date	Board Approved	Procedure Approved
07/29/2019	08/01/2019	07/29/2019
11/15/2021	11/29/2021	11/15/2021
01/10/2023		01/26/2023



Board President

1-26-23

Date

Policy & Procedure: 5.7.2 Separation – Non-Disciplinary

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Separation – Non-Disciplinary

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	December 2023

POLICY

Upon separation of employment from the Logan County Board of Developmental Disabilities (LCBDD), an eligible employee will be paid for any unused vacation time to his/her credit as of the date of such separation. In the case of the death of an employee, any earned but unused vacation leave shall be paid to the date of death in accordance with R.C. 2113.04 to the deceased employee's estate.

Upon retirement from LCBDD sick leave is paid according to the eligibility requirements listed in the Sick Leave Policy.

PROCEDURE

A. Resignation

Employees who plan to voluntarily resign will notify their immediate supervisor in writing.

1. Professional and Management staff will give at least one-month notice. Professional and management employees in a position that requires a certificate issued by the State Board of Education under R.C. 3319.22 to 3319.31 or a certificate issued by the Director of Developmental Disabilities under R.C. 5126.25 who resign without 30 days' notice shall be subject to suspension of the certificate for a period of time not to exceed one year as determined by the state board/director following a complaint filed by the LCBD and investigated by the issuing body. (R.C. 5126.29)
2. Other staff will give at least two weeks' notice.

Any employee who resigns is encouraged to give his/her reasons for resigning and to discuss with his/her supervisor any working conditions which he/she feels are noteworthy.

Failure to give proper notification may result in ineligibility for reinstatement.

Policy & Procedure: 5.7.2 Separation – Non-Disciplinary

B. Disability Reduction or Separation

The procedure to this policy outlines the condition under which Disability Separation may be granted and procedures for administering its use. Employees who are protected under the Americans with Disabilities Act of 1990 are guaranteed their rights by the Board. Whenever the personal leave of absence is related to health or injury problems of the employee and a probable date of return is unknown or longer than six-months, the employee may be placed on Disability Separation.

C. Voluntary Reduction

When an employee becomes physically unable to perform the essential duties of his/her position but is still able to perform the essential duties of a vacant, lower level position for which the employee has the necessary credentials, he/she may voluntarily request reduction to the lower level position and the subsequent salary adjustment. Such request will be made in writing through proper channels stating the reason for the request and can only be approved by the superintendent.

D. Voluntary Disability Separation

A voluntary disability separation may be granted when requested by an employee who is unable to perform the essential job duties of his or her position due to a disabling illness, injury, or condition (Ohio Administrative Code 123:1-30-02). The employee granted voluntary disability separation shall retain the right to return to his/her position for a period of two years from the date that the employee is no longer in active work status due to a disabling illness, injury or condition. The Superintendent may request an independent medical evaluation to enable him/her to render a decision.

E. Involuntary Disability Separation

The Superintendent may request a medical or psychological examination when it appears that an employee is unable to perform the essential functions of the employee's job and employee has not requested a voluntary disability separation. An employee may be disciplined, including removal, for failure to appear for the scheduled exam or failure to release to the Superintendent the results of the examination. If the Superintendent determines, as a result of the examination, that the employee is incapable of performing the essential functions of the employee's job due to a disabling injury, illness or condition, the Superintendent shall, in the case of an involuntary disability separation, institute pre-separation proceedings (Ohio Administrative Code 123:1-30-01). In the case of an involuntary disability separation, if the Superintendent determines after the pre-separation proceedings that the employee is incapable of performing the employee's job, the Superintendent will file an Order of Involuntary Disability Separation (RC 124.34).

Policy & Procedure: 5.7.2 Separation – Non-Disciplinary

F. Rights of Reinstatement

The separated employee may exercise rights of reinstatement for a period of time not to exceed two years from the date the employee was no longer in active work status due to the disabling illness, injury or condition, if fit for duty is determined by an independent medical evaluation ordered by the Superintendent. Employee retains the right to appeal in writing to the personnel board of review within ten (10) days following the date the order is served.

G. Temporary Appointment of Replacement

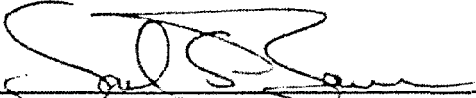
An appointment made to a position vacant by voluntary or involuntary disability separation may be on a temporary basis, and such employee must be made fully aware of its temporary nature with written documentation of same. A replacement in the position while an employee is on leave may be terminated upon the reinstatement of the employee from leave (Ohio Administrative Code 123:1-33-01; Ohio Administrative Code 123:1-33-02).

H. Retirement

Employees who are retiring from active service must submit a copy of the letter from OPERS or STRS verifying the retirement date to the Human Resources Office.

IMPLEMENTATION

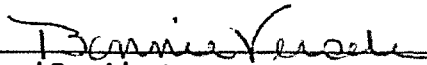
This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

01/19/2021
Date

Reviewed Date	Board Approved	Procedure Approved
07/29/2019	08/01/2019	07/29/2019
01/19/2021	02/04/2021	01/19/2021



Board President

02/04/2021
Date

Policy & Procedure: 5.7.3 Medical Exams & Disability Separation

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Medical Exams & Disability Separation

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	January 2024

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) requires a pre-employment physical for all employees. Another physical is not required unless the employee has a health-related injury or illness that interferes with their ability to perform their essential job functions. If this occurs, they can be put on disability separation, voluntary reduction or separation

PROCEDURE

MEDICAL EXAMINATIONS

The LCBDD may require an employee to take an examination, conducted by a licensed medical practitioner, to determine the employee’s physical or mental capacity to perform the essential functions of his job, with or without reasonable accommodation.

A. Exam

LCBDD will request an examination by the LCBDD licensed medical practitioner at the Board’s expense. If the employee disagrees with the LCBDD licensed medical practitioner’s determination, he/she may request to be examined by a second licensed medical practitioner of the employee’s choice at the employee’s own expense. If the reports of the two practitioners conflict, a third opinion may be rendered by a neutral party chosen by LCBDD and paid for by the LCBDD. The third opinion shall be controlling.

B. Essential Functions

If an employee, after examination, is found to be unable to perform the essential functions of his/her position with or without reasonable accommodation, he/she may request use of accumulated, unused, paid and unpaid leave benefits, if applicable.

Policy & Procedure: 5.7.3 Medical Exams & Disability Separation

If a classified employee remains unable to perform the essential functions of his/her position after exhausting available leaves, s/he may request a voluntary disability separation. This leave will be approved or disapproved by the Superintendent. If, after exhausting available leave, an employee refuses to request a voluntary disability separation, the Superintendent may place the employee on an involuntary disability separation if the Superintendent has substantial credible medical evidence to indicate that the employee is disabled and incapable of performing the essential job duties. Such involuntary disability separation will be done in accordance with Ohio Administrative Code (O.A.C.) Chapter 123:1-30.

C. Refusal

An employee's refusal to submit to an examination, to release the findings of an examination, or to otherwise cooperate in the examination process will be considered insubordination and may result in disciplinary action up to and including termination.

DISABILITY REDUCTION OR SEPARATION

This procedure outlines the condition under which Disability Separation may be granted and procedures for administering its use. Employees who are protected under the Americans with Disabilities Act of 1990 are guaranteed their rights by the Board.

A. Voluntary Reduction

When an employee becomes physically unable to perform the essential duties of his/her position but is still able to perform the essential duties of a vacant, lower level position for which the employee has the necessary credentials, he/she may voluntarily request reduction to the lower level position and the subsequent salary adjustment. Such request will be made in writing through proper channels stating the reason for the request.

B. Voluntary Disability Separation

A voluntary disability separation may be granted when requested by an employee who is unable to perform the essential job duties of his/her position due to a disabling illness, injury, or condition. (Ohio Administrative Code 123:1-30-02). The employee granted voluntary disability separation shall retain the right to return to his/her position for a period of two years from the date that the employee is no longer in active work status due to a disabling illness, injury or condition. The Superintendent may request an independent medical evaluation to enable him/her to render a decision.

C. Involuntary Disability Separation

The Superintendent may request a medical or psychological examination when it appears that an employee is unable to perform the essential functions of the employee's job and employee has not requested a voluntary disability separation. An employee may be disciplined, including removal, for failure to appear for the

Policy & Procedure: 5.7.3 Medical Exams & Disability Separation

scheduled exam or failure to release to the Superintendent the results of the examination. If the Superintendent determines, as a result of the examination, that the employee is incapable of performing the essential functions of the employee's job due to a disabling injury, illness or condition, the Superintendent shall, in the case of an involuntary disability separation, institute pre-separation proceedings (Ohio Administrative Code 123:1-30-01). In the case of an involuntary disability separation, if the Superintendent determines after the pre-separation proceedings that the employee is incapable of performing the employee's job, the Superintendent will file an Order of Involuntary Disability Separation (RC 124.34).

D. Rights of Reinstatement


The separated employee may exercise rights of reinstatement for a period of time not to exceed two years from the date the employee was no longer in active work status due to the disabling illness, injury or condition, if fit for duty is determined by an independent medical evaluation ordered by the Superintendent. Employee retains the right to appeal in writing to the personnel board of review within ten (10) days following the date the order is served.

E. Temporary Appointment of Replacement

An appointment made to a position vacant by voluntary or involuntary disability separation may be on a temporary basis, and such employee must be made fully aware of its temporary nature with written documentation of same. A replacement in the position while an employee is on leave may be terminated upon the reinstatement of the employee from leave. (Ohio Administrative Code 123:1-33-01; Ohio Administrative Code 123:1-33-02)

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

01/25/2021

Date

Reviewed Date	Board Approved	Procedure Approved
07/29/2019	08/01/2019	07/29/2019
01/25/2012	08/01/2019	01/25/2021

Board President

Date

Policy & Procedure: 5.8.1 Board Property

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Board Property

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	February 2024

POLICY

The purpose of this policy is to ensure that all property of the Logan County Board of Developmental Disabilities (LCBDD) is kept in the best possible working condition and to ensure proper use of such property.

Employees have a duty to protect and conserve LCBDD property and may not use Board property, or allow its use, for any purpose other than the one that is authorized. Employees may use LCBDD property for official business or as authorized by the Board.

Employees of the LCBDD serve the public and must be honest, trustworthy, effective, and friendly. It is important to remember that the compensation of all employees is paid through taxes and user fees.

PROCEDURE

A. Board Property

Employees are prohibited from using LCBDD materials, tools, facilities, equipment and labor for personal or private use regardless of whether the use is during working or non-working time. Employees may not perform private work for themselves, co-workers, friends or family members during working time or while using LCBDD materials, tools, facilities, or equipment. All LCBDD equipment must be used and operated within the laws of the State of Ohio and/or rules and regulations of the LCBDD. Employees who separate from service with the LCBDD are responsible for return of Board of DD property in his possession.

Employees have no reasonable expectation of privacy in the use of LCBDD property and facilities. In order to safeguard employees and the workplace, and in order to maximize efficiency, safety and productivity, the LCBDD reserves the right, in its sole discretion and without notice to employees, to inspect, monitor or otherwise search LCBDD property and facilities or any other enclosed or open area within LCBDD property or facilities and to monitor or inspect any items found within such facilities. Employees are required to

Policy & Procedure: 5.8.1 Board Property

cooperate in any work place inspection. The LCBDD also reserves the right to inspect any packages, mail, parcels, handbags, briefcases, or any other possessions or articles carried to and from LCBDD facilities and job sites where permitted by law.

All Board property and the contents thereof including desks, lockers and computers, are subject to Board control and supervision and are not private areas for employees. This includes information contained in Board computers (such as email, anything in the computer's memory and software used in Board computers including memory).

B. Vehicles

Employees operating a LCBDD motor vehicle are required to have a proper and valid motor vehicle operator's license. **Employees must have 5 or fewer points on their driving record to operate a board vehicle or to transport individuals.** An employee who operates a motor vehicle for work and who has his license suspended, may be subject to discipline, including termination. An employee who has his license suspended but who has acceptable court-ordered driving privileges may nevertheless have his driving privileges suspended by the LCBDD. The LCBDD need not reassign an employee who drives for work and has his license suspended.

Any LCBDD employee who operates either a LCBDD owned or leased motor vehicle, or a privately-owned motor vehicle for official business, shall always during the course of operation, fully utilize the seat-belt and occupant restraint systems provided in the vehicles and require like use of said systems by any passengers in the vehicle. Employees who operate any vehicles for the Board of DD must have appropriate insurance coverage as designated by the Board of DD.

Use of a LCBDD owned or leased vehicle must be pre-approved by the employee's supervisor. Employees shall not use or permit the use of Board of DD automobiles for any purpose other than official business. Passengers not on official business (i.e. children, spouses, friends, etc.) are not permitted in Board of DD vehicles. Employees, as representatives of the LCBDD, are expected to be courteous to the public and to obey all traffic laws. LCBDD employees should drive and conduct themselves as to enhance the reputation of the LCBDD.

Employees who drive LCBDD vehicles or who drive their personal vehicles for LCBDD business are subject to periodic record checks at the Bureau of Motor Vehicles. Employees who utilize LCBDD vehicles are responsible for reporting to their supervisor any moving traffic violations obtained while on or off duty since an employee's personal driving record may impact his ability to be covered on the LCBDD's liability policy. Employees who drive on behalf of the LCBDD are subject to discipline, including termination or reassignment in the event of a license revocation, suspension or traffic offense conviction.

Concerns regarding safety, repairs or maintenance of a Board of DD vehicle must be reported immediately to the employee's supervisor.

Policy & Procedure: 5.8.1 Board Property

While use of county vehicles is the preferred method of transporting individuals, the Board recognizes that employees may be required to transport enrolled individuals to meet specific needs; for example, meetings with other agencies or attending doctor's appointments.

1. Any such driver will be annually monitored for safe driving habits based on his/her driving record and his/her affidavit that their vehicle is properly insured, and coverage is in effect.
2. Any citation received by a driver must be reported to the supervisor immediately, EVEN IF THAT DRIVER IS NOT TRANSPORTING ENROLLED INDIVIDUALS. Failure to report accidents, citations or equipment damage may result in disciplinary action.

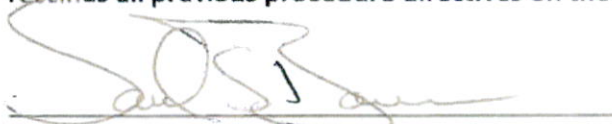
Employees cannot use Board property except in the proper performance of the employee's assigned job duties and must remember the following:

1. No LCBDD employee shall use or permit the use of any vehicle or any supplies for it, except in the transaction of public business or work of the LCBDD, per Ohio Revised Code.
2. When tools, supplies, and equipment needed to perform job duties are provided by the LCBDD, it is the responsibility of management and supervisors to see that they are properly used and maintained. Employees, however, should notify them if the equipment being used does not work properly, is excessively noisy, or appears to be unsafe.
3. Misuse, neglect, theft, and abuse of tools, supplies, or equipment is prohibited. Breakage or damage of equipment or supplies by an employee will necessitate an investigation and may be cause for disciplinary action. Loss of tools may require payment by the employee for those items lost, at the discretion of the Superintendent or designee.
4. Employees shall not use or permit use of LCBDD tools, supplies, and/or equipment for any purpose other than official business. Personal use of tools, supplies, and/or equipment is strictly prohibited.
5. Employees may bring in personal equipment to use on LCBDD work with the permission of the Superintendent or designee. However, the LCBDD is not responsible for any damage or repair to the equipment.

Policy & Procedure: 5.8.1 Board Property


IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.


Saul Bauer, Superintendent

02/22/2021
Date

Reviewed Date	Board Approved	Procedure Approved
07/29/2019	08/01/2019	07/29/2019
02/22/2021	03/04/2021	02/22/2021


Board President

03/04/2021
Date

Policy & Procedure: 5.8.2 Inventory Control

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Inventory Control

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	05/04/2023	05/04/2023	05/04/2026

POLICY

- I. The Logan County Board of Developmental Disabilities (LCBDD) recognizes that efficient management and full replacement upon loss requires accurate inventory and property reporting requirement.

PROCEDURE

II. PROPERTY INVENTORY

LCBDD shall maintain a continuous inventory of all Board owned equipment and supplies at such intervals as will coincide with property insurance renewal and G.A.A.P. for reporting requirements.

For the purpose of this procedure, "equipment" shall mean a unit of furniture or furnishings, an instrument, a machine, an apparatus, or a set of articles which retains its shape and appearance with use, is nonexpendable, costs at least \$5000 to replace as a single unit and does not lose its identity when incorporated into a more complex unit.

It shall be the duty of the Superintendent or designee to ensure that inventories are recorded systematically and accurately, and property records of equipment are updated and adjusted annually by reference to purchase orders and withdrawal reports.

Property records of consumable supplies shall be maintained on a continuous inventory basis by the department head in that department.

The Business Director, for the purposes of the cost report and annual insurance renewals, shall maintain a system of property records which show, as appropriate to the line-item recorded, the:

- A. Description and identification;
- B. Manufacturer

Policy & Procedure: 5.8.2 Inventory Control

- C. Year of Purchase;
- D. Initial cost;
- E. Location;
- F. Condition and depreciation;

Equipment acquired under a federal award will vest upon acquisition to LCBDD subject to the following conditions:

- A. The equipment shall be used for the authorized purposes of the award project during the period of performance or until the equipment is no longer needed for the purposes of the project.
- B. The equipment shall not be encumbered without the approval of the Federal awarding agency or the pass-through entity.
- C. The equipment may only be used and disposed of in accordance with the provisions of the Federal awarding agency or the pass-through entity.
- D. A control system shall be developed to provide adequate safeguards to prevent loss, damage, or theft of the property. Any such loss, damage, or theft shall be investigated.
- E. Adequate maintenance procedures shall be implemented to keep the property in good condition.

DISPOSTION OF SURPLUS PROPERTY

The operation's department shall inspect the equipment used in the program periodically, to determine the condition and usability of such equipment in the current program. Should the equipment be deemed no longer serviceable or usable, the following criteria will be used to determine possible disposal:

- A. Repair parts for the equipment no longer readily available
- B. Repair records indicate equipment has no usable life remaining
- C. Obsolete and/or no longer contributing to the program
- D. Some potential for sale at an auction, or
- E. Creates a safety or environmental hazard

The Superintendent or designee shall authorize the disposal of obsolete property by auction, donation to appropriate parties, or proper waste removal. Disposal of surplus property purchased with Federal funds shall be disposed of in accordance with Federal guidelines.

When original or replacement equipment acquired under a Federal award is no longer needed for the original project or program or for other activities currently or previously supported by a Federal awarding agency, LCBDD shall request disposition instructions from the Federal awarding agency if required by the terms and

Policy & Procedure: 5.8.2 Inventory Control

conditions of the Federal award. Disposition of the equipment will be made in accordance with disposition instructions of the Federal awarding agency.

Except as provided in 200.312 Federally owned and exempt property, paragraph (b), or if the Federal awarding agency fails to provide requested disposition instructions within 120 days, items of equipment with a current per-unit-fair-market value in excess of \$5,000 may be retained by the non-Federal entity or sold. The federal awarding agency is entitled to an amount calculated by multiplying the current market value or proceeds from sale by the Federal awarding agency’s percentage of participation in the cost of the original purchase. If the equipment is sold, the Federal awarding agency may permit the non-Federal entity to deduct and retain from the Federal share \$500 or ten percent (10%) of the proceeds, whichever is less, for its selling and handling expenses.

LCBDD may transfer title to the property to the Federal Government or to an eligible third party provided that, in such cases, the district shall be entitled to compensation for its attributable percentage of the current fair market value of the property.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent



Date

Reviewed Date	Board Approved	Procedure Approved
04/25/2023	05/04/2023	05/04/2023



Board President



Date

Policy & Procedure: 5.9.1 Social Media

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Social Media

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	March 2024

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) utilizes social media to improve accessibility and transparency and to foster positive relationships with key audiences such as people who receive services and their families, social service partners, community members, government peers and employees. Social media sites give the agency a cost-effective means for communicating with these audiences.

Social media plays an important part in the overall communication strategies of LCBDD. It compliments existing practices such as public relations, newsletters, special events and internal communications.

The terms "SOCIAL NETWORKING" and "SOCIAL MEDIA" are defined as a list of current popular media. Current social media networking sites include but are not limited to the LCBDD Website and/or other agency affiliate websites, Facebook, Twitter, You Tube, Instagram and LinkedIn. Often, these social media platforms encourage casual and free-flowing exchanges of information among family, friends and acquaintances. These communications can be via computer, mobile device such as a smart phone, tablet or other device. Knowing this, LCBDD staff must always comply with confidentiality obligations.

The LCBDD supports the free exchange of information and camaraderie among employees on the internet. However, when internet blogging, chat room discussions, email, text messages or other forms of electronic communication lead to employees revealing confidential information or engaging in posting inappropriate material, the employee who posts such information, assists in posting such material or shares the posting or material may be subject to disciplinary action.

Policy & Procedure: 5.9.1 Social Media

PROCEDURE

Employees of LCBDD are reminded to be careful of the information they disclose on the internet, including social media sites. The identity of enrollees we support is confidential, as is their medical information. In addition, the daily whereabouts and other information about enrollees may not be shared without their consent. The following uses of social media are strictly prohibited, whether on or off duty:

1. Comments or displays about coworkers, supervisors or the LCBDD that are vulgar, obscene, threatening, intimidating, harassing, disparaging, or a violation of the LCBDD workplace policies against discrimination, harassment or hostility on account of age, race, religion, sex, ethnicity, nationality, disability, military status or other protected class, status, or characteristic.
2. Statements or uses of the LCBDD's logo which are slanderous or detrimental, including evidence of the misuse of the LCBDD's authority, information, insignia or equipment.
3. Unprofessional communication which, if left unaddressed, could potentially result in a civil or criminal cause of action against the LCBDD. Unprofessional communication also includes that which the LCBDD could demonstrate has a substantial risk of negatively affecting the LCBDD's reputation, mission or operations, such as slander, defamation or other legal cause of action.
4. Disclosure of confidential and/or proprietary information acquired in the course of employment. Confidential information includes not only information that would not be available pursuant to a public records request, but also includes any information which does not relate to an issue of public concern.
5. Comments or displays which impact employees' abilities to perform their job duties or the LCBDD's ability to maintain an efficient workplace.

Social media sites may be inspected by the LCBDD to determine potential policy violations. If an employee believes that an online communication violates a LCBDD policy, the employee should immediately report the communication to his supervisor or to the Superintendent. The LCBDD may investigate the matter, determine whether such communication violates policy, and take appropriate action. This policy does not apply to communications protected by the U.S. or Ohio Constitutions.


Always remember that social media communications are public record. Be smart, respectful and ethical if you comment on social media. State that your comment is your opinion unless authorized to speak on behalf of LCBDD.

We reserve the right to delete posts with vulgar language, personal attacks, or offensive comments that bully, intimidate, harass any user, contain hateful content, threatening, pornographic, nudity, violence, unlawful, misleading, malicious, discriminatory, solicitations, erroneous/libelous, or disparage any ethnic, racial, or religious group. We also reserve the right to delete comments that are spam or link to other sites, advocate illegal activity, promote services, products, or views that are not consistent with the mission of the LCBDD, infringe on copyrights or trademarks, use personally identifiable medical information, or contain case-specific and other confidential information.

Policy & Procedure: 5.9.1 Social Media

IMPLEMENTATION

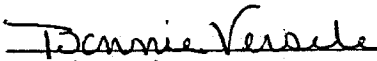
This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

03/29/2021
Date

Reviewed Date	Board Approved	Procedure Approved
09/24/2019	10/03/2019	09/24/2019
03/29/2021	04/01/2021	03/29/2021



Donnie Versace
Board President

04/01/2021
Date

Policy & Procedure: 5.9.2 Computer Use

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Computer Use

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	April 2024

POLICY

Computers and networks can provide access to resources on and off the Logan County Board of Developmental Disabilities (LCBDD) campus, as well as the ability to communicate with other users worldwide. Such open access is a privilege and requires that individual users act responsibly. Users must respect the rights of other users, respect the integrity of the systems and related physical resources, and observe all relevant laws, regulations, and contractual obligations.

Employees may have rights of access to information contained in computer files, as specified in federal and state laws. Files may be subject to search under court order. In addition, system administrators may access user files as required to protect the integrity of computer systems. For example, following organizational guidelines, system administrators may access or examine files or accounts that are suspected of unauthorized use or misuse, or that have been corrupted or damaged. The LCBDD computers and information systems are LCBDD property. They may be used only for explicitly authorized purposes. The LCBDD reserves the right to examine all data stored in or transmitted by their computers and systems. Without notice, the LCBDD and authorized LCBDD representatives may enter, search, monitor, track, copy, and retrieve any type of board owned electronic file of any employee or contractor. These actions may be taken for business-purpose inquiries including but not limited to theft investigation, unauthorized disclosure of confidential business or proprietary information, excessive personal use of the system, or monitoring work flow and employee productivity.

PROCEDURE

Employees have no right to privacy with regard to the internet and email on LCBDD systems. Authorized designees (as referenced above) may access any files stored on, accessed via, or deleted from computers and information systems. When necessary, internet, email, and instant messenger (IM), and any other electronic media usage patterns may be examined for work-related purposes, including situations where there is a need to investigate possible misconduct and to assure that these resources are devoted to maintaining the highest levels of productivity.

Policy & Procedure: 5.9.2 Computer Use

All software installed on any LCBDD computer must be approved for use by the LCBDD. No LCBDD employee may install, uninstall, or reconfigure any software or hardware owned or in use by the LCBDD without prior authorization. The use of privately-owned or contractor-owned devices (i.e., PDAs, smart phones, and laptops) for official business must be authorized in advance by the LCBDD.

All devices allowing access to the internet, email, social media or access to any LCBDD information must be password protected or have other acceptable protection.

A. Allowable Uses of Computer and Information Systems for Business Purposes.

1. Facilitating job function performance for the LCBDD.
2. Facilitating and communicating business information for the LCBDD.
3. Coordinating meeting locations and resources for the LCBDD.
4. Communicating with outside organizations as required in the performance of LCBDD employee job functions.
5. Software loaded on each personal computer will be limited to Board-owned or approved software. Downloaded files should not be installed on individual computers without the express permission of the designated network administrator

B. Prohibited Uses of Computers and Information Systems, including but not limited to E-mail, Instant Messaging, Social Media and the Internet.

1. Violating local, state, and/or federal law, regulation, or policy.
2. Harassing, discriminating against, or disparaging others based on age, race, color, national origin, sex, sexual orientation, disability, religion, military status or political beliefs. Harassment, discrimination, and disparagement include but are not limited to slurs, obscene messages, or sexually explicit images, cartoons, or messages.
3. Threatening others.
4. Soliciting or recruiting others for commercial ventures, religious or political causes, outside organizations, or other matters which are not job related.
5. Using computers or information systems in association with any business activities not conducted for the LCBDD, including, but not limited to, use of systems for private sector gains or for personal gain.
6. Sabotage, e.g. intentionally disrupting network traffic or crashing the network and connecting systems or intentionally introducing a computer virus.
7. Vandalizing the data of another user.
8. Forging electronic mail and instant messenger messages.
9. Sending chain letters.
10. Sending rude or obscene messages (anything that would embarrass or discredit the LCBDD).
11. Disseminating unauthorized confidential or proprietary LCBDD documents or information or data restricted by government laws or regulations.

Policy & Procedure: 5.9.2 Computer Use

12. Browsing or inquiring upon confidential records maintained by the LCBDD without substantial business purpose.
13. Disseminating (including printing) copyrighted materials, articles, or software in violation of copyright laws.
14. Accessing the Internet in any manner that may be disruptive, offensive to others, or harmful to morale.
15. Transmitting materials (visual, textual, or auditory) containing ethnic slurs, racial epithets, or anything that may be construed as harassment or disparagement of others based on age, race, color, national origin, gender, sexual orientation, disability, religious or political beliefs.
16. Sending or soliciting sexually-oriented messages or images.
17. Using the Internet or instant messenger for political activity.
18. Using the Internet to sell goods or services not job-related or specifically authorized in writing by an approving authority.
19. Downloading and viewing non-work-related streaming audio or video (i.e. listening to radio stations, etc.) due to the limited bandwidth of the system.
20. Intentionally using Internet facilities to disable, impair, or overload performance of any computer system or network or to circumvent any system intended to protect the privacy or security of another user.
21. Speaking to the media or to the public within any news group or chat room on behalf of the LCBDD if not expressly authorized to represent the LCBDD.
22. Uploading or downloading games, viruses, copyrighted material, inappropriate graphics or picture files, illegal software, and unauthorized access attempts into any system.
23. Other types of misuse of the systems.

NOTE: Whether on working time or not, these prohibitions always apply to Board of DD computers and information systems. Employees cannot expect that the information they convey, create, file, or store in LCBDD computers and information systems will be confidential or private regardless of the employee's intent. Remember that there is no expectation of privacy for anything sent by email, IM, or other electronic means and that others may view this information at any time.

C. Guidelines for Incidental/Occasional Personal Internet Usage.

Generally, the Internet is to be used for work-related purposes. The LCBDD will permit personal use of the Internet with reasonable restrictions on the amount of time devoted to personal usage and sites visited provided such use does not adversely affect business or productivity. Incidental/occasional use is comparable to time authorized for meals and reasonable breaks during the workday and those times only should be used to attend to personal matters. Employees are not permitted to utilize the Internet for personal use equal to meal and break times and also take their scheduled meal and breaks. Agency Internet resources must be devoted to maintaining the highest degree of productivity. Personal Internet usage is a privilege, not a right. As such, the privilege may be revoked at any time and for any reason or for no reason. Employees are prohibited from engaging in personal use while in active pay or otherwise on LCBDD time.

Policy & Procedure: 5.9.2 Computer Use

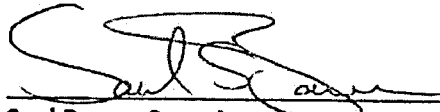
D. Securing Computer Equipment and Electronic Data.

LCBDD employees who are responsible for or are assigned portable computer equipment and electronic media (i.e., laptops, flash memory devices, external hard drives, DVDs, CDs, cell phones, etc.) shall secure those items when not in the office as these items may contain confidential and/or HIPAA information, which could be compromised if lost or stolen. If an employee loses a piece of equipment or it is stolen, they are required to immediately notify their supervisor. Failure to properly secure portable computer equipment and electronic data is subject to disciplinary action.

Any employee who uses a cell phone to access LCBDD information electrically must get prior approval and agree to comply with the mobile device policy and procedures for personally owned devices. You must contact Human Resources and complete the required forms, or your electronic service connection will be removed.

IMPLEMENTATION

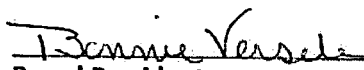
This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

04/19/2021
Date

Reviewed Date	Board Approved	Procedure Approved
09/24/2019	10/03/2019	09/24/2019
04/19/2021	05/06/2021	04/19/2021



Bonnie Versela
Board President

05/06/2021
Date

Policy & Procedure: 5.9.3 Electronic Signature

LOGAN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

The Board approves all policies, and the Superintendent approves all procedures.

Electronic Signatures

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	May 2021

POLICY

It is the policy of the Logan County Board of Developmental Disabilities (LCBDD) that electronic signatures 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 to identify the author of record entries and confirm that the contents are what the author intended. Employees and Providers will be allowed to utilize electronic signatures in accordance with this policy and State and Federal regulations regarding such. The purpose of this policy is to facilitate the usage of electronic signatures for all records where applicable.

PROCEDURE

Electronic signature is an automated function that replaces a handwritten signature with a system generated statement. It can be an electronic sound, symbol, or process, attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record.

A. HIPPA Compliance

Users logging LCBDD's computer network acknowledge that the Protected Health Information (PHI) viewed is subject to HIPAA and FERPA (laws governing privacy of information). Any PHI must be kept confidential, and the user must access only information relevant to their duties as a LCBDD employee or contractor. Users who violate the confidentiality of individual records or the security of the LCBDD computer system are subject to discipline.

1. The Board authorizes the Superintendent to develop necessary procedures to implement this policy.

Policy & Procedure: 5.9.3 Electronic Signature

2. **Creating and Maintaining Electronic Signature**
 - a. Software, cloud based programs or other means utilized for electronic signatures shall be approved by the Business Director.
 - b. All employees using electronic signatures must be approved by the department supervisor.
 - c. Electronic signatures can be used wherever handwritten signatures are used except where stated by a specific law or rule. Users logging on to the system understand that passwords are not to be shared with anyone other than immediate supervisors.
 - d. All who use a system that uses electronic signatures are required to review their entries assuring the confidentiality of the records. Users logging on to the system understand that by saving their entries, they are affirming that they entered information and are creating an electronic signature.
 - e. Once an entry has been signed electronically, the computer system will prevent it from being deleted or altered. If errors are later found in the entry or if information must be added, this will be done by means of an addendum to the original entry. The addendum should also be signed electronically, and date/time stamped by the computer software.
 - f. System specific standards and procedures for use may vary by system and it will require that the board must establish and maintain system specific procedures for any system which also satisfies other current policies.

3. **Auditing Electronic Signature Procedures:** The computer software and anyone using the software system must use a secure, computer-generated, time-stamped audit trail that records independently the date and time of user entries, including actions that create, modify or delete electronic records. Record changes shall not obscure previously recorded information. Audit trail documentation shall be retained for at least, the minimum period required for the record, in accordance with the Board's Record Retention Policy and shall be made available as needed upon request.

Policy & Procedure: 5.9.3 Electronic Signature

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

05/26/2021
Date

Reviewed Date	Board Approved	Procedure Approved
09/24/2019	10/03/2019	09/24/2019
05/26/2021	10/03/2019	05/26/2021

Board President

Date

Policy & Procedure 5.9.4 Mobile Device

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Mobile Device

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/2018	01/01/2019	December 2026

POLICY

The purpose of the mobile device policy is to define accepted practices, responsibilities and procedures for the use of personally owned mobile devices that the Logan County Board of Developmental Disabilities (LCBDD) has authorized to connect to the LCBDD enterprise network. This policy defines the commitment requirement, provides guidance for secure use of end-user mobile devices and provides reimbursement guidelines for all mobile devices (mobile phones, smartphones, media tablets).

The core of this policy is the concept that the employee, through meeting eligibility requirements, agrees to keep secure access to LCBDD resources (such as the network, email, calendars). It is important that the obligations and consequences of this arrangement are understood.

The features that make mobile devices useful (portability, access connectivity, data storage, processing power) also make them a security risk to LCBDD employees and the LCBDD network. Features such as small size (easily lost, stolen or misplaced); weak user authentication which can be easily compromised or disabled by the user; and ease of interconnectedness increase the employee's and LCBDD risk level. Taking action to personally ensure computer security helps protect everyone from data and identity theft, viruses, hackers and other threats.

PROCEDURE

Every employee of LCBDD who uses a computing device can make LCBDD's network environment more secure by following the best practices listed below. The Business Director can be contacted to determine if appropriate protections are already in place or assist with enabling the security measures required for personally owned mobile devices.

Policy & Procedure 5.9.4 Mobile Device

A. General Security/Safety

- Keep mobile devices with you at all times or store them in a secured location when not in use. Do not leave your devices unattended in public locations (airport lounges, coffee shops, libraries, restaurants, conferences, unattended vehicles).
- Mobile devices should be password protected. The password should block all access to the device until a valid password is enabled.
- Wipe or securely delete data from your mobile device before you dispose of it.
- Lost, stolen, misplaced or replaced mobile devices should be immediately reported to the Business Director within 8 hours of discovery. Mobile devices replacing a current device (i.e., new smartphone, iPad 3) must also be reported to the Business Director.
- Users may not provide access credentials to any other individual. Each device in use must be granted access through the authorization outlined in this policy and signature acceptance of this policy and approval of the Business Director.
- Be mindful of storing your personal and business data on your mobile device. Users are asked not to talk (unless using a hands-free device), text or otherwise communicate via a mobile device while driving in a company vehicle or on a work-related trip.
- Personally owned devices are prohibited from connecting to the LCBDD network without prior approval from their manager and the Business Director. Failure to comply may result in loss of network privileges and possible disciplinary action.

B. Failure to Comply

The Business Director will be responsible monitoring compliance and will process adds, deletions and changes upon receipt of a written request from the end user's supervisor.

By accepting LCBDD Network access privileges, users waive any and all rights of privacy, in connection with their usage including, but not limited to protections provided by the Federal *Wiretaps Act* of 1968 and the Electronic Communications Privacy Act of 1986, 18 U.S.C. § 2510-2520. All such information, content, and files shall be and remain the property of LCBDD and users should not have any expectation of privacy, regarding those materials. Network access may be revoked at any time and for any reason or without explanation.

Network resources are intended for use by authorized users only. Anonymous use is not permitted, and access granted to one user may not be shared or transferred, even with another authorized user. Users may not share their passwords or otherwise allow anyone to gain unauthorized or anonymous access to the LCBDD Network or the Internet. A user may be subject to disciplinary action for any violations of this Policy committed by someone else who, with the user's express or implied permission or by the user's negligence, accesses the Network or other LCBDD resources with the user's password.

Users shall not use the Network for any commercial activities, such as buying, advertising or selling goods or services (whether to one recipient or many), unless it is for legitimate LCBDD business. Users shall not conduct any work or communication relative to their privately-owned or third-party business using LCBDD networks.

Policy & Procedure 5.9.4 Mobile Device

C. Guidelines for Eligibility

Eligibility for participation in the “bring your own device” (BYOD) program will be assessed by the employee’s manager.

Criteria:

There is a justifiable business requirement for having mobile access to LCBDD information.

Employee agrees to opt in to LCBDD’s management policies and procedures defined in this policy. The employee’s device is one of the devices approved for support.

D. Reimbursement Guidelines

Eligible users can receive a monthly stipend toward cellular services. Expenses pertaining to downloads of applications should be submitted for reimbursement in accordance with the LCBDD expense reimbursement policy and must have been authorized by the user’s manager.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent

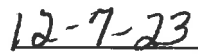


Date

Reviewed Date	Board Approved	Procedure Approved
11/26/2019	12/05/2019	11/26/2019
01/19/2021	02/04/2021	01/19/2021
11/13/2023	12/07/2023	12/07/2023



Board President



Date

Policy & Procedure: 5.10.1 Human Resource Files

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Human Resource Files

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	June 20214

POLICY

A personnel file is an employers' saved documentation of the history and status of the entire employment relationship with an individual employee. The employer maintains this employment documentation in a personnel file for three reasons.

1. To have accurate information handy and organized when you need access to the information for any reason. Changes in emergency contacts, employee addresses, keeping track of performance evaluations, disciplinary letters, employee recognition, and employment application materials are examples of the kinds of information that the employer will want to be able to quickly access.
2. To retain documentation about personnel issues such as employee selection, performance, work history, compensation rationale, and internal promotion applications, to name just a few.
3. Some employee records are required. Organizing the employee information in a personnel file makes sense for access and legal compliance and readiness.

The Logan County Board of Developmental Disabilities (LCBDD) shall maintain Personnel files for all employees.

PROCEDURE

Personnel records are maintained electronically, after being reviewed and scanned by the **Human Resource & Fiscal office**. The employee is responsible for providing the employer with the following information for the file: the employee's legal name, address, telephone number, social security number, tax exemptions, marital status, affiliation with any branch of any governmental military services, the name and phone number of a person to contact in case of an emergency, loss of licensure or insurability, if applicable, and any other requested information. In addition to providing this information, the employee is also responsible for promptly reporting any change in the information. Personnel files may also include individual employment data, payroll

Policy & Procedure: 5.10.1 Human Resource Files

information, schedules, records of additions or deductions, application forms, and records pertaining to hiring, promotion, demotion, transfer, layoff, discipline and termination.

In the event the employer must send correspondence or other documentation to an employee who is on leave, the employer will mail the document to the last known address listed in the employee's personnel file. An employee will be considered to have constructive notice of any correspondence or documentation mailed to his last known address.

A. Access

1. Each employee shall have the right, with reasonable notice, to examine his/her personnel file. Such examination shall be made on non-work time or at some other mutually agreeable time. If an employee disputes the accuracy, timeliness, relevance, or completeness of documents in the file, he/she may submit a written request that the LCBDD investigate the current status of the information. The LCBDD will make a reasonable investigation to determine the accuracy, timeliness, relevance, and completeness of the file, and will notify the employee of the results of the investigation and any plans the LCBDD has to take action with respect to the disputed information. Employees may submit a statement to be attached to any disputed document in the personnel file.
2. No personnel records shall be removed from the official records unless in accordance with state or federal law and/or in accordance with the LCBDD's retention of records policy. Employees are not permitted to alter, add or remove documents or other information contained in their personnel files unless given express authorization from the LCBDD. An employee who alters, adds or removes documents or information from his/her Personnel file without prior approval may be subject to discipline.
3. Personnel files shall be available to members of the public in accordance with the law. Records maintained by the LCBDD that are not defined as "public records" in §149.43 of the Ohio Revised Code or other applicable provisions of law, shall not be released from an employee's personnel file unless specifically authorized by such employee in writing. Pursuant to applicable law, medical records are not public records and are maintained in a separate file. When a public records request is made for an employee's records, the LCBDD may inform the employee of the request in advance of the release of records, however LCBDD is not required to do so. The LCBDD will make reasonable efforts to redact personal information, and other non-public information, from the files before release. Notifying the employee of the release may not result in an unreasonable delay in releasing the records pursuant to an appropriate request. Employees are responsible for taking legal action in the event they wish to prohibit release of the requested documents to the requesting individual or entity.

B. Dissemination.

1. Copies of documents from any personnel file – active or terminated—will be provided at no charge unless unreasonable copying is required (10 or more pages). In that

Policy & Procedure: 5.10.1 Human Resource Files

instance, copies will be provided at cost – estimated to be ten cents per copy. Copies will be made and disseminated by the Executive Secretary or delegate.

2. Removal of any document from the personnel file is prohibited unless duly authorized by the Superintendent in accordance with the Board's progressive disciplinary action policy and governed by the Board's Records Retention Schedule. A document which requires updating and is not needed to maintain a record of personnel history may be replaced with a contemporary version; i.e., emergency medical forms, etc.

C. Destruction.

All employee records are scanned to digital format, and will be archived in accordance with RC-2, Schedule of Records Retention and Disposition on file with the Auditor of State and Logan County Records Commission. All procedures outlined on the RC-3 Records Disposal form will be completed and adhered to in the event a scanned image is disposed of. All records to be purged or destroyed must be approved and logged by the LCBDD Record Retention Officer (Business Director) prior to disposal.

D. Maintenance

1. The LCBDD maintains records that are manually stored and records that are stored using electronic data processing equipment. The Human Resource department will be responsible for maintaining records by the LCBDD that may include personal information (i.e. employee information required above,) individual employment data, schedules, application forms, and records pertaining to hiring, promotion, demotion, transfer, layoff, discipline and termination. The fiscal department will be responsible for payroll information, pay schedules, records of additions or deductions, etc.
2. The LCBDD understands that it creates, receives and maintains sensitive and private information, and will ensure that it collects, maintains, and uses only personal information that is necessary and relevant to the functions of the LCBDD. Personal information maintained by the LCBDD shall not be modified, destroyed, or disclosed without the approval of the Superintendent. The LCBDD will continually monitor the personal information system and make necessary adjustments to ensure the system's accuracy. Employees will be trained on the use of personal information, including review of this policy. Employees who use personal information in an unauthorized manner shall be subject to the LCBDD's disciplinary policy.

E. Contents

1. Employees must advise the HR Office of any change in records, including, but not limited to the following: name, address, marital status, telephone number,, citizenship or emergency contact. The fiscal office will be notified payroll-related changes such as direct deposit or number of withholding allowances claimed for tax purposes.
2. Personnel records will include, but not be limited to:
 - a) Name, permanent and current address, phone number.

Policy & Procedure: 5.10.1 Human Resource Files

- b) Emergency notification information including name, address, home and work phone number.
- c) Job description, civil service classification (if applicable).
- d) Record of permanent or temporary certification, registration or license, as applicable.
- e) Records of sick leave and vacation.
- f) Record of current physical examination.
- g) Bus driver annual physical examination form, as applicable.
- h) Records of in-service training for the last seven years
- i) Personnel action forms.
- j) Annual performance evaluations signed by the immediate supervisor, Superintendent, and the employee indicating the employee's awareness of the evaluation.
- k) Payroll information.
- l) Application forms.
- m) Background checks
- n) Disciplinary records
- o) Benefits (health insurance, life insurance, etc...) information

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.

Saul Bauer, Superintendent

Date

Reviewed Date	Board Approved	Procedure Approved
09/24/19	10/03/19	09/24/19
08/02/2021	08/05/2021	08/05/2021

Board President

Date

Policy & Procedure: 5.10.2 Independent Contractor

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Independent Contractor

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	July 2024

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) values the relationship and services that we receive from Independent Contractors. Any individual, agency, or service provider entering into contract with the LCBDD will act in a non-discriminatory manner both as an employer and as a service provider and will act without regard to race, color, religion, sex, age (40 years old or older), national origin, disability, military status, genetic testing, sexual orientation or other unlawful bias except when such a factor constitutes a bona fide occupational qualification (BFOQ) or any other protected class applicable by law of the employee or person receiving services. Failure to do so may result in the termination of the contract. Proof of independent contractor status will be required, and all applicable laws will be followed.

All contract language must be approved by the County Prosecutor unless otherwise authorized or deferred by the Prosecutor. All contracts must be approved by the Superintendent and all contracts over one-year duration must be approved by the Board.

PROCEDURE

The purpose of this procedure is to establish uniform guidelines for Independent Contractors at LCBDD.

Per ORC 145.38(B)(6), OPERS benefit recipients may not return as an independent contractor to the employing county from which they retired without an impact to their pension and health care coverage. The independent contractor must be aware and agree that if LCBDD contracts with retired former Logan County employee, they forfeit the pension portion of their benefits and healthcare during the time of the subcontracted assignment.

The independent contractor may subcontract with LCBDD without forfeiture of the pension portion of their benefits and healthcare if the subcontractor retired from another public service agency other than Logan County.

Policy & Procedure: 5.10.2 Independent Contractor

If LCBDD subcontracts with any retired employee, an Independent Contractor/Worker Acknowledgement (PEDACKN) will be completed and submitted to the Logan County Auditors' Office. LCBDD will notify OPERS once the subcontract has been terminated.

CONTRACT ADMINISTRATOR

The Business Director will serve as the Contract Administrator for the LCBDD and will follow the below contract procedures:

1. Two months prior to expiration, assists in negotiating, creating and/or modifying the contract with responsible Department Head and contractor.
2. Establishes an annual budget for contract and ensures funding is available in agency budget.
3. Ensures Prosecuting Attorney's reference is appropriately placed.
4. If applicable, obtains the Prosecuting Attorney's approval for new or substantially changed contracts
5. Submits contract summary sheet to Human Resources for Board packet/approval
6. Submits original contract to Superintendent and Board for signatures
7. Obtains contractor approval of the contract and ensures it is returned
8. Prepares County Purchase Order, IHPO and monitors budget
9. Where applicable, forward to Human Resource Director a copy of the contract to obtain all required documentation for accreditation and contract compliance

CONTRACT COMPLIANCE

The Director of Human Resources will complete the contract compliance checklist that will ensure the regulatory requirements as listed in ORC 5123 and/or 5126 for each independent contract at least annually as applicable.

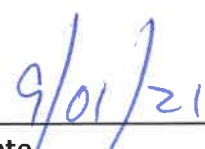
1. Where applicable, obtain all required documentation for accreditation and contract compliance: Resumes, Certification, licensure, background checks, proof of insurance, etc.
2. Ensures all applicable training is received and documented
3. Forwards all completed original paperwork to Contract Administrator to scan to file
4. A BCII check is required for contractors who provide direct services to individuals or provide services that require them to be alone with individuals.
5. LCBDD will follow all requirements for background investigations found in O.R.C. 5123.081 and OAC 5123:2-2-02.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



 Saul Bauer, Superintendent



 Date

Reviewed Date	Board Approved	Procedure Approved
10/22/19	10/03/19	10/22/19

Policy & Procedure: 5.10.2 Independent Contractor

8/9/2021	9/2/2021	10/23/19

Valerie Ross
Board President

9-2-21
Date

Policy & Procedure: 5.10.3 Lactation Breaks

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Lactation Breaks

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	August 2024

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) upon request, will provide employees who are nursing mothers a reasonable break time in order to nurse or express breast milk, for up to one year after the child's birth.

PROCEDURE


The employee will be provided appropriate space, other than a bathroom, that is shielded from view and free from intrusion from workers and members of the public. Lactation breaks under this policy should, to the extent possible, run concurrently with any other break time available to the employee

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.

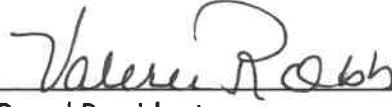


Saul Bauer, Superintendent

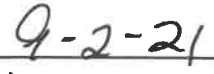


Date

Reviewed Date	Board Approved	Procedure Approved
10/22/2019	01/01/2019	01/01/2019
8/9/2021	9/2/2021	01/01/19



Board President



Date

Policy & Procedure: 5.10.4 Public Records & Record Retention

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Public Records & Record Retention

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	September 2024

POLICY

Ohio's public records and open meetings laws, collectively known as the "Sunshine Laws," give Ohioans access to government meetings and records. It is the policy of the LCBDD that openness leads to a better-informed citizenry, which leads to better government and better public policy. Consistent with the premise that government at all levels exists first and foremost to serve the interests of the people, it is the mission and intent of the LCBDD to at all times fully comply with and abide by both the spirit and letter of Ohio's Public Records Statute.

It shall be the policy of the Logan County Board of Developmental Disabilities (LCBDD) to address the access, duplication, dissemination, destruction and review of records in accordance with the law. The LCBDD understands that it creates, receives, and maintains sensitive and private information, and will ensure that it collects, maintains, and uses only personal information that is necessary and relevant to the functions of the LCBDD.

A person who receives services from our Board is an "enrollee." All information contained in an enrollee's record, including what is retained or transmitted electronically and verbally shall be considered confidential.

The Board shall not use or disclose Protected Health Information (PHI), beyond what is otherwise permitted or required by law, without a signed authorization in accordance with Board procedures.

PROCEDURE

Public records requests can be made in a variety of ways. Public records request can be made directly to the LCBDD HR department.

A. Public Records

1. "Public record" means records kept by any public office, including, but not limited to, state, county, city, village, township, and school district units, and records pertaining to the delivery of educational services by an alternative school in this state kept by the

Policy & Procedure: 5.10.4 Public Records & Record Retention

nonprofit or for-profit entity operating the alternative school pursuant to section 3313.533 of the Revised Code.

2. Employee records maintained by the Logan County Board of DD (LCBDD) that are not defined as “public records” in §149.43 of the Ohio Revised Code or other applicable provisions of law, shall not be released from files unless specifically authorized by such employee in writing.
3. All information in administrative files that would be considered public information under federal statutes governing disclosure of public information will be maintained in a permanent active/inactive file.
4. All information that will be considered private information not covered under federal statutes governing disclosures of public information will be destroyed based on the record retention policy approved by the Logan County Records Commission.
5. When a public records request is made for an employee’s records the LCBDD will endeavor to inform the employee of the request in advance of the release of records, however, the LCBDD is not required to do so. The LCBDD will make reasonable efforts to redact personal information, and other non-public information, from the files before release. Notifying the employee of the release may not result in an unreasonable delay in releasing the records pursuant to an appropriate request. Employees are responsible for taking legal action in the event they wish to prohibit release of the requested documents to the requesting individual or entity.
6. The LCBDD will continually monitor the personal information system and make necessary adjustments to ensure the system’s accuracy. Employees will be trained on the use of personal information, including review of this policy.
7. Employees who use personal information in an unauthorized manner shall be subject to the LCBDD’s disciplinary policy.

B. Records Retention

The LCBDD maintains records that are manually stored and records that are stored using electronic data processing equipment. All manually stored, or electronically stored records will comply with the Logan County Records Commission R-2 schedule and will be administered by the Business Director for record storage, retention and destruction.

The LCBDD Record Retention Schedule is located on the public drive for review. **Personal information maintained by the LCBDD shall not be modified, destroyed, or disclosed without the approval of the Superintendent.**

C. Administrative Records

Policy & Procedure: 5.10.4 Public Records & Record Retention

1. Administrative records shall include, but not be limited to, the following:
 - a. All financial records to maintain compliance with State Auditor requirements;
 - b. All legal records that show the legal organization and role of the agency;
 - c. Records of correspondence detailing grant programs, federal and state entitlement programs;
 - d. All personnel records;
 - e. All Board meeting minutes and other administrative committee minutes.

D. Personnel Records

1. Permission to access individual personnel records may be granted to employees who want to see his/her individual personnel file. An appointment should be made with the HR Office and arrangements made for a private file review to be supervised by any management staff and conducted in the Administration Office area to ensure the control of contents of the personnel files.

The public will have supervised access to all records in the employee's personnel file by appointment only with the following exceptions:

- a. Medical records
- b. Records pertaining to adoption, probation or parole proceedings
- c. Trial preparation records
- d. Confidential law enforcement investigation records (BCII or FBI)
- e. Records of which the release is prohibited by State or Federal Law
- f. Records which do not serve to document official functions or activities.

When an employee's personnel file has been requested to be reviewed by a member of the public, a reasonable attempt will be made to notify the employee of the request prior to the review. Notifying the employee of the release may not result in an unreasonable delay in releasing the records pursuant to an appropriate request.

2. Copies can be made and given by following the dissemination procedure below.
3. Copies of documents from any personnel file – active or terminated—will be provided at no charge unless unreasonable copying is required (10 or more pages). In that instance, copies will be provided at cost – estimated to be ten cents per copy. Copies will be made and disseminated by the Executive Secretary or delegate.

Removal of any document from the personnel file is prohibited unless duly authorized by the Superintendent in accordance with the Board's progressive disciplinary action policy and governed by the Board's Records Retention Schedule. A document which requires updating and is not needed to maintain a record of personnel history may be replaced with a contemporary version; i.e., emergency medical forms, etc.

Policy & Procedure: 5.10.4 Public Records & Record Retention

4. Records will be maintained in secure archiving area to be determined by the Business Director and will be retained in accordance with RC-2, Schedule of Records Retention and Disposition on file with the Auditor of State and Logan County Records Commission.
5. All documents will be reviewed prior to access, duplication, dissemination, and destruction.
 1. Employees must advise the Human Resources Office of any change in pertinent information, such as: name, address, marital status, telephone number, number of withholding allowances claimed for tax purposes, citizenship, or emergency contact.
 2. Personnel records will include, but not be limited to:
 - a. Name, permanent and current address, phone number.
 - b. Emergency notification information including name, address, home and work phone number.
 - c. Job description, civil service classification (if applicable).
 - d. Record of permanent or temporary certification, registration or license, as applicable.
 - e. Records of sick leave and vacation.
 - f. Record of current physical examination.
 - g. Bus driver annual physical examination form, as applicable.
 - h. Records of in-service training for the last seven years
 - i. Personnel action forms.
 - j. Annual performance evaluations signed by the immediate supervisor, Superintendent, and the employee indicating the employee's awareness of the evaluation.
 - k. Payroll information.
 - l. Application forms.
 - m. Background checks

Pursuant to applicable law, medical records are not public records and are maintained in a separate file.

E. Individuals Served

Refer to the Confidentiality of Individuals Served Policy for more information and details relating to our individuals served. These records also can't be modified, destroyed, or disclosed without the approval of the Superintendent.

Information maintained in individual master files/records that is no longer needed for educational, training, or case documentation, may be scheduled for destruction after approval of the parent/guardian or individual with disabilities, as appropriate, has been obtained.

Policy & Procedure: 5.10.4 Public Records & Record Retention

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

11-16-2021

Date

Reviewed Date	Board Approved	Procedure Approved
10/22/2019	01/01/2019	10/22/2019
10/18/2021	11/4/2021	10/26/2021



Board President

11-4-21

Date

Policy & Procedure: 5.10.5 Bulletin Boards

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Bulletin Boards

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	October 2024

POLICY

In the interest of advancing our mission, the Logan County Board of Developmental Disabilities (LCBDD), subject to the conditions set below, offers bulletin boards for the free distribution of relevant, timely and applicable information to employees.

It is the policy of the Logan County Board of Developmental Disabilities (LCBDD) to maintain all facility bulletin boards as a means of communicating information to employees. Bulletin boards are maintained by the HR department.

PROCEDURE

All Board, federal, state and local required notices, and other legally required notices will be posted in an area visible to all employees.

Information of a general public interest may be posted on the bulletin board.

Information may not be posted in any building or on bulletin board if the information contains any of the following:

1. Personal attacks upon any person, employee or public official;
2. Scandalous, scurrilous or derogatory attacks on any person, employee, the Board, managing officers, public officials, supervisors, or other governmental unit/ agency;
3. Attacks on and/or unfavorable comments regarding candidates for public office; and
4. Attacks on any organization or group.
5. Proselytizing information.
6. Information deemed inappropriate by the superintendent or the board.

The LCBDD Human Resource Department will monitor the bulletin boards on a regular basis. Employees and non-employees wishing to have material posted on a LCBDD bulletin board shall submit a request to their department manager or designee for prior approval. This request shall include the name of the person making the request to post the material, a copy of the material to be posted, and the period of time the material is requested to be posted. Material posted in violation of the procedure shall be removed from the LCBDD bulletin board.

Policy & Procedure: 5.10.5 Bulletin Boards

Employees in violation shall be subject to disciplinary action.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

11-16-2021
Date

Reviewed Date	Board Approved	Procedure Approved
10/22/2019	11/07/2019	10/22/2019
10/4/2021	11/4/2021	10/4/2021



Board President

11-4-21
Date

Policy & Procedure: 5.10.6 Contact with News Media/Citizen

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Contact with News Media/Citizen

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	November 2021

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) believes that accurate and factual information should be provided to citizens and news media when requested or as soon as detailed information is available.

PROCEDURE

Any employee contacted by the news media or a citizen on a matter related to LCBDD operations should direct the caller to contact the Superintendent or designee. This policy is designed to avoid duplication, assure accuracy, and protect employees and the LCBDD from the dissemination of misstatements and misinformation. Employees are permitted to respond to the media about pertinent job related information that is accurate and represents the positive activities of the Board and the services we provide.

LCBDD employees are prohibited from making public statements about matters that negatively impact the County, LCBDD, Discovery Center, clients, customers or employees and from making unauthorized public statements during their working hours.

Policy & Procedure: 5.10.6 Contact with News Media/Citizen

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

10/22/2019

Date

Reviewed Date	Board Approved	Procedure Approved
10/22/2019	11/07/2019	10/22/2019



Board President

11/07/2019

Date

Policy & Procedure 5.10.7 Confidentiality of Individuals Served

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Confidentiality of Individuals Served

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	December 2021

POLICY

It shall be the policy of the Logan County Board of Developmental Disabilities (LCBDD) to address access, duplication dissemination, destruction and review of records in accordance to the law. The LCBDD understands that it creates, receives, and maintains sensitive and private information, and will ensure that it collects, maintains, and uses only personal information that is necessary and relevant to the functions of the LCBDD.

All information contained in an enrollee’s records, including information contained in an automated data bank, shall be considered confidential. The content of these records is never the subject for discussion, except as authorized.

PROCEDURE

A. Responsible person for ensuring confidentiality of records

1. It is the responsibility of the SSA to see that each enrollee is adequately represented by his/her natural parent(s), parent(s) having legal custody, legal guardian(s) or custodian(s), surrogate parent(s).
2. An enrollee of legal age (18) with no court-appointed legal guardian has the right to act in his/her own behalf in all matters related to confidentiality and records access, consent, maintenance, and destruction.

B. Access Rights

1. The individual or parent/legal guardian has the right to inspect and review any

Policy & Procedure 5.10.7 Confidentiality of Individuals Served

agency record related to their self (if and adult) or child enrolled in any division of the County Board. The Board shall oblige such requests for information unless it is presented with an official document stating the right to access has been restricted or denied to requesting person under applicable state law, governing such matters as guardianship, separation, and divorce.

- a. Any program division shall comply with the enrollee/parent/guardian's requests for access to confidential material without unnecessary delay. Requests occurring before an IEP/IP/IFSP meeting, or a hearing related to identification, evaluation or placement of the enrollee shall have immediate response. In the case of an enrollee placed by the local education agency (LEA), the response time shall be no more than forty-five days after the request has been made.
- b. The County Board may charge a fee for copies of records which are made for the enrollee/parent/guardian if the fee does not effectively prevent the enrollee/parent/guardian from exercising the right to inspect and review those records.

C. Records Access

1. An individual's record is removed from a division's jurisdiction and safekeeping only in accordance with a court order, subpoena, or statute. Temporary removal to a microfilming facility to facilitate permanent storage is allowed. Enrollee records shall not be removed from the premises for any other reason. Permanent records may be maintained at the Logan County Records Center or on the Board's premises.
2. Each division shall develop a list of the types and locations of records collected, maintained, or used by them, and shall provide this list to enrollee/parent/guardians on request.
3. Each Program Director or designee shall implement procedures to keep a record of parties obtaining or given access to records collected, maintained, or used (except access by enrollee/parent/guardians and authorized employees of the division or other educational agency). Record of access/disclosure shall be kept on parties reviewing the files and of parties to whom information is sent, including written documentation of
 - i. Name of the party;
 - ii. Date access was given; and
 - iii. Purpose for which the party is authorized to use the data.
 - iv. Signature authorizing release.
4. If any agency record includes information on more than one enrollee, the enrollee/parent/guardians of those enrollees shall have the right to inspect and

Policy & Procedure 5.10.7 Confidentiality of Individuals Served

review only the information relating to their son/daughter or to be informed of that specific information.

D. Amendment of Record at Enrollee/Parent/Guardian's Request

1. An enrollee/parent/guardian who believes that information in records collected maintained or used is inaccurate or misleading or violates the privacy or other rights of the enrollee may request the division which maintains the information to amend the information.
2. The Division Director shall direct the request to the Logan County Board of Developmental Disabilities Management Team, which shall decide whether or not to amend the information within a reasonable time after the Director has received the request.
3. If a decision is made not to amend the information in accordance with the request, the Director of the division to which the request was directed shall inform the enrollee/parent/guardian of the refusal and advise the enrollee/parent/guardian of the right to a records hearing to challenge information in education/habilitation records, to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the enrollee.
4. A records hearing shall be set up at an enrollee/parent/guardian's request and will adhere to the following:
 1. The records hearing shall be held within 30 days after the Division Director has received the request, and the enrollee/parent/guardian shall be given notice of the date, place, and time, at least 10 days in advance of the hearing.
 2. The records hearing may be conducted by any party, as designated by the Superintendent, including an official of the agency, or another agency who does not have a direct interest in the outcome of the hearing.
 - a. The enrollee/parent/guardian shall be afforded a full and fair opportunity to present evidence relevant to the issues and may be assisted or represented by individuals of his or her choice, at his/her own expense, including an attorney. The hearing representative shall make his/her decision in writing to the Superintendent within 10 days after the conclusion of the hearing. The decision shall be based solely upon the evidence presented at

Policy & Procedure 5.10.7 Confidentiality of Individuals Served

the hearing and shall include a summary of the evidence and the reasons for the decision.

E. Results of Records Hearing

1. If, because of the records hearing, it is decided that this information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the participant, the Division Director shall amend the information accordingly, and so inform the enrollee/parent/guardian, in writing.
2. If, as a result of the records hearing, it is decided that the information is not accurate, misleading, or otherwise in violation of the privacy or other rights of the enrollee, the Division Director shall inform the enrollee/parent/guardian of the right to place a statement in the enrollee's record commenting on the information or setting forth any reasons for disagreeing with the decision of the agency.
3. Any explanation placed in the records of the enrollee under this paragraph shall be maintained by Logan County Board of Developmental disabilities as part of the records of the enrollee, if the record or contested portion is maintained. If the records of the child, or the contested portion are disclosed to any party, the explanation must also be disclosed to the party.

F. Safeguards

1. All Logan County Board of Developmental Disabilities personnel collecting, maintaining, using, or otherwise having access to enrollee data shall be informed of the confidentiality policies and procedures of the agency and are responsible for implementing them.
2. Each Division Director shall be assigned the responsibility for assuring the confidentiality of enrollee data.
3. Each division shall maintain, for public inspection, a current listing of the names and positions of those employees within the division authorized by the Department Head who may have access to enrollee data.
 - a. Policies and procedures concerning confidentiality shall be made known to individuals, parents/guardians as applicable, and residential providers.
 - b. Lockable storage equipment will be provided to protect confidentiality

Policy & Procedure 5.10.7 Confidentiality of Individuals Served

of records.

4. Policies and procedures related to systems and safeguards of confidentiality will be reviewed at least once annually.

G. Prior Consent for Disclosure

1. Information from the habilitation/education records of a participant may be disclosed without the written consent of the enrollee/parent/guardian, if the disclosure is:
 - a. To other staff within the agency who have been determined by the Superintendent or designee to have a legitimate educational/habilitation interest.
 - b. To officials of district, or another educational agency in which the student seeks or intends to enroll.
 - i. When the transfer of records is initiated by the parent at the sending school district or other educational agency;
 - ii. When the school district or other educational agency includes a notice in its policies and procedures that it forwards education records on request of a school district or other educational agency in which a student seeks or intends to enroll; or
 - iii. After a reasonable attempt to notify the parent's last known address, that the transfer of records has been made.
 - c. To Federal and State Officials, in connection with the audit and evaluation of federally supported programs, or in connection with the enforcement of or compliance with the federal legal requirements which relate to these programs.
2. Each division shall implement procedures to obtain written consent of information, except as provided in paragraph G-1 of this rule. The written consent required by this paragraph must be signed and dated by the enrollee/parent/guardian giving the consent and shall include:

Policy & Procedure 5.10.7 Confidentiality of Individuals Served

- a. A specification of the records to be disclosed;
 - b. The purpose or purposes of the disclosure; and
 - c. The party or class of parties to whom the disclosure may be made.
 - d. Time the release is granted – not to exceed 2 years
3. When a disclosure is made pursuant to paragraph H-1 of this rule, a division shall, upon request, provide a copy of the record which is disclosed to the enrollee/parent/guardian.
4. Disclosure of information also includes verbal sharing (meetings, telephone conversations, etc.), which requires written consent of the enrollee/parent/guardian, as outlined above. Record of such disclosure shall be recorded on the access record.
5. The person authorized to grant permission to release information shall be advised of their opportunity to rescind the release.

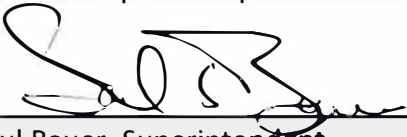
H. Destruction of Information

1. The Division director or designee shall inform the enrollee/parent/guardian when personally identifiable information collected, maintained, or used under this paragraph is no longer needed to provide educational/habilitative services to the enrollee and is eligible for destruction per the Board's record retention schedule on file with the Logan County Records Commission. The records shall be offered to the individual/parent/guardian.
2. The personally identifiable information on an enrollee may be retained permanently, unless the enrollee/parent/guardian requests that it be destroyed. The agency should remind the enrollee/parent/guardian that the records may be needed by the enrollee/parent/guardian for Social Security benefits or other purposes.
3. The information shall be destroyed at the request of the parent. However, permanent record of an enrollee's name, address, phone number, attendance record, program attended, level completed, and year completed may be maintained without limitation.
4. Written permission of the enrollee/parent/guardian shall be obtained prior to destruction of individual record information.

Policy & Procedure 5.10.7 Confidentiality of Individuals Served

IMPLEMENTATION


This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

11/26/19
Date

Reviewed Date	Board Approved	Procedure Approved
11/26/2019	12/05/2019	11/26/2019



Bonnie Verselle
Board President

12/05/19
Date

Policy & Procedure: 5.10.8 PUMP Act Policy

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

PUMP Act

(Providing Urgent Maternal Protections for Nursing Mothers Act)

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	08/03/2023	08/03/2023	08/03/2026

POLICY

It shall be the policy of the Logan County Board of Developmental Disabilities (LCBDD) to follow all provisions of the Fair Labor Standards Act (FSLA,) including Pump at work protections outlined in Public Law 117-328, signed into law on December 29, 2022.

PROCEDURE

The FSLA requires employers to provide nursing employees reasonable break time each time they have a need to express milk. LCBDD will not deny any employee a needed break to pump. There is no maximum number of breaks per day, week or pay period. The entitlement continues for one year after the child's birth.

The frequency, duration and timing of breaks are not the same for each employee. While the employer and employee can agree to create a break schedule based on the employee's needs to pump, the employer must be flexible to allow the schedule to be modified if the needs of the employee change.

Employers cannot require a nursing employee to make up the time they spent on pump breaks because adding work time to their normal schedule could be considered an adverse action made in retaliation for exercising their lactation rights.

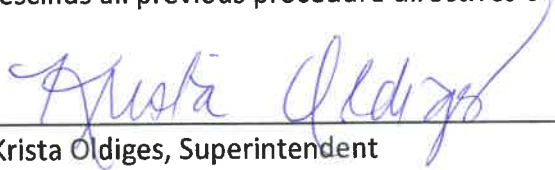
Time spent pumping milk is considered hours worked if the employee is not completely relieved from work during the entire break. Further, short breaks, usually 20 minutes or less, provided by the employer must be counted as hours worked; if a nursing mother expresses milk for 20 minutes or less, such time would be compensable. Employees exempt from overtime are entitled to their full weekly salary, regardless of pumping breaks.

Policy & Procedure: 5.10.8 PUMP Act Policy

A nursing employee will be provided access to a place to pump breast milk at work that is: shielded from view, free from intrusion from coworkers and public, available when needed and not a bathroom. LCBDD may address space requirements in a variety of ways, as long as the space meets these requirements.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent

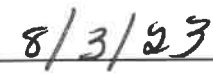


Date

Reviewed Date	Board Approved	Procedure Approved
06/05/2023	08/03/2023	08/03/2023



Board President



Date

Policy & Procedure: 5.10.9 Pregnant Workers Fairness Act

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Pregnant Workers Fairness Act

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	08/03/2023	08/03/2023	08/03/2026

POLICY

It shall be the policy of the Logan County Board of Developmental Disabilities (LCBDD) to follow the Pregnant Workers Fairness Act which requires employers to provide reasonable accommodations to qualified employees and job applicants with temporary physical or mental limitations related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an undue hardship.

PROCEDURE

Existing laws in the EEOC enforce that it is illegal to fire or otherwise discriminate against workers on the basis of pregnancy, childbirth or related medical conditions. ORC 4112.01 (B) provides that the terms “because of sex” and “on the basis of sex” include but are not limited to, because of or on the basis of pregnancy, any illness arising out of and occurring during the course of pregnancy, childbirth or related medical conditions. Women affected by these conditions shall be treated the same for all employment-related purposes, as other persons not so affected but similar in their ability or inability to work.

Any employee or applicant who believes they have a right to a reasonable accommodation under this policy, will notify their Department Director. LCBDD will provide reasonable accommodations unless doing so imposes undue hardship. LCBDD administrative staff together, with the employee will identify appropriate and reasonable accommodations.

An employee will not be required to take a paid or unpaid leave if other reasonable accommodations can be provided. Retaliation against an employee or applicant for requesting a reasonable accommodation will be prohibited.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.

Policy & Procedure: 5.10.9 Pregnant Workers Fairness Act



Krista Oldiges, Superintendent




Date

Reviewed Date	Board Approved	Procedure Approved
06/05/2023	08/03/2023	08/03/23



Board President



Date

Policy & Procedure: 7.1.1 Service and Support Administration

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Service and Support Administration

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	April 2025

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) Service and Support Administration (SSA) policy will define the responsibilities of the county board for service and support administration and establish a process for individuals who receive service and support administration to have an identified service and support administrator who is the primary point of coordination.

The LCBDD shall have access to an on-call emergency response system available twenty-four-hours per day, seven days per week to provide immediate response to an occurrence that requires an immediate change in an individual's existing situation and/or individual service plan to ensure health and safety.

This policy will follow all the terms identified in the Service and Support Administration rule 5123:2-1-11

PROCEDURE

The SSAs at the LCBDD will perform the functions identified in SSA Rule 5123:2-1-11. The LCBDD will identify an SSA to work with children and families, and an SSA to work with transitional teens.

The SSAs at the LCBDD will seek technology solutions to enhance the lives of eligible individuals and families as identified in the LCBDD Technology First Policy and the Technology First Rule 5123-2-01.

A. Provision & Application

Anyone age 3 & older who has been determined eligible for county board services is eligible for SSA services. Anyone who is on a Medicaid waiver shall receive SSA services. Anyone who desires to move from an ICF/IID facility to a community-based setting shall receive SSA services to assist them. No eligible individuals shall be placed on a waiting list for SSA services.

B. Primary point of coordination

LCBDD shall identify a service and support administrator for each individual receiving service and support administration who shall be the primary point of coordination for

Policy & Procedure: 7.1.1 Service and Support Administration

the individual. An individual shall be given the opportunity to request a different service and support administrator from LCBDD.

C. Intake & Eligibility

Referrals may be taken over the phone or in person. The Program Referral Form is to be completed. Referrals will be given to the Board office receptionist but may be given to any SSA.

Applicants will be requested for documentation of their developmental disability.

Once documentation of the developmental disability is obtained, the information will be forwarded to WestCON for the eligibility specialist to complete the OEDI or COEDI.

The Director of Support Service reviews and signs off on all COEDI's & OEDI's.

The County Board will send out the conclusion letter to the applicant. If the individual is eligible for services, an SSA is assigned & the applicant receives an agency brochure, access to information brochure, list of alternative services and brochure on Medicaid waivers.

If the individual is ineligible, a letter is sent informing the individual of their appeal rights & right to due process. Suggestions will be made as to other agencies that may be able to assist them with services. Included in their letter is the list of alternative services.

Information on the individual will be added to County Board Infallible and Brittco data programs.

Information on eligible individuals will be added to the LOC/IDS state wide website.

SSA will give information on community employment and integration opportunities & developed Individual Service (ISP) when appropriate.

D. Emergency Response System

The Logan County Board of Developmental Disabilities (LCBDD) service and support administration (SSA) director shall, in coordination with the provision of service and support administration, have an on-call emergency response system available twenty-four-hours per day, seven days per week to provide immediate response to an occurrence that requires an immediate change in an individual's existing situation and/or individual service plan to ensure health and safety.

The LCBDD agency phonenumber afterhours message offers an option to contact the on call SSA. If the caller needs to report a MUI and/or if there is an immediate need to reach an SSA the caller can choose an option to contact the SSA. This option will directly call the on call SSA. The on call SSA will have the contact information for all SSAs and for the SSA Director. The SSA Director has the contact information for the Superintendent.

All SSAs are compensated for work related cell phone use. All SSAs may be contacted at any time for work related purposes. All providers are provided SSA cell phone numbers and can contact SSAs as needed during work hours or at any time for emergencies or to report a MUI.

Policy & Procedure: 7.1.1 Service and Support Administration

Providers and individuals are informed and encouraged to contact proper authorities for emergencies. The Bellefontaine Police Department and the Logan County Sheriff Department are provided with a list of all the SSAs and the SSA Director's work and cell phone numbers. (Reference 7.1.2. Emergency Response System for this Policy & Procedure)

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

5-27-2022
Date

Reviewed Date	Board Approved	Procedure Approved
10/22/2019	11/07/2019	10/22/2019
03/14/2022	04/07/2022	03/14/2022
04/20/2022	05/05/2022	05/05/2022



Board President

5/5/2022
Date

Policy & Procedure: 7.1.2 Emergency Response System

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Emergency Response System

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	March 2025

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) service and support administration director shall, in coordination with the provision of service and support administration, have an on-call emergency response system available twenty-four-hours per day, seven days per week to provide immediate response to an unanticipated event that requires an immediate change in an individual's existing situation and/or individual service plan to ensure health and safety.

This policy is duplicated in the SSA policy. This can be combined or remove the reference to the emergency response system from the SSA policy.

PROCEDURE

Persons who are available for the on-call emergency response system shall:

- A. Provide emergency response directly or through immediate linkage with the service and support administrator who is the primary point of coordination for the individual or with the primary provider;
- B. Be trained and have the skills to identify the problem, determine what immediate response is needed to alleviate the emergency and ensure health and welfare, and identify and contact persons to take the needed action;
- C. Notify the providers and the service and support administrator who is the primary point of coordination for the individual to ensure adequate follow-up;

Policy & Procedure: 7.1.2 Emergency Response System

- D. Notify the Board's investigative agent as determined necessary by the nature of the emergency; and
- E. Document the emergency in accordance with Board procedures.

PROCEDURE


The Logan County Board of Developmental Disabilities (LCBDD) agency phonenumber afterhours message offers an option to contact the on call SSA. If the caller needs to report an MUI and if there is a need to reach an SSA the caller can choose an option to contact the SSA. This option will directly call the on call SSA. The on call SSA will have the contact information for all SSAs and for the SSA Director. The SSA Director has the contact information for the Superintendent.

All SSAs are compensated for work related cell phone use. All SSAs can be contacted at any time for work related purposes. All providers are provided SSA cell phone numbers and can contact SSAs as needed during work hours or at any time for emergencies or to report an MUI.

Providers and individuals are encouraged to contact proper authorities for emergencies. The Bellefontaine Police Department and the Logan County Sheriff Department are provided with a list of all the SSAs and the SSA Director's work and cell phone numbers.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

4/12/2022
Date

Reviewed Date	Board Approved	Procedure Approved
10/22/2019	11/07/2019	
03/14/2022	04/07/2022	04/07/2022



Board President

4-6-2022
Date

Policy & Procedure 7.1.3 Waiver Waiting List

LOGAN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

The Board approves all policies, and the Superintendent approves all procedures.

Waiver Waiting List

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/2018	01/01/2019	February 2023

POLICY

In accordance with 5123:9-14, this policy sets forth requirements for the waiting list established pursuant to section 5126.042 of the Revised Code when the Logan County Board of Developmental Disabilities (LCBDD) determines that available resources are insufficient to enroll individuals who are assessed to need and who choose home and community-based services in department-administered home and community-based services waivers.

PROCEDURE

A. Definitions

1. "Current Need" means an unmet need for home and community-based services within twelve months, as determined by LCBDD upon assessment of the individual using the waiting list assessment tool. Situations that give rise to current need include:
 - a. An individual is likely to be at risk of substantial harm due to:
 - i. The primary caregiver's declining or chronic physical or psychiatric condition that significantly limits his or her ability to care for the individual
 - ii. Insufficient availability of caregivers to provide necessary supports to the individual
 - iii. The individual's declining skills resulting from a lack of supports
 - b. An individual has an ongoing need for limited or intermittent supports to address behavioral, physical, or medical needs, in order to sustain existing caregivers and maintain the viability of the individual's current living arrangement.
 - c. An individual has an ongoing need for continuous supports to address significant

Policy & Procedure 7.1.3 Waiver Waiting List

- behavioral, physical, or medical needs.
- d. An individual is aging out of, or emancipating from, children's services and has needs that cannot be addressed through community-based alternative services.
 - e. An individual requires waiver funding for adult day services or employment-related supports. This applies when these supports are not otherwise available as vocational rehabilitation services (funded under section 110 of the Rehabilitation Act of 1973, 29 U.S.C. 730), or as special education or related services (as those terms are defined in section 602 of the Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. 1401).
2. "Immediate Need" means a situation that creates a risk of substantial harm to an individual, caregiver, or another person if action is not taken within thirty calendar days to reduce the risk. Situations that give rise to immediate need include:
- a. A resident of an intermediate care facility for individuals with intellectual disabilities has received notice of termination of services in accordance with rule 5123:2-3-05 of the Administrative Code.
 - b. A resident of a nursing facility has received thirty-day notice of intent to discharge in accordance with Chapter 5160-3 of the Administrative Code.
 - c. A resident of a nursing facility has received an adverse determination in accordance with rule 5123:2-14-01 of the Administrative Code.
 - d. An adult is losing his or her primary caregiver due to the primary caregiver's declining or chronic physical or psychiatric condition or due to other unforeseen circumstances (such as military deployment or incarceration) that significantly limit the primary caregiver's ability to care for the individual when:
 - i. Impending loss of the caregiver creates a risk of substantial harm to the individual; and
 - ii. There are no other caregivers available to provide necessary supports to the individual.
 - e. An adult or child is engaging in documented behavior that creates a risk of substantial harm to the individual, caregiver, or another person.
 - f. There is impending risk of substantial harm to the individual or caregiver as a result of:
 - i. The individual's significant care needs (i.e., bathing, lifting, high demand, or twenty-four-hour care); or
 - ii. The individual's significant or life-threatening medical needs.
 - g. An adult has been subjected to abuse, neglect, or exploitation and requires additional supports to reduce a risk of substantial harm to the individual.

Anyone requesting a Medicaid waiver will be assessed with the waiting list assessment tool. Through the tool it will be identified if a person has an immediate need, current need or no need. Those with an immediate or current need will be placed on the waiting list. Immediate needs will be addressed through a waiver or other resources & supports.

Policy & Procedure 7.1.3 Waiver Waiting List

LCBDD will follow rule set in 5123-9-04 of the OAC. Anyone requesting a Medicaid Waiver will have the waiting list assessment completed.

Service and Support Administrators (SSAs) will have conversations with individuals & or their families including the following:

- Medicaid waivers are a funding source, they are not a service. There may be different funds or resources to meet individuals needs
- We want to assess the needs and then determine if resources are available to meet those needs.
- The current waiting list is now being called the transitional list. The new waiting list will only have those with current needs that require a Medicaid waiver to fund.
- There will be no numbers. There will be status date (date of requests)
- Our job is to help you meet your needs. That may be with a waiver, it may be with other resources.

Those currently on the transitional (old) waiting list will be offered the opportunity to withdraw from the list rather than having the assessment completed if they feel their needs are currently being met.

Anyone voluntarily withdrawing from the waiting list will be given due process notification.


The waiting list assessments will be completed on DODD statewide system by the SSAs or WestCON COG. The SSAs or WestCON will complete the assessment with input from the individual or those who know the individual well. An SSA may request documentation to assist in completing the waiting list assessment.

When the waiting list assessment is completed, individuals or their guardians will be given notice of due process & a letter identifying the individual has an immediate need or current need and would be placed on the waiver waiting list. Or would have neither and therefore would not be added to the new waiver waiting list.

Policy & Procedure 7.1.3 Waiver Waiting List

IMPLEMENTATION


This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

02/25/2020
Date

Reviewed Date	Board Approved	Procedure Approved
10/22/2019	01/01/2019	10/22/2019
02/25/2020	03/05/2020	03/05/2020



Board President

03/05/2020
Date

Policy & Procedure 7.1.4 - Payor of Last Resort

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Payor of Last Resort

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	March 2023

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) supports the provision of services to eligible individuals to meet its mission and goals within the constraints of available resources.

The LCBDD is committed to maximizing resources available to serve individuals with developmental disabilities who are eligible for services from the LCBDD. The LCBDD is committed to maximizing the flow of federal tax dollars back to Logan County that will allow local tax dollars to be stretched further and help reduce additional tax burden on county residents. It is the goal of the LCBDD to provide services to as many eligible individuals as possible within applicable budgetary constraints.

Pursuant to Ohio Revised Code sections 5126.054, "each county board of developmental disabilities shall, by resolution, a three-calendar year plan five-year projection report that includes the source of funds available to the county board to pay the nonfederal share of Medicaid expenditures."

PROCEDURE

Any individual eligible for LCBDD services must first access all means of funding available (Medicaid Waiver and State Plan services) to them. LCBDD resources should be accessed as needed when other resources have been accessed at capacity or depleted.

Any individual eligible for enrollment on Medicaid Home and Community Based Services (HCBS) waiver programs that refuses enrollment, or any individual who fails to take recommended actions necessary to meet and/or maintain Medicaid eligibility criteria, shall only be eligible to receive Board-funded services at an amount not to exceed the Board's required expenditure of the non-federal share of Medicaid expenditures (match percentage).

Policy & Procedure 7.1.4 - Payor of Last Resort

Individuals currently receiving services through Supported Living or Adult Services will be a priority for Medicaid waiver enrollment.

It is the goal of the LCBDD, that all adults receiving adult day support or vocational habilitation, supported employment-enclave, supported employment-community, non-medical transportation, and/or residential services and supports from LCBDD or its subcontractors shall be enrolled on DODD administered Medicaid waiver.

Medicaid waivers allow LCBDD to support more individuals. When an individual is enrolled on a Medicaid waiver, local resources pay for only a portion of the cost of the services. Approximately 60% of the cost of a Medicaid waiver is reimbursed by Federal funds. When services are provided to an individual on a Medicaid waiver only 40% of the cost comes from state and local funds.

The following procedures pertain to accessing Medicaid waiver services:

1. Each individual who requests a service that can be provided through a Medicaid waiver (Homemaker Personal Care, Adult Day programs, non-medical transportation, etc.) must speak with their Service and Support Administrator (SSA) to be scheduled for a Waiting List Assessment to be completed for placement on the waiting list for a Medicaid Home and Community Based Services (HCBS) waiver. Each individual who applies for a Medicaid waiver may receive services through local funds while waiting for Medicaid waiver approval.
2. If the individual refuses or fails to follow through with this process, but still wants one or more services, one of the following will apply:
 - a. The individual will be required to pay the Federal share (FMAP) of the total cost of the requested services, or
 - b. The services received from LCBDD will be equivalent to that which can be provided for the cost of the non-Federal share (approximately 40%)
 - c. If an individual refuses to take action to pursue Medicaid eligibility, including the establishment of a Special Needs Trust, the Superintendent is herein authorized by this policy to communicate in writing to the individual or his/her parent and/or guardian, that effective sixty (60) days from the written communication, if Ohio Medicaid eligibility has still not been established, the individual will only be entitled to the local match share of the costs of the services they are receiving. The Superintendent will communicate in writing the effective date of the local match share entitlement.
3. If the individual is receiving other funding that is more appropriate to meet his/her needs (Passport, Ohio Home Care, etc.); the individual may be assisted by the SSA Department in requesting services through local funds.
4. If the individual is determined ineligible for Medicaid because of exceeding the

Policy & Procedure 7.1.4 - Payor of Last Resort

resource limit, the following actions shall be considered to meet eligibility for Medicaid:

- a. Establish a Medicaid trust or STABLE Account,
- b. Spend the necessary amount, and/or
- c. Access Medicaid Buy-In for workers with disabilities.

(Assistance and/or information regarding these options can be provided by the SSA Department)

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Executive Director

4/12/23

Date

Reviewed Date	Board Approved	Procedure Approved
01/29/2019	02/07/2019	01/29/2019
07/22/2020	08/06/2020	07/22/2020
03/14/2023	04/06/2023	04/06/2023



Board President

4-6-23

Date

Policy & Procedure 7.1.5 Employment/Community First

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The LCBDD approves all policies, and the Superintendent approves all procedures.

Community and Employment First

Reviewing Department	Original LCBDD Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	April 2026

POLICY

The people served by Logan County Board of Developmental Disabilities (LCBDD) are encouraged to discover their own abilities and have opportunities to be engaged in the community. Community engagement, including employment, shall be a priority and the preferred outcome for those working age adults served by the LCBDD. The LCBDD supports the Executive Order signed by the Governor March 19, 2012 for Employment First Initiative and will focus on assisting people in individualized and meaningful employment. The individual's planning team will develop a plan to serve people in an integrated setting. If the individual is not served in the most integrated setting, the team must justify the reason for the placement. Service plans written by the LCBDD will offer the exploration of integrated employment opportunities regardless of level of abilities. Person centered objectives will be developed to help the individual achieve his or her personal best. (ORC 5123-2-05, Employment First)

PROCEDURE

As related to employment the purpose of the Community First policy is to:

- A. Expand community inclusion and employment opportunities by reducing barriers and aligning with state policies.
- B. Enhance lives by creating greater opportunities for all people to advance their careers. People can use their strengths and talents in order to increase their economic wealth, have a sense of accomplishment and create their own social identity.
- 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 youth and adults with disabilities served by the LCBDD.

Policy & Procedure 7.1.5 Employment/Community First

- F. Consider integrated employment as the preferred option for each person served and shall work cooperatively with persons served to attain that career goal. Any decision not to consider employment in the community for an individual is re-evaluated on a regular basis; the reasons and rationale for this decision are fully documented and addressed in service plans.

STATEMENT

- A. Everyone can contribute to their community. Services and supports that a person receives from the LCBDD will be an outcome of the Discovery Process.
 - 1. Adults seeking service(s) from the LCBDD will participate in work, volunteerism, entrepreneurship and/or community engagement. A Person-Centered Planning process will be employed to help people to discover their abilities and identify personal goals, skills, strengths, and areas of supports needed for full participation in their community.
 - 2. The supports a person receives from the LCBDD are an outcome of the results obtained in the Person-Centered Planning process.
 - 3. All people will be encouraged to identify natural supports and personal advocates who might support their participation in the community. The ISP team will uncover all supports (both paid and natural supports) needed for the individual to be a full participant in the community.
 - 4. People receiving services from the LCBDD will enhance their community through participation and contributions where they live, work and recreate.
 - 5. The LCBDD will collaborate with community partners to develop and support opportunities for people to work and grow in their community.
 - 6. This policy is in accordance with all other policy and procedures. All supports developed will recognize the LCBDD's Payer of Last Resort Policy.

DEFINITIONS OF TERMS WITHIN THIS PROCEDURE

- A. "Person Centered Planning process" is the process implemented to help the individual uncover strengths, skills, desires and supports needed. The process will include observation, interviews with the person and designated others, and experiences and tryouts.
- B. "Integrated Employment" — Full or part time work in the competitive labor market in an integrated setting, and for which payment is at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by persons who are not disabled.
- C. "Employment First" is the initiative supported by the LCBDD and the State of Ohio to support all people with developmental disabilities to work and engage in their community and to receive the needed supports to do so. The initiative supports the exploration and growth of skills, interests, and job goals with the individual so that they will be successful.

Policy & Procedure 7.1.5 Employment/Community First

- D. "Individual" refers to the person with developmental disabilities who is eligible to receive services and supports from the LCBDD and has the same meaning as in ORC 5126.032.
- E. "Individual Service Plan" (ISP) refers to the document that reflects the people wants and needs in all areas of his/her life and includes the services, supports and activities to be provided to reach the desired outcomes.
- F. "Most integrated" Open to everyone, regardless of race, ethnicity, religion, gender, or social class. Under Title II of the federal Americans with Disabilities Act, "the transfer from institutional care to a less restrictive setting".
- G. "Natural Support" is a support that is not paid. Natural supports can include but are not limited to family members, neighbors, significant others and community members who share interests with the person they are supporting. Natural supports shall be documented in the ISP.
- H. "Personal Advocate" refers to the person selected by the individual to provide representation, advocacy, advice and assistance in day-to-day coordination of services in accordance with the ISP.
- I. "Transition" refers to the time period before the individual graduates from high school and enters work or college. Effective transition services and supports shall be in place in enough time to discover the person's abilities and the necessary supports and services needed to ensure success.

REFERENCES: ORC 5126:032, PAYOR OF LAST RESORT

APPROVAL DATE: September 19, 2013

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent




Date

Reviewed Date	Board Approved	Procedure Approved
08/27/2019	09/05/2017	08/27/20149
08/25/2020	09/03/2020	08/25/2020
04/25/2023	05/04/2023	05/04/2023
07/11/2023	08/03/2023	08/03/2023



Board President



Date

Policy & Procedure 7.1.6 Locally Funded Specialized Transportation Services

**LOGAN COUNTY LCBDD OF
DEVELOPMENTAL DISABILITIES**

The LCBDD approves all policies, and the Superintendent approves all procedures.

Locally Funded Specialized Transportation Services

Reviewing Department	Original LCBDD Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	04/04/19	04/04/19	August 2019

POLICY

Transportation services are provided to individuals from home to and from the facilities and community sites. Many buses or vans are equipped with wheelchair lifts to accommodate individuals needs. Some transportation services are provided through contracts with the Board. It is our policy to ensure safe driving practices are maintained and monitored and will follow OAC 5123:2-2-01 and OAC 5123:2-9-18 when contracting for the provision of specialized transportation services.

PROCEDURE

- I. The LCBDD will follow the procedures below when locally funded specialized transportation services are being provided.
 - A. LCBDD limits participation in the provision of County LCBDD funded non-medical transportation services to agencies with current Ohio Department of Developmental Disabilities Medicaid Waiver provider certification.
 - B. The provider shall be qualified, certified, and/or accredited and shall employ staff with sufficient academic background, experience, certification, and licensure in accordance with applicable requirements, to provide non-medical transportation services. Applicable requirements shall include, but not be limited to, the initial and continuing certifications requirements of OAC 5123:2-2-01, and OAC 5123:2-9-18.
 - C. A provider of specialized transportation shall complete the following vehicle inspections:

Policy & Procedure 7.1.6 Locally Funded Specialized Transportation Services

1. Annual vehicle safety inspection;
 2. Systematic preventative maintenance program inspections;
 3. Daily pre-trip safety inspection; and
 4. Daily post-trip inspection for remaining passengers and belongings.
- D. Each agency providing locally funded, non-medical transportation services shall develop and implement procedures to follow during inclement weather.
1. The provider will make the determination if the adult services program will remain open during periods of extreme weather. If the determination is made to close the adult services program, RTC Industries, Inc. will notify each provider and send out a public alert.
 2. Non-Medical Transportation providers will ensure each vehicle is equipped with a functional communication device while transporting individuals receiving services.
 3. If a driver determines the road conditions are not safe to travel on, they should turn the vehicle around and notify their appropriate supervisor along with the individual or individuals they will not be picking up.
- E. Each agency providing locally funded, non-medical transportation services shall develop a written plan that outlines procedures to follow in the event of an emergency, including emergency evacuation drills. The plan and procedures shall be reviewed at least annually. WestCON Cog is our compliance reviewer. As a compliance reviewer they do not look at the policies – The policies are written and turned into ODODD when they are getting certified and/or recertified. Reviewers per compliance tool, review to ensure the agency has established an internal compliance program that ensures compliance with (1) provider certification, (2) background checks, (3) service delivery, service documentation and billing. 5123:2-2-01; 5123:2-3-01.
- F. Each agency providing locally funded, non-medical transportation services shall maintain, in personnel records, evidence that ensure all vehicle drivers meet the following minimum qualifications: (This piece is checked through the compliance to ensure that the percentage of staff reviewed meet all requirements.)
1. Must be at least 21 years old and have a minimum of two (2) consecutive years of licensed driving experience;
 2. Holds a valid driver's license as specified by Ohio law.
 3. Have or ensure that each driver has valid liability insurance as specified by Ohio law.
 4. Obtain, for each driver, a driving record prepared by the Bureau of Motor Vehicles no earlier than fourteen calendar days prior to the date of initial employment as a driver and at least once every three years thereafter. A person having six or more points on his or her driving record is prohibited from providing non-medical transportation.

Policy & Procedure 7.1.6 Locally Funded Specialized Transportation Services

5. Have a satisfactory report from the State Bureau of Criminal Identification and Investigation prior to hiring as a vehicle driver;
6. Pass an annual physical examination.
7. Successfully completes, prior to providing non-medical transportation services, eight hours of training per rule OAC 5123:2-2-01 including, but not limited to:
 - i. Support Needs of individuals served
 - ii. Rights of individuals receiving services
 - iii. Reporting Major Unusual Incidents
 - iv. Review of Health and Safety Alerts issued by the Ohio Department of Developmental Disabilities.
8. Complete at least 8 hours of annual in-service training.
9. Hold a current and valid "American Red Cross" CPR and First Aid certificate.
10. Have a negative pre-employment drug test.

G. The nature and extent of transportation services to be provided shall be determined through the Individual Service Plan (ISP) process. Any specific transportation supports required by the individual will be included in their plan and reviewed no less than annually. This is reviewed through the compliance piece and reviewers look to ensure that the percentage of staff reviewed are trained on the ISP

H. The agency shall ensure the development and provision of appropriate annual safety instruction to all individuals who utilizing non-medical transportation services. This is not currently part of compliance review.

I. The maximum travel time one way shall not exceed ninety (90) minutes. Travel time is defined as beginning at the time of pick-up and ending at the time of arrival at the final destination. This is not currently part of compliance review.

II. WestCON COG will provide provider compliance review to ensure procedures are followed as defined above.

All requests for transportation services available under this procedure shall be processed, and arrangements completed, as soon as possible from the receipt of the request. Any delay in arranging transportation will be communicated to the parent/guardian/caregiver of the adult for whom transportation has been requested.

**Policy & Procedure 7.1.6 Locally Funded Specialized Transportation Services
IMPLEMENTATION**

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

03/26/2019
Date

Reviewed Date	LCBDD Approved	Procedure Approved



Board President

04/04/2019
Date

Policy & Procedure 7.1.7 Independent Provider Overtime

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Independent Provider Overtime

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	08/01/19	08/01/19	December 2022

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) sets forth the process to authorize additional units of service above sixty hours in a work week for an independent provider under a home and community-based services (HCBS) Medicaid waiver component, in accordance with Ohio Administrative Code 5123:2-9-03. The sixty-hour work week begins on Sunday at 12:00 a.m. and ends on Saturday at 11:59 p.m. of each week.

PROCEDURE

A. Definitions

1. For purposes of this policy and procedure, “independent provider” means a self-employed person who provides services for which he or she must be certified in accordance with rule 5123:2-2-01 of the Ohio Administrative Code and does not employ, either directly or through contract, anyone else to provide the services.
2. An “independent provider” is not an employee of the County Board.

B. Overtime

1. Upon being selected as a service provider, independent providers must provide information to the service and support administrator (SSA) regarding the number of individuals enrolled on HCBS waivers they support and the total number of hours they are authorized to work in a week. This information along with the newly authorized

Policy & Procedure 7.1.7 Independent Provider Overtime

support hours for an individual will help the SSA identify potential overtime for the provider.

2. At all times, the SSA, the team and the provider will work collaboratively to efficiently use available resources to reduce the need for overtime. When an individual request that a provider be authorized to routinely exceed the weekly work hour limit, the individual, the SSA, the provider and the individual's team will work to develop and implement a plan to eliminate the circumstances.
3. Providers shall not, unless in emergency situations, work over 60 hours/wk. The S&S administrative committee must approve all cases above 60 hours per week. In these cases, approval will be given temporarily and a solution to the overtime will be addressed in the ISP.

C. Anticipated Events and Circumstances

At the time of the annual assessment and person-centered planning meeting, all known anticipated events and circumstances necessitating the independent provider to exceed the service hour limit shall be addressed. If additional support hours are needed outside of the service hour limit, the SSA will follow the procedure described in rule regarding notification and authorization. When any known or anticipated events will necessitate a provider to exceed the work week hourly limit, the event and authorization for overtime will be addressed in the ISP. Anticipated event or circumstances may include, but are not limited to:

1. Scheduled surgery
2. Holidays or extended breaks from other services
3. Identified health and safety risks
4. Shortage of other available providers

D. Emergency Circumstances

When an emergency necessitates an independent provider to exceed the service hour limit, the provider will notify the SSA within 72 hours of the emergency necessitating additional hours. The SSA will determine appropriate action regarding the level of service and support needed. The SSA will utilize the same procedure used for anticipated events to authorize the need of additional hours for emergencies.

E. Authorization and Approval

If the SSA agrees that additional hours are warranted, the SSA will complete the Independent Provider Overtime Hours Request form and give to the SSA Director for approval. Once approved, the SSA will notify the provider of the decision. If total annual costs increase more than \$3,000 due to the overtime, the Logan Support Services Management committee will review and give final approval.

Policy & Procedure 7.1.7 Independent Provider Overtime

IMPLEMENTATION

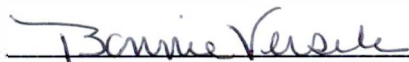
This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Paver, Superintendent

6-25-19
Date

Reviewed Date	Board Approved	Procedure Approved
06/25/2019	08/01/2019	06/25/2019



Board President

08/01/2019
Date

Policy & Procedure: 7.1.8 Medicaid Due Process

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Medicaid Due Process

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	03/03/22	02/10/22	March 2025

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) is committed to protecting the rights of the individuals it serves and ensuring that individuals served have information about and access to Medicaid due process appeal procedures as required by the Ohio Department of Job and Family Services (ODJFS). This commitment is demonstrated through the maintenance of notification procedures that assure communication about the right to appeal and appropriate support, where needed, to move forward with filing an appeal. This process is available to any individual receiving services funded by Medicaid.

Medicaid Due Process is intended to resolve issues related to Medicaid Home and Community Based Services (HCBS) Waiver applications, enrollments, or services. These complaints are submitted to ODJFS in the form of a request for a state hearing, in accordance with the applicable rules promulgated by ODJFS in the State Hearings section of the Ohio Administrative Code. Although the Board's process for administrative resolution of complaints is not intended for resolving issues related to services funded by Medicaid, the individual and the Board may attempt to informally resolve the issue(s) through a grievance procedure convened by the Superintendent or designee.

The Superintendent is authorized to develop, revise, and maintain the necessary procedures to implement this policy. All such procedures will comply with any applicable federal and state statutes and rules.

PROCEDURE

1. The Board shall provide prior notice of the right to a state hearing to any individual, whose request for services funded by Medicaid is denied or not acted upon in a timely manner, as stipulated in Ohio Revised Code or the applicable rules promulgated by the Ohio Department of Job and Family Services (ODJFS) in the State Hearings section of the Ohio Administrative Code. Prior notice shall also be given if the Board takes action to suspend, terminate, reduce or

Policy & Procedure: 7.1.8 Medicaid Due Process

change any such services. The Board shall maintain copies of all notifications pursuant to state hearing rights in the individual's file.

2. Board staff shall review Medicaid Due Process policy and this procedure with individuals receiving services funded by Medicaid, at least, annually. Copies of their appeal rights shall be provided to the individual when they are reviewed and whenever action is taken that requires prior notice.

3. When any notification to an individual is given under this procedure and the individual may not be able to understand and/or exercise his/her right to a state hearing, the individual shall be assisted to identify a responsible party such as a guardian, relative, friend, legal counsel, or other advocate able to provide support in the appeal process. The advocate selected by the individual shall receive a copy of any notice given to the individual.

4. Within 90 days of a denial or proposed action, the individual, parent of a minor or guardian will notify the Ohio Department of Job and Family Services (ODJFS) of their request to formally appeal.

5. The request to appeal can occur by mailing the notice that was received by LCBDD to the Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825 or by emailing the notice to bsh@jfs.ohio.gov.

6. Services will not be reduced, suspended, or terminated until the appeal process is completed when the request is received on or before the effective date of the proposed action.

7. In order to attempt to resolve the issue prior to a hearing, a county conference can be requested with LCBDD before or after a hearing has been formally requested with ODJFS.

8. Under the following circumstances, prior notice of the right to a state hearing is not required:

- a. The Board terminates services due to the death of an individual;
 - b. The Board suspends or terminates services because the individual has been placed in skilled nursing care or an intermediate care facility;
 - c. The Board suspends or terminates services because the individual's whereabouts are unknown and mail directed to the individual has been returned by the post office indicating no known forwarding address;
 - d. The Board terminates services because the individual has moved to another state;
- or,
- e. The Board terminates a service at the end of a specific period of time, when the service had been implemented for that specific period of time.

When a decision of the Board is being appealed, JFS "Appeals Summary," form will be completed to explain the decision. A copy of this summary will be provided to the appellant prior to the scheduled hearing.

Policy & Procedure: 7.1.8 Medicaid Due Process

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

4/12/2022
Date

Reviewed Date	Board Approved	Procedure Approved
2/14/22	3/3/22	3/3/22



Board President

4-6-22
Date

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

TECHNOLOGY FIRST

Reviewing Department	Board Approval Date	Effective Date	Next Review Date
Administration	05/05/2022	05/05/2022	May 2025

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) will ensure that technology is considered as a part of all services and support plans for people with developmental disabilities to improve their quality of life and experience more independence and personal freedom. Remote support must be considered as a first option when authorizing services for a person with disabilities before authoring on-site Homemaker/Personal Care staff.

Supportive technology, as defined in ORC 5123.025 and the Technology First Rule OAC 5123-2-01, is any product, device, equipment, and the related supports and services that may be used to maintain, increase, or improve the functional capabilities of individuals with developmental disabilities and afford them maximum control over their daily life, activities, health, and safety.

PROCEDURE

A. Implementation

1. LCBDD will ensure that technology solutions are explored and documented throughout the initial and ongoing person-centered assessment and planning process and used to the greatest extent possible to support the outcomes in an individual service plan.
2. LCBDD will identify ways to increase capacity for use of technology solutions and outline specific steps to be taken to establish benchmarks for increasing the number of individuals who benefit from the use of technology solutions.
3. LCBDD will ensure staff receive adequate and ongoing training about technology options to increase the level of knowledge, skill and comfort when assessing how technology may help meet needs or achieve outcomes.

Policy & Procedure: 7.1.9 Technology First

4. LCBDD will annually review and update, as applicable, its goals and objectives related to increasing the use of technology solutions by individuals served.

B. Process

1. LCBDD will collaborate with individuals served and their families, providers of services, the Ohio Department of Developmental Disabilities, and community partners such as schools, mental health agencies, Area Agency on Aging, Logan County Job and Family Services, public transit authorities, vocational rehabilitation centers and employers to expand awareness and use of technology solutions by individuals served.

2. LCBDD will use the person-centered assessment and planning process to identify the individual's unique strengths, interests, abilities, preferences, and resources and explore how technology solutions might support the individual's desired outcomes.

- a. The individual and the individual's team will discuss any technology solution previously or currently used by the individual and the effectiveness of the technology solution.

- b. The individual and the individual's team will discuss the individual's needs, explore information regarding available technology solutions, and consider how each technology solution might enhance the individual's personal freedoms, increase the individual's ability to communicate effectively with others, expand opportunities for the individual to access and pursue available activities and establish meaningful relationships with people who are important to the individual, enable the individual to perform tasks that support the individual's efforts to obtain or maintain employment or help the individual increase and/or maintain independence with daily tasks and activities.

- c. After discussing whether or not technology solutions may be appropriate, the individual and the individual's team will discuss how available technology solutions may advance what is important to or important for the individual, may make referrals for assessments by technology subject matter experts to identify technology solutions and may identify additional evaluations needed to determine whether other available technology solutions meet the individual's assessed needs.

- d. When available technology solutions have been determined by the individual and the individual's team to meet the individual's assessed needs, they will be included in the individual service plan.

- i. Technology solutions included for the duration of the individual service plan may be reviewed and modified at any time based on a request by the individual or the individual's team. Technology solutions included on a trial basis are to be reviewed by the

Policy & Procedure: 7.1.9 Technology First

individual and the individual’s team at the conclusion of the trial period.

- ii. When reviewing a technology solution to determine whether the solution is effective and should continue, the individual and the individual’s team are to consider the individual’s experience in terms of achieving the desired outcomes, whether the solution enhanced the individual’s health and safety, whether additional support is needed to facilitate use of the technology solution, whether the technology solution reduced dependence on staff by increasing the individual’s independence and without having the effect of isolating the individual from the individual’s community or preventing the individual from interacting with people with or without disabilities and whether the individual has a desire to continue to use the technology solution.

- 3. The results of the person-centered planning process, including, as applicable, the individual’s desired outcomes as they relate to technology solutions and the activities that will occur to expand the individual’s exploration, awareness, and use of technology solutions, will be integrated into the individual service plan. The individual service plan will be amended if the individual’s served needs change.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

5-17-2022
Date

Reviewed Date	Board Approved	Procedure Approved
04/20/2022	5/5/2022	05/05/2022

Policy & Procedure: 7.1.9 Technology First

T Valerie Rott
Board President

5/5/2022
Date

Policy & Procedure: 8.1.1

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Family Support Services & Supported Living

Reviewing Department	Board Approval Policy Date	Effective Policy Date	Next Review Date Policy & Procedure
Administration	12/06/2018	01/01/2019	April 2025

POLICY

**Logan County Board of DD
Family Support Services Policy**

As per rule 5123-4-01 K, the Logan County Board of Developmental Disabilities (LCBDD) uses all state allocated Family Support Services funds as match for Medicaid Waivers.

**Logan County Board of DD
Supported Living Policy**

The Logan County Board of Developmental Disabilities (LCBDD) will provide supported living supports as defined in ORC 5126.01 U

**Logan County Board of DD
Support Services Policy**

The Logan County Board of Developmental Disabilities (LCBDD) will use local county board funds, as funds are budgeted and available, to meet the service and support needs of eligible individuals. Supported Living and other Support Services will be a locally funded program provided to eligible individuals for the purpose of enhancing the individual's quality of life and community participation.

PROCEDURE

Support Services Funds

The Logan County Board of Developmental Disabilities will establish a support services program. Under this program, the board shall make payments to an individual with a developmental disability or the family of an individual with a developmental disability who desires to remain in and be supported in the family home. Payments shall be made for all or part of costs incurred or estimated to be incurred for services that would 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 and to live as much like other families as

Policy & Procedure: 8.1.1

possible. Payments may be made in the form of reimbursement for expenditures or in the form of vouchers to be used to purchase services.

Individuals or families may submit written requests for services and supports on a form provided by the County Board. The Superintendent or his designee has authority to approve requests. All expenditures will be reviewed and approved by the LCBDD Ethics Council monthly.

To be reimbursed for expenses incurred for approved services, the individual or family shall submit to the county board a statement of expenses incurred accompanied by any evidence required by the board. The board may require documentation of need. Payment will be made no later than 45 days after it receives the statements and evidence required.

Eligible individuals or families may have a monetary ceiling amount established by the Ethics Council on an annual basis.

Based on finances available the Ethics Council may determine a need for income-based fee schedule and require verification of income.

Individuals may be asked to pay a portion of their services if they can do so.

Other funding resources and insurances must be accessed when available.

Payment of personal care, homemaker, staff support, and respite services will be paid with county board funds through WestCon. Payment for all other services will be made through County board funds.

Incontinent supplies may be reimbursed for individuals aged 4 years and older.

Eligible individuals may request funds to assist with living in the community with their peers, or in their own home of their choice. They may not live with more than three other individuals with developmental disabilities unless the individuals are related by blood or marriage.

An individual or family have the right to an appeal if the board refuses to approve a service.


Service and Supports funded by LCBDD are as follows, but not limited to: Encouraging the individuals participation in the community, promoting the individuals rights and autonomy, housing, food clothing, habilitation, staff support, professional services, and any related support services necessary to ensure the health, safety and welfare of the individual receiving services. Lifelong or extended duration supervision, training, and other services essential to daily living, including assessment and evaluation and assistance with the cost of training materials, transportation, fees and supplies. Personal care services and homemaker services, respite care services and household maintenance that does not include modifications to the physical structure of the residence . Payments can be made for the following services: respite (in or out of the home), counseling, supervision, training and education of the individual, the individual's

Policy & Procedure: 8.1.1

caregivers, and member of the individual's family that aid in the family in providing for the individual.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

5-17-2022
Date

Reviewed Date	Board Approved	Procedure Approved
4/12/2022	05/05/2022	05/05/2022



Board President

5/5/2022
Date

Policy & Procedure 9.1.1 Early Intervention

LOGAN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

The Board approves all policies, and the Superintendent approves all procedures.

Early Intervention

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	04/01/18	04/01/18	May 2025

POLICY

The purpose of the Logan County Board of Developmental Disabilities (LCBDD) Early Intervention policy and procedure is to direct the agency in the provision of services and supports to infants and toddlers under age three with developmental delays or disabilities and their families. LCBDD Early Intervention services shall be part of a comprehensive, collaborative, coordinated, and family-centered system. Early intervention services are designed to meet the needs of the family related to assisting the family's and caregiver's ability to enhance the child's learning and development through everyday learning opportunities in natural environments.

This policy is written in accordance with sections 121.37 and 5123:2-5-05 (of the Ohio Revised Code and 5123-10-01 through 5123-10-05 of the Ohio Administrative Code.

PROCEDURE

A. Description of Services

The Logan County Board of Developmental Disabilities herein known as the LCBDD shall be an integral part of the county Early Intervention system and collaborate with county agencies and the Family and Children First Council to provide a comprehensive early intervention system of services and supports to children under age three and their families.

1. The LCBDD will provide funded services, including Early Intervention Service Coordination (EISC,) through contractual arrangements with the Family and Children's First Council as designed to meet requirements set forth by the Ohio Department of Developmental Disabilities Ohio Early Intervention program. Funding for Early Intervention is provided by local levy dollar, county board dollars, and funding from the federal Part C Service coordination grant. Early Intervention Service Coordinators and their supervisors meet all requirements set forth by 5123-10-04. EISC will receive additional funding from the EISC grant.
2. The LCBDD will provide specialized services to children under age three with developmental disabilities as part of the Ohio Early Intervention System. Services shall include:
 - Public awareness/child find in conjunction with other local

Policy & Procedure 9.1.1 Early Intervention

- agencies;
- Evaluation to determine eligibility and ongoing assessment;
- Child and family assessment
- Early intervention services (including physical therapy, occupational therapy, speech therapy, PLAY project services and specialized instruction) will be provided through evidence-based intervention in everyday routines, activities and places as developed through the individualized family services plan development process.
- Service coordination
 - A child referred to the Early Intervention program and the child's family shall be provided with one early intervention service coordinator who is responsible for:
 - (1) Serving as the single point of contact for the child's family for carrying out the activities described in paragraphs N2 to N15 of OAC 5123-10-02.

Assurances for procedural safeguards to ensure parent's rights in Ohio as required by Part C of the individuals with Disabilities Education Act. 20 U.S.C. 1431 through 1445, 34 C.F.R. Part 303, Subpart E, and Ohio Administrative code 5123-10-01.

3. Early intervention services shall be designed to meet the needs of the family related to enhancing the child's development and participation in family life.
LCBDD shall participate in the development of individual family service plan outcomes for children and families that promote engagement, independence, and full community participation.

B. Personnel Qualifications

1. Employees of the LCBDD who are hired to work as developmental specialists service coordinators or supervisors shall hold applicable registration or certification in accordance with rule 5123:10-05
2. All therapists contracted through the LCBDD will have a copy of their current professional licensure on file with the LCBDD
3. In compliance with OAC 5123-10-05;10 and 11 LCBDD Early Intervention will offer Evidence-based coaching for newly hired developmental specialists as prescribed in rule to complete certification.
4. Evidence-based practice coaching" means an activity that forms the formal relationship between a person holding one-year developmental specialist certification issued in accordance with paragraph (C)(1)(b) of this rule and an evidence-based practice coach that is designed to foster growth and reflection and increase confidence and competence of the person holding one-year developmental specialist certification. The evidence-based practice coach provides ongoing support to the person holding one-year developmental specialist certification while that person completes college courses or seminars required for five-year developmental specialist certification. A person holding One-year developmental specialist certification shall actively participate in a minimum of twelve months of evidence-based practice coaching which commences within the first six months of employment as a developmental specialist and is provided in

Policy & Procedure 9.1.1 Early Intervention

accordance with an evidence-based practice coaching agreement.

5. Upon completion of department provided training in evidence-based practice coaching the LCBDD evidence-based coach will be available to provide coaching to new developmental specialists when needed.
6. Evidence Based Coaches will be compensated for their time with a new employee at a rate of a \$50 stipend per month of active coaching not to exceed 12 per year. The evidence-based coach is not expected to provide all training for a new employee or any type of supervisory guidance but refer the employee to the direct supervisor for any concerns.

C. Eligibility for Children with Developmental Delays or Disabilities

Eligibility for children under age three is determined by reviewing documentation, conducting evaluations and assessments in accordance to rule 5123-10-02 of the Ohio Administrative Code. The LCBDD will provide services and supports to children under three years of age with developmental delays or disabilities and their families.

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 standardized tools and or procedures in accordance to rule 5123-10-02 of the Ohio Administrative Code. To be eligible for Ohio Early Intervention services and supports provided by the Board, an infant or toddler shall:
 - Have a documented diagnosed physical or mental condition that has a high probability of resulting in a developmental delay or disability, (Ohio Administrative code 5123-10-02 appendix C).
 - Have a documented diagnosed physical or mental condition which is not listed in appendix C of Ohio Administrative code 5123-10-02 but is documented on Form EI-12 by a professional licensed to diagnose and treat mental or physical condition for the child
 - Have a developmental delay of at least one and one-half standard deviations below the mean or the equivalent determined through informed clinical opinion in one of 5 domains (physical, adaptive, cognitive, social emotional or communication development)
 - Children who move to Ohio with an eligibility determination and/or IFSP from another state or United States territory shall have their eligibility established in Ohio prior to proceeding to individualized family service plan development and implementation. The LCBDD participates in the local Part C eligibility and determination of need by providing qualified evaluators/assessors (Developmental Specialist, Licensed Social Worker, nurse, special educators, registered dietician, Physical Therapist, Occupational Therapist, and/or Speech and Language Pathologist) to the Evaluation and Assessment team per Ohio Administrative Code 5123-10-02 Appendix B. If the LCBDD is not involved in the evaluation to determine eligibility for Ohio Early Intervention the LCBDD shall request a copy of the written evaluation report for the child's record and shall maintain documentation that a request was made if the information is not available.

D. Ongoing Family and Child Assessment

1. Children who are eligible for Ohio Early Intervention services and supports and their families shall receive ongoing family and child assessments. Within forty-five

Policy & Procedure 9.1.1 Early Intervention

calendar days of the initial referral to the system, the family directed assessment shall be completed, with consent from the family, to gather information on the strengths, needs and priorities of the child and family for the purpose of program planning.

2. Ongoing assessments for program planning must be completed by qualified personnel at least annually, before the annual individualized family service plan meeting due date. The family shall be provided every opportunity to take an active role in the assessment process.

E. Child Records

1. For each child under age three enrolled in the LCBDD to receive early intervention services and supports, the following information shall be compiled and kept on file at a minimum until the child's 9th birthday.
2. Copies of all required forms and all early intervention program correspondence.
3. Early intervention service coordination and service provider case notes that document early intervention program activities in accordance with Ohio Administrative Code 5123-10-02.
 - Documentation verifying the date of referral to services in the Ohio Early intervention system
 - Documentation of eligibility and any ongoing assessments of the child and family, including the written report of the evaluation, or the written report specifying the diagnosed physical or mental condition including Form EI-12;
 - Current IFSP and all reviews;
 - Consent forms;
 - Evidence of Prior Written Notice on form EI-11 in accordance with Ohio Administrative Code 5123-10-02 when services to the IFSP begin or change;
 - Correspondence with the family,
 - Case notes which include documentation of date, frequency, duration, and intensity of services delivered;
 - Documentation of records requested and date the documents were shared or released
 - Documentation to verify services in compliance with the IFSP
 - Evidence that services are provided in the natural environment
 - Case notes should be completed as soon as possible, but no later than the 10th of the following month. The staff will notify the EI Director if a situation occurs throughout the month that will prevent the completion of the previous month's case notes by the end of the day on the 10th. If the 10th falls on Saturday, Sunday, case notes will be due the Friday before. LCBDD Service Coordinators will ensure that all data entry required in EIDS, other than the EI exit information, is completed within 30 days of the event.
 - The subrecipient will ensure that EI exit data are entered within one business day of exit

F. IFSP Process

1. LCBDD Service coordinators and providers of services and supports to eligible children and their families shall participate in the development, implementation, review and monitoring of the IFSP and its timelines in accordance with Ohio Administrative Code 5123-10-02 .

G. Exiting LCBDD Early Intervention Services

Policy & Procedure 9.1.1 Early Intervention

1. Exit from LCBDD Ohio Early Intervention services may occur in accordance with Ohio Administrative Code 5123-10-02 or the LCBDD may choose to exit a child from the Ohio Early Intervention services for the following reasons:
 - The family is not at home or is unavailable for three (3) consecutive visits without notification of cancellation.
OR
 - The service provider has made three (3) documented attempts (2 via phone, text, and/or email and the final attempt by mail) to contact the family to schedule/reschedule a visit and the family has not responded. The family shall be given a 10-calendar day deadline to respond to the letter (form EI-10) prior to being exited from the LCBDD Early Intervention program.

H. Procedural Safeguards

1. For all Part C eligible infants and toddlers served by the LCBDD, the LCBDD shall:
 - Give annual notification of the availability of a procedure based on the resolution of complaints and due process under rule 5123-10-01 of the Administrative Code;


In conjunction with the county Family and Children First Council comprehensive year-round system, the LCBDD will provide Early Intervention services and supports on a year-round basis subject to availability of funds. The County LCBDD Superintendent reserves the right to deem weather conditions unsafe for scheduled home visits by county LCBDD employees.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Executive Director



Date

Reviewed Date	Board Approved	Procedure Approved
11/12/2019	12/05/2019	11/12/2019
7/12/2022		
03/07/2023	04/06/2023	04/06/2023



Board President



Date

Policy & Procedure: 9.1.2. PLAY Project

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

PLAY Project

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	11/05/2020	11/05/2020	November 2023

POLICY

The PLAY Project is an evidence-based autism early intervention program that trains child development professionals to work with families who have a young child with ASD. The PLAY developmental, relationship-based approach is fun to learn, practical to implement, effective in helping families, and the model can improve community services.

The Logan County Board of Developmental Disabilities (LCBDD) has employees trained and certified in the PLAY Project. The PLAY Project is an evidence-based autism early intervention program that trains child development professionals to work with families who have young children with autism.

PROCEDURE

A. Entering

PLAY Project will be provided for children eligible for Early Intervention for the following reasons:

- A. The family is interested in the implementation of PLAY Project services in their home AND
 1. characteristics of autism or failed MCHAT or
 2. informed Clinical Opinion by the evaluation team that indicates PLAY would meet the child's needs or
 3. diagnosis of Autism

The EI team will determine the service need for the child and family and present the information about PLAY Project to the family during the 45-day timeline or as soon as the team identifies this would be an appropriate service. PLAY Project will be considered as a strategy on the IFSP to meet outcomes chosen through the development of the IFSP.

For children in Early Intervention, the frequency and duration of PLAY services will be outlined in the IFSP. The PLAY Project Fidelity manual dictates 3 hours of service per month per family with

Policy & Procedure: 9.1.2. PLAY Project

a PLAY consultant. This can be either one 3 hour visit per month or two 1.5 hour visits per month.

Each visit consists of coaching, modeling and feedback of methods and techniques. Monthly there will be a video of the parent/child and consultant/child along with Video review summary reports. These will be shared and reviewed with the family. A visit summary report will be left with the family after each visit.

Children starting PLAY in EI can remain with their PSP/PLAY consultant until they reach FDL 6 or enter kindergarten. This means that their service would continue beyond age 3. A PLAY Plan (see example) will be completed with the family if the child has exited EI and remains in PLAY. The PLAY plan will identify the frequency and duration of visits once the IFSP is expired.

EI PLAY consultants will participate in teaming with the preschool team to share information between home and school to provide continuity in services for child/family and staff.

In the event that PLAY services cannot be provided during an in person visit, PLAY consultant will follow the guidelines for virtual PLAY services posted on the PLAY Project Website.

B. Exiting

Expected PLAY outcome for a child and family is to reach Functional Developmental Level 6 or enrollment in a full day of programming. Dr. Richard Solomon states that families get the best result with 2-3 years of PLAY consultant services. This will be reviewed and discussed with families prior to exit from EI and/or PLAY.

Other reasons for exiting PLAY:

1. If family is not following through with the PLAY Project Plan (missed appointments, not putting in the time, not reviewing video/reports prior to visits)
2. If a family transfers to another county
3. Family chooses to discontinue PLAY at any time
4. When a child turns age 6
5. When a child is enrolled in full day programming that results in limited "floor time" (school, autism academy, etc.)

C. Certification and professional development

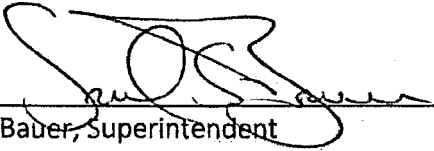
The PLAY certification training program prepares professionals to coach families to help their child with autism. In order to obtain and retain certification PLAY consultants must:

1. Renew certification every 3 years
2. PLAY consultants will maintain certification by obtaining 3 hours of PLAY training per year
3. Provide PLAY services to a minimum of 5 children over 3 years
4. Submit verifications to PLAY Project office for renewal
5. Attend group PLAY supervision monthly
6. Attend PLAY Quarterly Webinars
7. Attend annual advanced PLAY Training Seminar

Policy & Procedure: 9.1.2. PLAY Project

IMPLEMENTATION

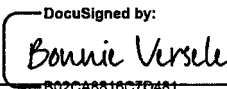
This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

11/02/2020
Date

Reviewed Date	Board Approved	Procedure Approved
11/02/2020	11/05/2020	11/02/2020

DocuSigned by:


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Bonnie Verselle
Board President

11/05/2020
Date

Policy & Procedure: 10.1.1

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Preschool Policy

Reviewing Department	Board Approval Policy Date	Effective Policy Date	Next Review Date Policy & Procedure
Administration	12/06/18	01/01/19	November 2019

POLICY

The purpose of the Logan County Board of Developmental Disabilities (LCBDD) preschool policy is to meet the requirements of the Individuals with Disability Education Act (IDEA) for preschool services as set forth by the Ohio Department of Education through their Operating Standards for the Education of Children with Disabilities established in Chapter 3301-51 of the Ohio Administrative Code, Preschool Program Licensing Rules Chapter 3301-37 of the Ohio Administrative Code, and The Ohio Revised Code section 3313.

PROCEDURE

ADMISSION, PLACEMENT, AND WITHDRAWAL

Referrals for preschool age children suspected of a disability will be processed by the staff at the Discovery Center (Center) utilizing the Operating Standards for the Education of Children with Disabilities. The Discovery Center will participate with the local school districts in conducting an ongoing system for identification, location, and evaluation of all handicapped children below five years of age, regardless of the severity of their handicap, residing within Logan County who may need special education services. LCBDD is also involved with Help Me Grow and assists with the transition of children from Part C to Part B services.

- A. To be eligible for the pre-school special education program, a child must be:
 - 1. At least three years of age but not of compulsory school age; and
 - 2. Have a disability which has an adverse effect upon normal development and functioning.

Policy & Procedure: 10.1.1

B. Eligibility

Staff members of LCBDD in cooperation with each child's school district of residence must conduct a full and individual evaluation in accordance with The Operating Standards for the Education of Children with Disabilities and the Ohio revised code before the initial provision of special education and related services to a preschool child with a disability.

- (1) Sufficient information shall be obtained using a variety of information sources to confirm that a disability exists.

No single source of information shall be used to determine if a preschool child is eligible or not eligible for special education and related services. Eligibility for special education and related services as a preschool child shall be determined based on multiple sources of information, including, but not limited to:

- (a) Information from Part C for children transitioning from early intervention;
- (b) Structured observations in more than one setting and multiple activities;
- (c) Information provided by the parent or caregiver; and
- (d) Criterion-referenced and norm-referenced evaluations.

- (2) Based on the variety of sources of information listed, a group of qualified professionals as defined in the Operating Standards and parent of the child shall determine if the child has a disability and is eligible for special education and related services as a preschool child with a disability.

- (3) The following developmental areas must be assessed with at least one source of information listed:

- (a) Adaptive behavior;
- (b) Cognition;
- (c) Communication;
- (d) Hearing;
- (e) Vision;
- (f) Sensory/Motor function;
- (g) Social-emotional functioning;
- (h) Behavioral functioning.

- (4) The Board of DD will work cooperatively with the district of residence to ensure that sufficient resources are available to conduct evaluations during the summer months.

- (5) A preschool child with a disability is a child who has one of the following disabilities, based upon the evidence required in the Operating Standards for the

Policy & Procedure: 10.1.1

Education of Children with Disabilities , and who, by reason thereof, needs special education and related services:

- (a) Autism;
- (b) Cognitive disability;
- (c) Deaf-blindness;
- (d) Deafness;
- (e) Emotional disturbance;
- (f) Hearing impairment;
- (g) Multiple disabilities;
- (h) Orthopedic impairment;
- (i) Other health impairment;
- (j) Specific learning impairment;
- (k) Speech or language impairment;
- (l) Traumatic brain injury;
- (m) Visual impairment; or
- (n) Developmental delay

(6) The Board of Developmental Disabilities staff in cooperation with the child's school district may choose to use the term "developmental delay" under the following conditions for children ages three through five who are experiencing developmental delays and who, by reason thereof, need special education and related services:

1. The applicability of the term shall be based upon the individual needs of the child as determined by the evaluation team of the IEP team and other qualified professionals;
2. In addition to the assessments required, results of appropriate diagnostic instruments and procedures may also be used to help make the determination that a child has a "developmental delay." A developmental delay may be substantiated by a delay of two standard deviations below the mean in one or more of the areas of development or 1.5 standard deviations below the mean in two or more of the areas of development. The results shall not be used as the sole factor in making the determination that a child has a developmental delay.

"Developmental delay" means a child of three to five years who is experiencing a delay as determined by an evaluation team, IEP team, and other qualified professionals in one or more of the following areas of development:

- i. Physical development;
- ii. Cognitive development;
- iii. Communication development;
- iv. Social or emotional development; or
- v. Adaptive development.

Policy & Procedure: 10.1.1

3. The term “developmental delay” may be used only after considering the applicability of the categories provided in rule under Ohio’s Operating Standards for the Education of Children with Disabilities.
 4. The term “developmental delay” may be used in place of the following disability categories:
 - i. Cognitive disability:
 - ii. Emotional disturbance:
 - iii. Speech or language impairment. (A child with a developmental delay that requires special education and related services may be determined in accordance with the Operating Standards for the Education of Children with Disabilities to be a child with a disability.
- C. Children who are suspected of having a disability will complete the evaluation procedures set forth by the Ohio Department of Education will be utilized to determine if they meet the eligibility criteria as outlined in Section B above. The evaluation shall be completed within 90 days after the initial referral was received. A representative from the child’s school district of residence will review the assessment information with the staff and parents to determine eligibility and recommend placement if appropriate.
- D. A child who is found eligible for preschool special education services will be offered an Individual Education Plan developed to address their specific educational needs.
- At the time of enrollment, a student must have on file the following information:
- a. Birth certificate
 - b. Immunization record
 - c. Current medical evaluation signed by a physician
 - d. Application for enrollment
 - e. Emergency medical form
- E. As defined in Ohio’s Operating Standards for the Education of Children with a Disability, a continuum of service delivery options that includes the options of center-based or Itinerant teacher services shall be considered when determining the least restrictive environment
- F. Preschool service providers will provide direct or consultative services, including sufficient supervision, during all activities in accordance with ratios set forth by the Ohio Operating Standards for the Education of Children with Disabilities.
- G. Personnel providing preschool services shall be appropriately credentialed as defined in the Ohio Operating Standards for the Education of Children with Disabilities.

Policy & Procedure: 10.1.1

- H. To withdraw a child from The Discovery Center, parents should notify the Director. If a child is transferring to another county or state, the Director will assist the parent in the transition.

PARENT INFORMATION



LICENSURE

1. Preschool Programs are licensed by the Ohio Department of Education. The license is posted by the main office.
2. The Operating Standards for the Education of Children with Disabilities and Preschool Program Licensing rules are available in the school office. The center's licensing record including compliance report forms and evaluation forms from the Health Department and Fire Department are available upon request from the department. The Ohio Department of Education's telephone number is 1-614-466-0224 for any person to use to report a suspected violation by the preschool.
3. The capacity in each class is 16 preschool age children per session with a certified teacher and paraprofessional.

B. NON-DISCRIMINATION POLICY

This center will follow a non-discrimination practice in delivery of service to children or staff. There will be no preference toward or discrimination against any individual because of age, race, color, creed, gender, or handicap.

C. RELEASE OF A CHILD

1. No child will be released to anyone other than parent, guardian, or those named on the child release form unless we have verbal or written permission from the parent. Individuals will be asked to show identification.
2. In the event a child has not been picked up by dismissal time or the parent is not at home when the bus arrives, and prior arrangements have not been made, an attempt will be made to contact other pick-up persons on the emergency medical form. Students riding the bus will be brought back to the Discovery Center. If contact cannot be made the police department or Children's Services will be notified.

D. PARENT VISITATION

Parents or guardians of a child enrolled in a preschool class shall be permitted access to the center during its hours of operation for the purposes of contacting their child, evaluating the programs, or evaluating the premises. Upon entering the premises, the custodial parent or guardian shall sign in at the office.

Policy & Procedure: 10.1.1

E. SPECIAL INSTRUCTIONS

1. Parents of children absent because of illness, doctor's appointment, etc., will notify the Center by calling 592-2009 and push 0 for the receptionist.
2. If children need to be picked up early for an appointment parents are asked to notify staff in advance, so the child is ready when the parents/guardian arrives.

F. PARENTAL PARTICIPATION

1. Parents who need assistance with problems or complaints related to the program are asked to speak with the Director.
2. Parents are invited to attend Parent Education Events.
3. Preschool staff members will exchange information with parents through the use of communication books/folders, emails, or by phone. Parents are encouraged to meet with staff members personally to discuss their child's needs and progress.
4. Parent/Teacher Conferences are held at least two times a year, usually once in the fall, and spring. These are important meetings where home and school behavior, student progress and concerns can be discussed with teachers and specialists serving the student. (Refer to school calendar for conference dates.)

G. ARRIVAL AND DEPARTURE

Parents are asked to utilize the pick- up/drop of lane when transporting children to and from school. Staff members will meet parents at their cars and walk children to and from the school. Parents picking up students early from school are asked to sign in and out at the front office.

PROGRAM SCHEDULE AND CALENDAR

- A. Early Childhood Preschool Special Education Programs shall be in operation at least 10 hours per week. Per House Bill 59, County Boards holding an Early Childhood Entitlement Grant will be in session 455 hours per school year.
- B. Program Day
 1. The official school day shall consist of three hours or in accordance with their Individual Education Plan (IEP).
 2. Each classroom has a program plan describing daily activity which include a balance of quiet and active play, small group and individual free choice activities and a time for free play. Age appropriate materials are provided and arranged so that children may select, remove and replace materials with minimum assistance. Children have an opportunity to participate in a variety of learning

Policy & Procedure: 10.1.1

experiences including art, print, creative construction, dramatic play, active play, and music.

C. Program Calendars

1. Each year the LCBDD will adopt a school calendar.
2. The calendar will be included in the Handbook and presented to parents prior to the beginning of each school year.

CURRICULUM

- A. The Ohio Department of Education has developed Early Learning Content Standards for preschool age children in the areas of Language Arts, Mathematics, Science and Social Studies. These early learning standards describe essential concepts and skills for young children. Based on research, these achievable indicators emerge as the result of quality early learning experiences regardless of the setting (e.g., nursery school, preschool, family care, etc.) In addition, the early learning content indicators are aligned to the K-12 indicators, benchmarks, and standards that result in a seamless education framework for children pre-kindergarten through kindergarten and primary grades.
- B. These early learning standards serve as a framework for designing and implementing meaningful curriculum and intentional learning experiences within all preschool and child care settings. The early learning standards are the expectations for the end of the preschool years and thus serve as a guide for our preschool program and provide the foundation for professional development for our staff.
- C. The Early Childhood Program has adopted a curriculum which supports the State's Early Learning Content Standards. The "Creative Curriculum for Preschool" balances both teacher-directed and child-initiated learning, with an emphasis on responding to children's learning styles and building on their strengths and interests. It helps teacher's guide their students' learning in literacy, math, science and social studies without neglecting their social/emotional development. The curriculum features goals and objectives which are directly linked to the Content Standards and help the teachers define their vital role in connecting content, teaching, and learning for our preschool children.

DISCIPLINE POLICY

- A. Children in the preschool classes will be required to abide by the rules maintained by the center/classroom while on school property. Our program philosophy is to develop positive self-esteem while helping children learn to be responsible for their own behavior. We focus on positive behaviors and reinforce these behaviors, which provide good models for other students. If we see a potential behavior problem developing, we will try to intervene and redirect the child. If an individual student is

Policy & Procedure: 10.1.1

having continued difficulty controlling their behavior, we will meet with parents to develop an appropriate behavior plan.

B. The preschool's actual methods of discipline shall be restricted as follows:

1. There shall be no cruel, harsh, or unusual punishments.
2. No discipline technique shall be delegated to any other child.
3. No physical restrains shall be used to confine a child.
4. No child shall be placed in a locked room.
5. No child shall be humiliated or subjected to profane language or other verbal abuse.
6. Discipline shall not be imposed on a child for failure to eat, failure to sleep, or for toileting accidents.
7. Discipline shall not include withholding necessary food, rest, or toilet use.
8. Techniques of discipline shall not humiliate, shame, or frighten a child.

C. PARENTS RIGHTS

1. The parents of all preschool students are informed that their participation in all facets of our programming is welcomed.
- ~~2-~~ A written copy of parental rights is presented when the child is suspected with a disability and at all ETR and IEP meetings.
3. "Due Process" means the safeguards to which a person is entitled in order to protect themselves and their rights. In other words, a person has a method, which insures his/her partnership in making decisions. In this case, the decisions are those affecting the education of a child with a handicap or possible handicap.
4. A complete statement of Due Process and Procedural Safeguards Standards along with the Operating Standards for the Education of Children with Disabilities are available to all students, parents, and guardians upon request at the Center office.

STUDENT RECORDS

A. Contents of Student Records.

1. The cumulative record for each student file shall contain, but not be limited to the following information:
 - a. Name and date of birth;
 - b. Name, address, and telephone number of parent(s);
 - c. Names, addresses, and telephone numbers of two persons to contact in an emergency if the parent cannot be located;
 - d. Name of person(s) to whom the child can be released;

Policy & Procedure: 10.1.1

- e. Medical evaluations including health and medication records are required prior to the date of admission or not later than 30 days after date of admission and annually from date of examination thereafter. This report shall be provided by the parents from a licensed physician affirming that the child is in suitable physical condition for enrollment in the program. "Prior to the date of admission" means:
If 30 days after date of admission the medical evaluation is not in the student file, a reminder will be given to the family.
- f. Emergency medical authorization release;
- g. Parent/legal guardian general permission forms;
- h. Copy of the evaluation team report;
- i. Individual Education Plan completed within 30 days of the completion of the Evaluation Team Report.
- j. Parent Invitation to Evaluation Team Report and Individualized Education Plan meetings
- k. Daily attendance records including admission and withdrawal dates;
- l. Progress reports

- 2. The health record for each child shall include but not be limited to:
 - a. Medical statement signed by a licensed physician;
 - b. Physician's and dentist's authorization and written instructions to administer prescription medication to a child enrolled in the program;
 - c. Immunization record with required immunization as required by the Revised Code
 - d. A list of any allergies and treatment for said allergies;
 - e. A list of any medications, food supplements, modified diets or fluoride supplements currently being administered to the child;
 - f. A list of any chronic physical problems and any history of hospitalization;
 - g. A list of any diseases the child has had.

B. Access to Student Records.

- 1. Parents/legal guardians of students have the right to access and review the records maintained on their son/daughter. Parents may request a review of these records by completing the Request for Review Form. The Early Childhood Director shall review the records with the parents to assist them in interpreting the information and the data contained in the record.
- 2. The professional staff employed or contracted by the LCBDD have access to the records of students on their caseload.

Policy & Procedure: 10.1.1

C. Release of Student Records.

1. Information or data contained in the student records shall not be released unless there is a Release of Information Form signed by the parent/legal guardian of the student. The length of time the release of information is valid is listed on the Release of Information Form.
2. Staff members have the authority to release necessary medical information in an emergency without a permission slip when failure to release this information to a physician or hospital may cause the student's health or safety to be jeopardized.
3. Information from the student's record may be photocopied at the request of the parent/legal guardian. The request for photocopies should be made in writing to the Superintendent, and the cost of copying the information may be charged to the person requesting the information.

D. Procedures for Reporting Student Progress to Parents/Legal Guardians.

1. For preschool students, parent/teacher conferences are held at least two times per year. The student's progress and any problems or concerns can be discussed with the teachers and specialists working with the students.
2. Progress reports specific to students IEP goals are sent home every 9 weeks.
3. Parents/legal guardians and teachers are encouraged to request a conference or a meeting whenever there is a need expressed by either party.

STUDENT ATTENDANCE ACCOUNTING (Missing and Absent Children)

- A. At the time of entry to school, each student must have a copy of his or her certificate on file. If a family cannot provide a valid birth certificate within a reasonable amount of time, the Early Childhood Director may notify Children's Services and the Police Department having jurisdiction in the area where the student resides of this fact and of the possibility that the student may be a missing child.
- B. Parents/guardians are asked to notify the Early Childhood Center on the day a student is absent unless previous notification has been given. Such notice may be written or verbal and directed to your child's teacher. Parents or other responsible persons shall provide the Early Childhood Center or school with the current home and/or work telephone numbers and home address as well as emergency telephone numbers.

The appropriate staff member will be available to make a home visit or communicate in writing after unexplained or unexcused absences of ten days or more.

Policy & Procedure: 10.1.1

- C. Preschool personnel are required to provide access to student records to law enforcement personnel conducting missing child investigations.

HEALTH & SAFETY POLICY

- A. No child shall ever be left alone or unsupervised while attending preschool.
- B. Staff members are assigned to provide supervision on the grounds and play area when in use by the children
- C. Parents are asked to utilize the pick- up/drop of lane when transporting children to and from school. Staff members will meet parents at their cars and walk children to and from the school.
- D. A telephone is in the school office and is immediately accessible at all times.
- E. A monthly fire drill will be held at varying times each month. Students are taught the safe way to exit the school as rapidly as possible.
- F. Tornado drills are held during tornado season. Students are taught to find the safest refuges in the school and during drills are conducted to those places and taught how to shield their bodies from possible harm.
- G. A plan, which explains action, to be taken and staff responsibilities in case of fire emergency, lock downs, and weather alerts are posted in each classroom.
 - 1. An annual fire inspection of all Board facilities will be conducted by the local Fire Prevention officer. Original reports are to be filed in the Superintendent's office and copies maintained in each facility with the safety committee chairman.
 - 2. All fire extinguishers and alarm systems in the program shall be inspected at least annually by a licensed inspector and repaired as needed.
 - 3. At least one staff member in each facility shall be trained in the proper use of the fire suppression equipment.
 - 4. Storage areas for combustible or flammable materials shall be effectively separated from all rooms and work areas in such a way as to minimize and inhibit the spread of a fire.
 - 5. All hallways, entrance, ramps, and corridors shall be kept clear and unobstructed.
- H. All preschool staff members are required under the Ohio Revised Code to report their suspicion of child abuse or child neglect. The staff member will notify the Logan County Children's Services of the suspected abuse.
- I. Training in the recognition of child abuse is provided to staff
- J. Incidents that adversely affect the health and safety of children in our program are written up into incident reports called Unusual Incidents (UI's). Writing incident reports is a communication dialogue between the parent/guardian and the school/daycare. UI's help the parent to know what incident happened to their child during the day and how staff were able to intervene, remedy or help their child in medical, behavioral, or other types of incidents. Some incidents are very basic and

Policy & Procedure: 10.1.1

don't require further intervention or investigation. Other incidents are more serious (their child's health and safety is more at risk) and require that an investigation occur and that the case be filed with the Ohio Department of Developmental Disabilities. These types of incidents are called Major Unusual Incidents (MUI's). The Ohio Department of Developmental Disabilities requires that all UI's and MUI's are documented and that the LCBDD keeps track of all incidents.

MANAGEMENT OF COMMUNICABLE DISEASE POLICY

- A. The nurses and all staff are trained in prevention, recognition, and management of communicable diseases.
- B. The Ohio Department of Health Communicable Disease Chart is posted in the building and nurse's clinic. It is used as a reference tool for when a child is to be excluded and or re-admitted to school.
- C. A child shall be excluded or discharged from school at the following signs of illness but not limited to:
 - 1. Temperature of 100 degrees Fahrenheit taken by axillary method when in combination with other signs of illness;
 - 2. Suspicious skin rash;
 - 3. Diarrhea and/or vomiting two or more times in the same day/more than one abnormally loose stool within a 24-hour period;
 - 4. Severe coughing, such that the child becomes red or blue in the face;
 - 5. Difficult or rapid breathing;
 - 6. Headache in combination with a stiff neck;
 - 7. Yellowish skin or eyes;
 - 8. Drainage from the eyes – conjunctivitis;
 - 9. Lice, scabies, or other parasitic infection.
- D. Upon identification of a child suspected of illness, the child shall be taken to the Center's clinic, the nurse or administrator will immediately contact parents/guardians by phone. If we are unable to contact parent/guardian, an emergency contact person will be called. If parent/guardian is not able to come to the Center to take charge of the ill child, the ill child may be discharged to the person who has been designated by the parent.
 - 1. While the sick child is in the Center's clinic they will be provided with a cot and blanket for use until they are discharged home. The cot shall be sanitized with an appropriate germicidal detergent and the blanket is laundered before being used by another child.
 - 2. An adult shall be with a child who is isolated due to illness at all times. No child is ever left alone or unsupervised.
 - 3. After an illness, the child may be re-admitted to the Center 24 hours after temperature has returned to normal or if illness was not accompanied by fever, 24 hours after all symptoms have disappeared.

Policy & Procedure: 10.1.1

GUIDELINES FOR MEDICATION ADMINISTRATION

- A. As Required by Preschool Program Licensing Rules, The Center shall require written signed instruction from the physician and parent/guardian on the administration of any medication (prescription or non-prescription), vitamins, or special diets. These forms can be obtained by contacting the office or school nurse. For each new school year these forms need to be re-submitted and as necessary for new medications or changes in the medication order.
- i. Medication (including non-prescriptions, vitamins, food supplements, modified diet, or fluoride supplements) - Ideally, the child attending preschool for 2½ hours should take their medication at home before and or after school. If this is not possible or the child is prescribed a medication that is used "as needed" i.e. asthma medication or Epi pen, the process is as follows:
 - ii. Secure the written instructions of a licensed physician or licensed dentist as appropriate for the administration of any medication, food supplement, modified diet, or fluoride supplement; and
 - iii. Each time medication is administered, a written record or log including dosage, date, and time shall be made. That record or log shall be kept on file for one year.
 - iv. The parent/guardian must assume responsibility for the safe delivery of the medication to and from school.
 - v. The medication must be received in the original container in which it was dispensed in, with child's name and prescribing information.
 - vi. For the medication to be discontinued the Center must receive written notification from the physician regarding all prescription medication or from the parent for non-prescriptions unless already directed on original medication form.
- B. The Center's policy concerning the administration of medication to any child at the Center is that in cases of extreme emergency such ingestion of toxic poison, the Center will call 911.
- C. Special Diet – The Center personnel may administer a special diet after written instructions signed by a licensed physician are secured on the form prescribed by the Department of Public Welfare. The Center shall also secure written signed instructions from the parent/guardian in the prescribed form for any special diet. The special Diet shall not be administered for any period beyond expiration date. If the special diet is to continue beyond the expiration date new instruction forms must be signed by the physician and parent/guardian and re-submitted to the Center.

Policy & Procedure: 10.1.1

MEDICAL EMERGENCY PLAN

- A. Location of First Aid - The first aid supplies are in the clinic of the Center with easy access to all staff members but out of the reach of children. The Center nurse or staff member will administer first aid.
1. Emergency Numbers:

Children's Services	599-7290
Emergency Squad	911
Fire Department	911
Hospital (Mary Rutan)	592-4015
Poison Control (Dayton)	1-513-222-2227
Sheriff	911
Police	911
- B. Staff Members are trained in first aid and CPR, which is provided by persons certified to meet State childcare guidelines.
- C. Children's Records including Medical Records are in the student's files in the Center office.
- D. Emergency Instructions: If a child is in need of medical assistance at a source away from the Center and the Center has obtained consent from the parent or guardian to seek medical treatment for the child, the child's record as required by Preschool Program Licensing Rules shall be transported to the source of medical assistance with the child. The staff/child ratio must be maintained at all times even during emergency conditions. The child will be transported by local EMS (Emergency Medical Squad).
- E. Dental first aid chart and emergency instructions are located on the wall in each classroom and in the Center office on the bulletin board.

DIAPERING

- A. The changing of diapers for all nontilet-trained children shall be handled in conformity with the following methods:
1. The changing of diapers for all nontilet-trained children shall occur in a space that contains a hand washing facility.
 2. If a child's diapers are to be changed at a central changing station, there shall be some separation material between the child and the changing surface. The material shall be discarded and replaced after each change.
 3. The central diaper-changing station shall be disinfected after each diaper change with an appropriate germicidal agent. If the diaper-changing station is soiled after the diaper change, it shall be cleaned with soap and water and then disinfected with an appropriate germicidal agent.
 4. Any product used during diaper changing on more than one child shall be used in such a way that the container does not touch the child. Any product applied to a child shall be applied in such a manner so as not to contaminate the product or

Policy & Procedure: 10.1.1

its container. Common containers shall be cleaned and disinfected with an appropriate germicidal agent when soiled.

5. For the purpose of diapering, topical ointments and creams provided by parents The Ohio Revised Code will be followed.
 6. All preschool staff members shall wash their hands with soap and running water after each diaper change, or after assisting a child with toileting; after cleaning; after toileting; before preparing or eating food; before feeding any child; and when hands have been in contact with nasal or mucous secretions. Disposable towels or an air hand dryer shall be available at all times.
- B. Storing of clean diapers shall be handled in accordance with the following methods:
1. A clean supply of diapers stored in a specifically designated area shall be available at all times.
 2. Diapers or clothing used during diaper changing and brought from the child's home shall be stored in space assigned exclusively for each child's belongings. Soiled clothing and/or diapers shall be sent home daily.
- C. Storage and laundering of soiled diapers shall be handled in accordance with the following methods:
1. Diapers or clothing soiled with fecal matter and sent home with a child need not be rinsed at the program facility but may be placed directly into a plastic container or bag, sealed tightly, stored away from the rest of the child's belongings and out of the reach of children.
 2. Soiled diapers to be disposed of or cleaned by the program shall be placed in a common plastic-lined covered container which shall be emptied, cleaned, and disinfected with an appropriate germicidal agent daily or more frequently as needed.
 3. Soiled disposable diapers shall be discarded daily.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

1-10-19

Date

Policy & Procedure: 11.1.1 Behavior Support Strategies

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Behavior Support Strategies

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/2016	01/01/2019	July 2025

POLICY

Positive behavior support is defined as “a set of research-based strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in a person’s environment” (Association for Positive Behavior Support (APBS, 2007). The purpose of positive behavior supports is to support individual growth, enhance the person’s quality of life, and make the use of more intrusive measures unnecessary. It is the policy of the Logan County Board of Developmental Disabilities (LCCBD) to utilize positive behavior supports first and foremost, prior to using any restrictive measures.

PROCEDURE

It is the policy of the Logan County Board of Developmental Disabilities (LCBDD) to ensure that procedures are in place to establish the use of and set forth requirements for development and implementation of behavioral support strategies that include restrictive measures as stated in rule 5123-2-06 for the purpose of ensuring that:

- a. Individuals with developmental disabilities are supported in a caring and responsive manner that promotes dignity, respect, and trust with the recognition that they are equal citizens with the same rights and personal freedoms granted to people without developmental disabilities;
- b. An individual’s services and supports are based on an understanding of the individual and the reasons for his or her actions; and
- c. 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; and
- d. Restrictive measures are used only when necessary to keep people safe and always in conjunction with positive measures.

APPLICATION/SCOPE

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

- a. The LCBDD entities under contract with the county board;
- b. Residential facilities licensed pursuant to section 5123.19 of the Revised Code, including intermediate care facilities for individuals with intellectual disabilities;
- c. Providers of supported living certified pursuant to section 5123.161 of the Revised Code and;

Policy & Procedure: 11.1.1 Behavior Support Strategies

- d. Providers of services funded by Medicaid home and community-based service waivers administered by the Ohio Department of Developmental Disabilities 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 administrative rules and policies of the Ohio Department of Education (3301-35-15 of the Administrative Code). The Superintendent shall ensure written procedures are in place that meet or exceed all requirements as set forth in applicable rules governing behavior support strategies that include restrictive measures.

In regards to individuals served under the age of 18: Age appropriate restrictions may be put into place by the ISP team, with permission from the guardian of the minor, without consent of the Human Rights Committee in order to develop the personal maturity, independence, decision making skills, and daily living skills of the individual.

The LCBDD will use the following list of forms and guides in the development of behavior support strategies.

1) Discovery Assessment

The Discovery Assessment is completed on everyone with an ISP. The ISP risk section will contain information about individual's behavioral challenges or risks.

2) Target behavior documentation sheet

The SSA develops the form for the direct care provider to enter the data relating to the behaviors of concern. Also noting what may be an antecedent to the behavior, what the staff did, & the individual's reaction. The direct care provider may also elect to use their own documentation sheet.

3) Behavior Support Assessment

The assessment is completed by a "qualified" person who meets the criteria specified in rule 5123-2-06 D4 a, b, c, or d. This person will use information provided by those who know the individuals well, and data provided in the above 2 documents.

4) Development of the Individual Service Plan including behavior support strategies (with outcome/goal to reduce aversive interventions).

The qualified person, as listed above (3), will develop the behavior support strategies that include restrictive measures with the SSA to be included in the ISP. The individual & team members will provide information to develop the ISP.

5) Team Review

Signatures and summary of 90-day review with team members.

6) Informed Consent

Guardian or individual consents to behavior support strategies.

7) Human Rights Committee Review of Behavior Support Strategies

The HRC reviews all plans that include behavior supports with aversive strategies or restrictive measures. The form ensures the plan follows requirements of the Behavior support rule 5123-2-06.

8) Restrictive Measure Notification to the Department –online through RMN

To be completed and submitted to the Department on anyone who has any restrictive measures being implemented in their ISP.

9) Behavior Support Add-On Assessment – online

Policy & Procedure: 11.1.1 Behavior Support Strategies

If the individual is a danger to self or others, has behavior support strategies in their ISP, and/or has 4 or more yes responses on item #32 of the ODDP then the county board may request an increase in HPC/ADS/VH rate (the add on) to ODODD.

10) Budget Override for Adult Day – excel form

If the behavior support add on takes an individual over their budget, a budget override must be requested. The CPT excel form generated from MSS needs to be sent to MSSSupport@dodd.ohio.gov.

11) Analysis of Behavior Support Strategies

Monthly data is summarized and presented to the HRC


The LCBDD shall have a Human Rights Committee (HRC) to review all behavior support strategies with restrictive measures. The HRC will meet every other month to review and approve strategies. In situations that it is urgent to the health and safety of the individual or others, the chairperson of the HRC may give emergency approval.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Executive Director



Date

Reviewed Date	Board Approved	Procedure Approved
11/12/2019	12/05/2019	11/12/2019
07/12/2022		
03/07/2023	04/06/2023	04/06/2023



Board President



Date

RELATED PROCEDURE: Behavior Support Procedure

REPLACES: Behavior Support Policy & Procedures Chapter 11 adopted 10/18/2000 & revised 4/21/2005

RELATED CODE: 5123:2-2-06 Behavior Support Strategies that Include Restrictive Measures, 5123:2-2-11 Service and Support Administration

Policy & Procedure: 12.1.1 Teen Recreation

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies and the Superintendent approves all procedures.

Teen Recreation

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	August 2025

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) supports initiatives that encourage community engagement and inclusion. The Teen Recreation Program is a vital piece to assist transition age youth to integrate in community settings and learn social skills. Youth who are in the transition age group often do not fit in the typical scene since they are in separate classrooms. It is the goal of the school and the transition youth SSA to offer opportunities for integrated social engagements outside of the classroom setting so individuals become a part of their community and foster their path to employment. Teen recreation activities are attended by transition aged youth, traditional students and past graduates who have successfully transitioned from high school into community work or day habilitation settings. Through integrated recreation the students will learn social skills, become more aware of community activities, and create positive outcomes. For example, they will learn to make new friends, become socially accepted by their peers, and learn the social skills needed to become independent adults.


PROCEDURE

Teen Recreations will assist Teens in the following areas. Teens and their families will learn how to:

1. Integrate safely and beneficially into their communities.
2. Tie the social skills they learn in the classroom to the community.
3. Use skills to develop job and independent living skills.
4. Learn the resources available in their community prior to graduation.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Saul Bauer, Superintendent

16/13/22

Date

Policy & Procedure: 12.1.1 Teen Recreation

Reviewed Date	Board Approved	Procedure Approved
11/12/2019	12/06/2018	12/06/2018
08/09/2022	09/01/2022	08/09/2022

Vauren Robb
Board President

9-1-22
Date

Policy & Procedure: 14.1.1 HIPAA Privacy and Confidentiality

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

HIPAA Privacy and Confidentiality

Reviewing Department	Original LCBDD Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	October 2022

POLICY

The Logan County Board of Developmental Disabilities (LCBDD) shall conform to all requirements for privacy and confidentiality set forth in the Health Insurance Portability and Accountability Act of 1996, codified in 42 USC §§ 1320 - 1320d-8 and other applicable laws. This policy shall apply whether the LCBDD is acting as a covered health care provider or a Health Plan under HIPAA. If the LCBDD is acting in more than one capacity, the LCBDD shall be subject to the requirements applicable to that function and shall use or disclose PHI only for purposes related to the function being performed. In general, use, disclosure or requests of records must be limited to the minimum which is reasonably necessary to accomplish the purpose of the use, disclosure or request.

PROCEDURE

1. Definitions

Applicable Requirements means applicable federal and Ohio law and the contracts between the LCBDD and other persons or entities which conform to federal and Ohio Law.

Business Associate (BA) is a person or entity which creates, uses, receives or discloses PHI held by a covered entity to perform functions or activities on behalf of the covered entity. The requirements are set forth more fully in 45 CFR 160.103.

Covered Entity means a health plan, a health care clearinghouse or a health care provider who transmits any health information in electronic form in connection with a transaction covered by HIPAA privacy rules.

Policy & Procedure: 14.1.1 HIPAA Privacy and Confidentiality

Disclosure means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

Health Care Clearinghouse is a public or private entity, including a billing service, community health management information system or community health information system that either 1) Processes or facilitates the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction; or 2) receives a standard transaction from another entity and processes or facilitates the processing of health information into nonstandard format or nonstandard data content for the receiving entity.

Health Oversight Agency means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.

Health Plan means an individual or group plan that provides or pays the cost of medical care. Health plan includes the following, singly or in combination: The Medicaid program under title XIX of the Act, 42 U.S.C. § 1396, et seq. or any other individual or group plan, or combination of individual or group plans, that provides *or pays* for the cost of medical care.

HIPAA means the Health Insurance Portability and Accountability Act of 1996, codified in 42 USC §§ 1320 - 1320d-8.

Incidental Use or Disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs because of another use or disclosure that is permitted by the Rule.

MOU means a Memorandum of Understanding between governmental entities which incorporates elements of a business associate contract in accordance with HIPAA rules.

Personal Representative means a person who has authority under applicable law to make decisions related to health care on behalf of an adult or an emancipated minor, or the parent, guardian, or other person acting in *loco parentis* who is authorized under law to make health care decisions on behalf of an un-emancipated minor, except where the minor is authorized by law to consent, on his/her own or via court approval, to a health care service, or where the parent, guardian or person acting in *loco parentis* has assented to an agreement of confidentiality between the LCBDD and the minor.

Policy & Procedure: 14.1.1 HIPAA Privacy and Confidentiality

PHI means Protected Health Information individually; i.e., identifiable information relating to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

Provider means a person or entity which is licensed or certified to provide services, including but not limited to health care services, to persons with DD, in accordance with applicable requirements. A Covered Provider is a Health Care Provider who transmits any health information in electronic form.

Public Health Authority means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.

TPO means treatment, payment or health care operations under HIPAA rules.

Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

Workforce Member means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the LCBDD, is under the direct control of the LCBDD, whether they are paid by the LCBDD.

2. General Procedure on Privacy and Confidentiality

2.1. Mitigation

The LCBDD shall mitigate, to the extent practicable, any harmful effect that is known to the LCBDD of a use or disclosure of protected health information in violation of its policies and procedures or the requirements of applicable requirements and LCBDD policies and procedures by the LCBDD or its business associate.

2.2 Protection Against Retaliation or Intimidation

No office, program, facility or employee of the LCBDD shall intimidate, threaten, coerce, discriminate against, or take other retaliatory action against

Policy & Procedure: 14.1.1 HIPAA Privacy and Confidentiality

- a. any individual for the exercise of their rights or participation in any process relating to HIPAA compliance; or
- b. against any person for filing a complaint with the Secretary of the U.S. Department of Health and Human Services, participating in a HIPAA related investigation, compliance review, proceeding or hearing, or engaging in reasonable opposition to any act or practice that the person in good faith believes to be unlawful under HIPAA regulations as long as the action does not involve disclosure of PHI in violation of the regulations.

2.3 Prohibition of Waiver of Rights

No office, program, facility or employee of the LCBDD shall require individuals to waive any of their rights under HIPAA as a condition of treatment, payment, and enrollment in a health plan or eligibility for benefits.

3. HIPAA ADMINISTRATION

3.1. The LCBDD shall designate and record designations of the following:

- A. Privacy Officer. The person or position responsible for the development and implementation of LCBDD policies and procedures relating to the safeguarding of PHI.
- B. HIPAA Committee. The Superintendent shall appoint the HIPAA committee; members should represent each program area of the agency.
- C. Complaint Officer. The Director of Support Services shall act as the agency's complaint officer and will be responsible for receiving complaints relating to PHI and for providing information about the office's, facility's or program's privacy practices. The Privacy Officer will be advised of all complaints and assist the Complaint Officer in resolution of the complaint as needed.

3.2. The LCBDD shall carry out and record provision of the following training:

- A. On or before April 14, 2003, all LCBDD employees and other workforce members must receive training on applicable policies and procedures relating to PHI as necessary and appropriate for such persons to carry out their functions within the LCBDD.
- B. Each new workforce member shall receive the training as described above within a reasonable time after joining the workforce.
- C. Each workforce member whose functions are impacted by a material change in the policies and procedures relating to PHI, or by a change in position or job description, must receive the training as described above within a reasonable time after the change becomes effective.

Policy & Procedure: 14.1.1 HIPAA Privacy and Confidentiality

D. Training shall include the LCBDD's procedure on imposing sanctions for violations of the HIPAA rules.

3.3. Changes in Policies and Procedures

A. The LCBDD shall change its policies and procedures as necessary and appropriate to comply with changes in applicable requirements. Changes shall apply to existing PHI effective on the date of notice of the change.

B. The LCBDD shall document material changes in policies and notices which reflect such changes. The LCBDD shall retain such documentation for six years or as otherwise mandated by applicable requirements.

C. The LCBDD will notify enrolled individuals and their families as applicable of significant changes in policies and procedures prior to implementation.

4. Permissible Uses and Disclosures

In compliance with 45 CFR Part 164 and Ohio law, all uses and disclosures of PHI beyond those otherwise permitted or required by law in Section V below require a signed authorization which conforms to applicable laws. Authorization may be revoked at any time by the enrolled individual or family as applicable if the request to revoke is in writing and to the extent that the LCBDD has not already taken action in reliance thereon.

4.1 Personal Representative. A personal representative may authorize release of information if proper documentation is present and clearly denotes the enrolled individual's choice of personal representative.

4.2 Conditioning Authorizations. The LCBDD may not put conditions on providing treatment, payment, enrollment in the health plan, or eligibility for benefits to an individual based on the provision of an authorization, except:

4.3 The LCBDD may require an authorization for release of PHI as a condition of determining eligibility and enrollment for services.

Conditioning services on the use or disclosure of psychotherapy notes is not permitted.

4.4 Combining Authorizations. An authorization can permit combining disclosure for more than one type of PHI and purpose except PHI related to psychotherapy notes. Requests exclusively related to psychotherapy notes, however, may be combined. An authorization which has been improperly combined with another authorization or document is invalid.

Policy & Procedure: 14.1.1 HIPAA Privacy and Confidentiality

4.5 Scope of Disclosure – *Minimum Necessary*

In general, use, disclosure or requests of records must be limited to the minimum which is reasonably necessary to accomplish the purpose of the use, disclosure or request. The following are exceptions to this general principle:

- a. The minimum necessary standard does not apply to disclosures to the individual.
- b. When an individual has authorized disclosure, the scope of disclosure shall be in accordance with the authorization.
- c. Disclosures required by law or for monitoring purposes shall be made in accordance with the authority seeking the information.

5. Uses and Disclosures for Which No Release or Authorization is Required

The LCBDD may use or disclose PHI without written release or authorization of the individual as follows and as further set forth in the LCBDD's procedures:

5.1. Treatment, Payment, Operations (TPO) The LCBDD or its business associates may use PHI for treatment, payment and health care operations without an individual's release or authorization to the extent that such activities occur within the LCBDD programming and provision of services. Access to PHI by staff is permitted when it is necessary:

- a. to carry out duties for oversight or management of the program.
- b. to ensure health and safety of persons enrolled in the LCBDD's programs
- c. to call upon the staff's background to develop, review or monitor the individual's program.
- d. to conduct investigations of MUI's and UI's
- e. to carry out services defined in the individual's plan
- f. as requested by the individual or the authorized representative of the individual

When access is permitted under this procedure, the staff will be able to access only the information which is essential to achieve the purpose of the access.

5.2. Incidental Use or Disclosure: As long as the LCBDD has applied a minimum necessary standard and has developed reasonable safeguards to minimize the occasions of incidental uses and disclosures which might occur because of another use or disclosure that is permitted by the rule, such incidental disclosures are permitted.

- a. Incidental use or disclosure is not permitted if it is a byproduct of an underlying use or disclosure which violates applicable requirements and LCBDD procedures.
- b. Discussions of PHI shall be done in a way that prevents inadvertent disclosure.

Policy & Procedure: 14.1.1 HIPAA Privacy and Confidentiality

- 5.3 Other Uses or Disclosures:
- a. When required by law.
 - b. For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths, and reporting reactions to drugs and problems with medical devices
 - c. To protect victims of abuse, neglect, or domestic violence.
 - d. For health oversight activities such as investigations, audits, and inspections.
 - e. For judicial and administrative proceedings.
 - f. To coroners, medical examiners, and funeral directors.
 - g. To reduce or prevent a serious threat to public health and safety.
 - h. For workers' compensation or other similar programs if applicable.

6. Formal Notice of Uses and Disclosures

The LCBDD shall give and post adequate notice of the uses and disclosures of PHI that may be made by the LCBDD, and of the individual's rights and the LCBDD's legal duties with respect to PHI.

6.1 An acknowledgement of everyone's receipt of such notice will be maintained on file prior to the effective date of the privacy rule implementation deadline of April 14, 2003.

6.2 The LCBDD shall retain copies of the notices issued by the LCBDD and any written acknowledgments of receipt of the notice or documentation of good faith efforts to obtain such written acknowledgment. Copies of such notices and other documentation shall be retained for a period of at least six years from the later of the date of creation of the notice or the last effective date of the notice.

6.3 The notice of privacy practices must be written in plain language and must contain the required elements as specified by the privacy rule.

6.4 When there is a material change to the uses or disclosures notice, the individual's rights, the LCBDD's legal duties, or other privacy practices described in the notice, the LCBDD shall provide a notice of such change. Except when required by law, a material change to any term may not be implemented prior to the effective date of the notice reflecting the change. Copies of acknowledgments of revised notices are not required.

Policy & Procedure: 14.1.1 HIPAA Privacy and Confidentiality

6.5 Electronic Notice: Since the LCBDD maintains a web site, the notice shall be posted on the web site and be made available electronically through the web site.

- a. The LCBDD may provide the notice required by this section to an individual by e-mail, if the individual agrees to electronic notice and such agreement has not been withdrawn. If the LCBDD knows that the e-mail transmission has failed, a paper copy of the notice must be provided to the individual. Notice which is provided in accordance with this section and in a timely manner is sufficient to meet HIPAA requirements.
- b. The individual who is the recipient of electronic notice retains the right to obtain a paper copy of the notice from the LCBDD upon request.

7. Individual's Access to PHI

The LCBDD has ensured protection of individual rights to access to PHI, amendment of PHI and accounting of PHI. Those protections are found in LCBDD's policy 4.2, Confidentiality, which has been adopted in accordance with ORC 5126.044. Rights of access apply to records maintained by the Logan County LCBDD of DD and its business associates.

8. PHI Safeguards

The LCBDD shall adopt and implement appropriate administrative, physical, personnel and technical safeguards to reasonably safeguard PHI from intentional or unintentional, unauthorized use or disclosure.

8.1 The LCBDD shall define what type of PHI is accessible to each employee or position for treatment, payment, operations (TPO) to establish mandated clearance levels.

8.2 Physical safeguards, such as but not limited to locked files, and secluded areas for viewing PHI, shall be provided.

8.3 Confidentiality officers identified for each program area shall control clearances and access any sensitive information.

8.4 Technical Security Services: Since the LCBDD or its business associates use communications networks, it shall enforce security standards which include access controls to provide protection of sensitive communications transmissions over open or private networks to prevent interception and interpretation by parties other than the intended recipient.

9. Individual Complaints and Grievances

Policy & Procedure: 14.1.1 HIPAA Privacy and Confidentiality

The LCBDD shall permit individuals to make complaints about the LCBDD's HIPAA policies and procedures and/or the LCBDD's compliance with those policies and procedures through the LCBDD Policy, Administrative Resolution of Complaints.

9.1 The Privacy Officer and other persons designated to receive such complaints shall be notified of each complaint filed through the due process procedures and shall participate in the review of such complaints.

9.2 The LCBDD shall inform individuals who have made a complaint of their right to file a complaint with the Secretary of Health and Human Services. Upon request, the Privacy Officer shall assist the individual in filing a complaint with the Secretary of HHS.

10. Sanctions

The LCBDD shall impose sanctions when the LCBDD is aware that a member of the workforce or Business Associate has violated applicable law or the LCBDD's privacy policy and procedures. All sanctions shall be documented.

10.1 The LCBDD's sanctions may vary depending on factors such as the severity of the violation, whether the violation was intentional or unintentional, and whether the violation indicated a pattern of improper use or disclosure of protected health information. Sanctions could range from warning to termination and shall be administered through the LCBDD's progressive discipline policy.

10.2 Sanctions may not be applied to whistleblowers, certain victims of crime committed by individuals served by the LCBDD, or in a manner which would be reasonably construed as intimidation or retaliation.

- a. The LCBDD shall not impose sanctions against a workforce member or business associate who believes in good faith that the LCBDD has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by the LCBDD potentially endanger one or more patients, workers, or the public; and the disclosure is to:

Policy & Procedure: 14.1.1 HIPAA Privacy and Confidentiality

1. A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of the LCBDD.
2. An attorney retained by or on behalf of the workforce member or business associate for determining the legal options of the workforce member or business associate.

b. The LCBDD may not impose sanctions for disclosure of PHI against a member of its workforce who is the victim of a criminal act if the victim discloses PHI to a law enforcement official, provided that:

1. The protected health information disclosed is about the suspected perpetrator of the criminal act; and
2. The protected health information disclosed is limited to the following information:
 - a) Name and address;
 - b) Date and place of birth;
 - c) Social security number;
 - d) ABO blood type and Rh factor;
 - e) Type of injury;
 - f) Date and time of treatment;
 - g) Date and time of death, if applicable; and
 - h) A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.

11. Business Associates

The LCBDD shall ensure protection of the use, disclosure and creation of individuals' PHI to other persons or entities performing activities on behalf of the LCBDD by entering into Business Associate agreements or Memoranda of Understanding which conform to requirements applicable to BA relationships, unless such disclosure is otherwise permitted under federal or Ohio law.

11.1 The LCBDD shall review all newly initiated and existing contracts with any person or entity outside the workforce at least annually to determine whether there is a BA relationship and whether the contract meets requirements of HIPAA. An addendum to an existing contract which identified responsibilities and obligations of a BA is permissible.

11.2 If the LCBDD knows of a pattern or practice of the BA that amounts to a material violation of the agreement, the LCBDD shall attempt to cure the breach or end the violation. If such

Policy & Procedure: 14.1.1 HIPAA Privacy and Confidentiality

attempt is unsuccessful, the LCBDD shall terminate the agreement, if feasible, or report the problem to the Office of U.S. Secretary of Health and Human Services.

12. Document Management, Retention and Destruction

The LCBDD shall manage, retain and/or destroy all documents required by LCBDD policies and procedures, as set forth in the LCBDD's Confidentiality Policy. In addition to 4.2, the following HIPAA policy is in force.

12.1 Management: The LCBDD must act on an individual's request for an accounting of disclosures no later than 60 days after the date of the individual's request. The LCBDD may extend the time by not more than 30 days if the LCBDD gives the individual written notice of the extension and the reason for the extension.

12.2 Retention: The LCBDD shall maintain written or electronic copies of all policies and procedures, communications, actions, activities, billings and receipt of revenue, disclosures or designations as are required to be documented under LCBDD policies for a minimum period of six (6) years from the later of the date of creation or the last effective date or such longer period that may be required under state or other federal law.

13. Technical Reference

This procedure is intended to establish general guidelines for HIPAA compliance. A HIPAA technical reference guide developed and copyrighted by the Ohio Association of County LCBDDs of DD is available in the LCBDD Office for use in further policy and procedure development and interpretation.

Adopted 3-20-03; Re-enacted 11-20-03; 11-18-04; 3-16-06;3-22-07; 3-27-08;03/19/2009;

Procedure & Procedure 14.1.2 HIPAA Electronic Security

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The LCBDD approves all policies, and the Superintendent approves all procedures.

HIPAA Electronic Security

Reviewing Department	Original LCBDD Approval Procedure Date	Original Effective Procedure Date	Next Review Date Procedure & Procedure
Administration	12/06/2018	01/01/2019	November 2022

PROCEDURE

The Logan County Board of Developmental Disabilities (LCBDD) has adopted policies and procedures pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to ensure that the security, confidentiality and integrity of electronic protected health information (ePHI) are reasonably and appropriately protected from threats identified in its Risk Assessment. It is necessary to periodically evaluate the technical and non-technical aspects of the LCBDD's security efforts to demonstrate and document compliance with these policies and procedures and that they are currently reasonable and appropriate for the data the LCBDD maintains.

The LCBDD will periodically review its security policies and procedures and their continued applicability in response to environmental and operational changes. Where reasonable and appropriate, the LCBDD will contract with an external entity to perform this evaluation.

PROCEDURE

A. Definitions

Acceptable Risk. A concern that is acceptable to responsible management, due to the cost and magnitude of implementing countermeasures.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Access. The ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any system resource.

Accountability. The security objective that generates the requirement for actions of an entity to be traced uniquely to that entity. Accountability is supported by non-repudiation, deterrence, fault isolation, intrusion detection and prevention, after-action recovery and legal action.

Ad ware. A form of spy ware (*see Spy ware*) that collects information about the user in order to display advertisements in the Web browser based on the information it collects from the user's browsing patterns (malicious form). Also, free software that is given to the user with advertisements embedded in the application (benign form).

Administrative Safeguards. Administrative actions and policies and procedures that manage the selection, development, implementation, and maintenance of security measures that protect electronic protected health information and that manage the conduct of the covered entity's workforce in relation to the protection of that information.

Assurance. Grounds for confidence that the other four security objectives (integrity, availability, confidentiality, and accountability) have been adequately met by a specific implementation. "Adequately met" includes (1) functionality that performs correctly, (2) sufficient protection against unintentional errors (by users or software), and (3) sufficient resistance to intentional penetration or by-pass.

Attack. An attempt to bypass security controls on an information resource. The attack may alter, release, or deny data. Whether an attack will succeed depends on the vulnerability of the information resource and the effectiveness of existing countermeasures.

Audit. An independent review and examination of records and activities to test for adequacy of controls, ensure compliance with established policies and operational procedures, and recommend changes to controls, policies, or procedures.

Authentication. The process of verifying the identity of a station, originator, or individual to determine the right to access specific categories of information. Also, a measure designed to protect against fraudulent transmission by verifying the validity of a transmission, message, station, or originator.

Authorization. (1) In a security context, granting the right of access to a user, program, or process; or (2) In a privacy context, a) the privileges granted to a user by a designated official to access information based upon the user's job, clearance, and need to know. b) The document that is used to formally document an individual's informed agreement to have an entity, which holds the individual's private information in confidence, to disclose the information to another

Procedure & Procedure 14.1.2 HIPAA Electronic Security

party. The minimum elements of the authorization form that is used in healthcare are specified by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Other applicable laws may impose additional requirements for an entity's authorizations.

Authorizing Official. Official with the authority to formally assume responsibility for operating an information system at an acceptable level of risk to agency operations (including mission, functions, image, or reputation), agency assets, or individuals.

Availability. The computer security characteristic that ensures the computer resources will be available to authorized users when they need them. This characteristic addresses backup, alternate sites, disaster recovery, and denial of service.

Backup. The process of producing a reserve copy of software or electronic files as a precaution in case the primary copy is damaged or lost.

Backup Types. Three types are commonly identified:

- a. Full backup - a backup to tape of every bit of meaningful data on the systems;
- b. Incremental backup – backup of only the data that has changed since the last full backup and/or incremental backup;
- c. Differential backup - all data that has changed since the last full backup.

Bureau of Criminal Identification and Investigation (BCI). A unit of the Ohio Attorney General's Office that, among many other services, provides civilian background checks for prospective employers.

Business Associate (BA). A person or organization that performs a function or activity on behalf of a covered entity but is not part of the covered entity's workforce. A business associate can also be a covered entity.

Business Associate Agreement (BAA). The contractual agreement between a covered entity and a business associate formalizing the specifics of how protected health information can and cannot be used by the business associate and specifying certain business associate behaviors that support the covered entities need to be accountable for protected health information and to ensure individuals' right of access their own health information. Minimum requirements for business associate agreements are specified in the Health Insurance Portability and Accountability Act of 1996.

Certification. A comprehensive assessment of the management, operational and technical security controls in an information system, made in support of security accreditation, to

Procedure & Procedure 14.1.2 HIPAA Electronic Security

determine the extent to which the controls are implemented correctly, operating as intended, and producing the desired outcome with respect to meeting the security requirements for the system. Certification can be performed by disinterested workforce members or by a qualified outside organization.

Change Control. A management process to provide control and traceability for all changes made to an application system or information resource.

Clear Text Message. A message that is sent without encryption. Also known as a plain text message.

Client. A computer system that an end user uses to access services hosted on another computer system called a server (*see Server*). Client may also refer to a program or part of a system that is used by an end user to access services provided by another program (e.g., a web browser is a client that accesses pages provided by a web server).

Compliance Review. A review and examination of records, procedures, and activities to assess the information resource security posture and ensure compliance with established criteria.

Confidentiality. The condition in which information that an individual has disclosed in a relationship of trust is kept secret, disclosed only to authorized parties, and used only in ways consistent with the original understanding. The computer security characteristic that ensures that individuals are given access to computer resources based on security clearance and need to know.

Contingency Plan. A set of documented procedures and instructions for responding to emergencies and restoring normal operations following a harmful event.

Contract Agency. In conventional usage by the ADAMH LCBDDs, refers to agencies that have contracts with the LCBDD that include both Medicaid and non-Medicaid lines of business.

Control. A measure taken to eliminate or reduce risk. Controls may be administrative, physical, or technical.

Countermeasure. Actions, devices, procedures, techniques, or other measures that reduce the vulnerability of an information system. Synonymous with Control and Safeguard.

Covered Entity (CE). Organizational types that are covered by the Health Insurance Portability and Accountability Act of 1996; health plans, health care clearinghouses, and providers that transmits health information in electronic form in connection with a HIPAA transaction.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Critical Business Function. A business function necessary for the continued success of the organization. If the business function is non-operational, the organization could suffer serious legal, financial, goodwill, or other serious losses.

Data Integrity. The property that data has not been altered in an unauthorized manner. Data integrity covers data in storage, during processing, and while in transit.

Data Link Connection Identifier (DLCI). The virtual circuit number corresponding to a particular connection between two destinations. This number is used as part of the frame relay header. The DLCI's are normally assigned by the Frame Relay network provider.

De-identification. The process of stripping from health information the elements that could be used singly or in combination to identify the specific subject of the information. See De-identified PHI and Individually Identifiable Health Information.

De-identified PHI. A covered entity may use PHI to create de-identified information, whether or not the de-identified information is to be used by the entity. In order to be exempt from the privacy rule the information must not include any of the following identifiers for consumers, relatives, household members, employers: names; geographic subdivisions smaller than a state (some specific exceptions); all elements of dates except the year, for all under 89 years of age, and all elements of dates for those over 89 years; telephone or fax numbers, email or IP addresses and URLs; social security number; medical record number; health plan beneficiary (UCI) number; account numbers; certificate or license numbers; vehicle identifiers; device identifiers; biometric identifiers (finger, retinal, voice prints); full face photographic images and the like; any other unique characteristic or code.

Denial of Service. An attack that is specifically designed to prevent the normal functioning of a system and thereby to prevent lawful access to that system and its data by its authorized users. Most commonly, flooding a system with demands to prevent it from servicing normal and legitimate requests. Denial of service attacks generally do not directly destroy or steal data.

Designated Record Set. A group of records maintained by or for the agency that is: a) the medical records and billing records about individuals maintained by or for the agency b) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan c) used, in whole or in part, by or for the agency to make decisions about the individual.

Digital Signature. Tool used to verify a message's origin and sender identity. The sender derives a hash value for the data, encrypts it with their private key, attaches to message, encrypts entire message along with the signature, and sends it to receiver. The receiver then decrypts messages with their private key, decrypts hash value with sender's public key, derives hash value for original message, and then compares hash value.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Disaster Recovery Plan. A set of documented procedures for extended off-site operations, site clean-up, restoration, and disaster recovery should an information resource experience a partial or total loss.

Disclosure. The release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

Domain Name. The unique name that identifies an Internet site. Domain Names always have 2 or more parts, separated by dots. The part on the left is the most specific, and the part on the right is the most general. A given machine may have more than one Domain Name but a given Domain Name points to only one machine.

Dual Homing. Having concurrent connectivity to more than one network from a computer or network device. Examples include: Being logged into the corporate network via a local Ethernet connection, and dialing into AOL or another Internet service provider (ISP). Being on a company provided Remote Access home network, and connecting to another network, such as a spouse's remote access. Configuring an ISDN router to dial into a company and an ISP, depending on packet destination.

Due Care. The customary practice of responsible and sufficient protection of assets that reflects a community or societal norm. Sufficient care of assets should be maintained such that recognized experts in the field would agree that negligence of care is not apparent.

Due Diligence. The level of judgment, care, prudence, determination, and activity that a person would reasonably be expected to provide under a particular circumstance. Due diligence is the prudent management and execution of due care.

Electronic Data Interchange. A generic information systems term that applies to any circumstance where one entity transfers a predetermined data in a predefined manner that is equally understood about formal characteristics by both the sender and the receiver.

Electronic Media. (1) Electronic storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; or (2) Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Electronic Protected Health Information (ePHI). Individually identifiable health information that is stored or transmitted using electronic media. Paper via fax and voice via phone are excluded from the HIPAA meaning of this term.

Encrypt/Encipher/Encode. Act of scrambling a message with the aid of a key to prevent unauthorized individuals from reading.

Encryption. A means of scrambling data so it cannot be read without the appropriate decryption methodology. Converting an original message of regular text into encoded text. The text is encrypted by means of an algorithm (type of formula). If information is encrypted, there is a lower probability that anyone other than the receiving party, who has the key to the code or access to another confidential process, would be able to decrypt the text and convert it into plain, comprehensible text.

Encryption Algorithm. A set of rules (mathematical function) that govern how the data, with the aid of an independent key variable, is encrypted and decrypted.

Fault Isolation. Determining the cause of a problem. Also known as "fault diagnosis," the term may refer to hardware or software, but always deals with methods that can isolate the component, device or software module causing the error.

Firewall. Traffic-controlling gateway that controls access, traffic, and services between two networks or network segments, one trustworthy and the other, untrustworthy.

Firmware. Alterable programs in semi-permanent storage, e.g., some type of read-only or flash re-programmable memory, and do not disappear when the computer is turned off. Almost any software could be in ROM, except programs that modify themselves as they run.

Frame Relay. A method of communication that incrementally can go from the speed of an ISDN to the speed of a T1 line. Frame Relay has a flat-rate billing charge instead of a per time usage charge. Frame Relay connects via the telephone company's network.

Gap. A discrepancy between actual security conditions and conditions that are deemed acceptable.

General Support Systems (GSS). An interconnected information resource under the same direct management controls that shares common functionality. It normally includes hardware, software, information, data, applications, communications, facilities, and people and provides support for a variety of users and/or applications. Individual applications support different mission-related functions. Users may be from the same or different organizations.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Hashing Algorithm. A 1-way function that takes data of any size and produces a fixed size output (usually between 128 and 256 bits in size). This is usually used to verify integrity. MD5 and SHA-1 are examples of hash algorithms.

Health Information. Any information, whether oral or recorded in any form or medium, that: (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Health Insurance Portability and Accountability Act of 1996 (HIPAA). A Federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, the Kassebaum-Kennedy Bill, K2, or Public Law 104-191.

Health Plan. An individual or group plan that provides, or pays the cost of, medical care. See 45 CFR 160.103 for complete HIPAA definition.

Hub. A concentrator that joins multiple clients by means of a single link to the rest of the LAN. A hub has several ports to which clients are connected directly, and one or more ports that can be used to connect the hub to the backbone or to other active network components. A hub functions as a multiport repeater; signals received on any port are immediately retransmitted to all other ports of the hub. Hubs function at the physical layer of the OSI Reference Model.

Individual. The person who is the subject of protected health information.

Individual Accountability. The process of associating one and only one user or information resource (such as a workstation or terminal) with any action on an information resource.

Individually Identifiable Health Information (IIHI). Health information, including demographic information collected from an individual, that is created or received by a health care provider, health plan, employer, or health care clearinghouse and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Information Assurance. A measure of confidence that the system architecture and features ensure the availability, integrity, authentication, confidentiality, and non-repudiation of the information resource.

Information Owner. The workforce member responsible for establishing, in consultation with others as required by procedure, the rules for appropriate use, availability and protection of the data/information. The owner is responsible for nomination of users and maintenance of current list of authorized users.

Information Resource. Information assets including information systems, hardware, software, data, applications, telecommunications networks and related resources as well as the information they contain.

Information Technology Related Risk. The net mission/business impact (probability of occurrence combined with impact) from a threat source exploiting, or triggering, a particular information technology vulnerability. Information Technology-related risks arise from legal liability or mission/business loss due to: 1. Unauthorized (malicious, non-malicious, or accidental) disclosure, modification, or destruction of information. 2. Non-malicious errors and omissions. 3. Disruptions due to natural or man-made disasters. 4. Failure to exercise due care and diligence in the implementation and operation of the technology.

Information Type. A specific category of information (e.g., privacy, medical, proprietary, financial, investigative, contractor sensitive, security management), defined by an organization or in some instances, by a specific law, rule, directive, procedure, or regulation.

Integrity. (1) A process available in certain asymmetric encryption algorithms (see definition) to ensure that the data has not been modified. This is usually achieved by deriving a hash value (see definition) of the message, signing that hash value (to ensure the authenticity of the hash value), and attaching it to the data being sent. The receiver can then derive the hash value of the data and compare the hash values to confirm integrity; or (2) The computer security characteristic that ensures computer resources operate correctly, that data structures are consistent, and that the stored information is accurate (i.e., the data has not been inappropriately altered). This characteristic addresses the deliberate or inadvertent unauthorized manipulation of the information resource and how to maintain the security of the information resource under all conditions.

Internet. An external untrusted world-wide public data network using Internet protocols to which the covered entities can establish connections. Users have no control over the Internet and cannot guarantee the confidentiality, integrity, or availability of its communications.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Internet Protocol. A protocol that enables packets of data to be transmitted throughout the Internet using the transmission control protocol (TCP). A data entity is broken into individual packets. Each packet is wrapped with header information that indicates where the packet came from, where it is going and what part of a whole entity it belongs to. Once the packets arrive at their destination, they are reassembled into their original order by TCP.

IP Number (or IP Address). 1) The numeric address of a computer on the Internet. 2) A unique number that identifies a networked system so that it may communicate via Internet protocols. It consists of four numbers separated by periods. Most often, each part of the IP address is a number between 0 and 225; however, the first number must be less than 224 and the last number cannot be 0. IP addresses are logically divided into two parts: the network (like a telephone area code), and the system on the network (similar to a phone number).

Integrity. A process available in certain asymmetric encryption algorithms (see definition) to ensure that the data has not been modified. This is usually achieved by deriving a hash value (see definition) of the message, signing that hash value (to ensure the authenticity of the hash value), attaching it to the data being sent. The receiver can then derive the hash value of the data and compare the hash values to confirm integrity.

Intranet. The trusted multi-function (data, voice, video, image, facsimile, etc.) private digital network using Internet protocols, which is operated and maintained for the conduct of company business.

Intrusion Detection. (1) A method of monitoring traffic on the network to detect break-ins or break-in attempts either manually or via software expert systems; or (2) Pertaining to techniques which attempt to detect intrusion into a computer or network by observation of actions, security logs, or audit data; or (3) Detection of break-ins or attempts either manually or via software expert systems that operate on logs or other information available on the network.

ISDN. There are two flavors of Integrated Services Digital Network or ISDN: BRI and PRI. BRI is used for home office/remote access. BRI has two "Bearer" channels at 64kbit (aggregate 128kb) and 1 D channel for signaling info.

Key/Crypto Variable. A secret variable that is used by the encryption algorithm to produce a unique cipher text. The larger the key, the harder it is to break. Currently 128 bits is the standard for secure symmetric communication and 1,024 bit for asymmetric algorithms.

Key Space The number of unique keys that is supported by an algorithm.

Least Privilege. The minimum level of information, functions, and capabilities necessary to perform a user's duties. Application of this principle limits the damage that can result from accident, error, or unauthorized use of an information system.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Local Agency. Any municipal corporation, school district, special purpose district, or township of the state or any elected officer or LCBDD, bureau, commission, department, division, institution, or instrumentality of a county (ORC 1347).

Local Area Network (LAN). A computer network that spans a relatively small area. Most LANs are confined to a single building or group of buildings. However, one LAN can be connected to other LANs over any distance via telephone lines and radio waves. A system of LANs connected in this way is called a wide-area network (WAN).

Most LANs connect workstations and personal computers. Each node (individual computer) in a LAN has its own CPU with which it executes programs, but it also can access data and devices anywhere on the LAN. This means that many users can share expensive devices, such as laser printers, as well as data. Users can also use the LAN to communicate with each other, by sending email or engaging in chat sessions.

Log. A sequential record of actions or to record an action in a sequence.

Log File. A chronological record of operational and security-related events that have occurred.

Log-in ID. An identification code (normally a group of numbers, letters, and special characters) assigned to a user that identifies the user to the information resource.

Major Application (MA). An application that requires special attention to security due to the risk and magnitude of the harm resulting from the loss, misuse, or unauthorized access to or modification of the information in the application. A breach in a major application might comprise many individual application programs and hardware, software, and telecommunications components. Major applications can be either a major software application or a combination of hardware/software where the only purpose of the system is to support a specific mission-related function.

Malicious Code. Harmful code (such as viruses and worms) introduced into a program or file for contaminating, damaging, or destroying information resources. Malicious code includes viruses (boot sector, file infector, multipartite, link, stealth, macro, email, etc.), Trojan horses, trap doors, worms, and counterfeit computer instructions

Minimum Necessary Standard (also Minimum Necessary Doctrine). The practice of making all reasonable efforts not to use or disclose more than the minimum amount of protected health information necessary to accomplish the intended purpose of the use or disclosure.

Mitigation. Correction or reduction of the impact (see Impact) vulnerability could have in an information system through the application of controls (see Controls and Countermeasures).

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Modifier. Codes that are submitted with claims to identify a characteristic of service delivery that has business consequences, e.g., face-to-face vs. by telephone and client vs. with significant other, etc.

Monitoring. Listening, viewing, or recording digital transmissions, electromagnetic radiation, sound, and visual signals.

Network Administrator. The person who is responsible for setting up and maintaining a network. Duties of the administrator include installing software, assigning passwords, making backups, and finding a way to restore the network when it goes down.

Non-Repudiation. A process available in certain asymmetric encryption algorithms by which the sender cannot deny sending the data. The process used to achieve this is the same used in authentication. See Accountability.

Office of Civil Rights(OCR). The division of the US Department of Health and Human Services that has the principle mission of ensuring non-discriminatory access to Department funded services. OCR has been assigned the responsibility for enforcing the requirements and protections of the HIPAA Privacy Rule.

Off-Site Storage. The process of storing vital records in a facility that is physically remote from the primary site. The specifics of storage arrangements are determined by the organization's specific risk assessment and information systems security plan.

One-Time Password. A password that can only be used one time. One-time passwords reduce the risk of being lost, stolen or of leading to loss if guessed because they expire immediately after use. Issued to users who forget their own passwords by system administrators until user can reinstall self-constructed password. Also used in token authentication systems (see Security Token).

Password. A unique string of characters that, in conjunction with a logon ID, authenticates a user's identity.

Payment. (1) The activities undertaken by: (i) A health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or (ii) A covered health care provider or health plan to obtain or provide reimbursement for the provision of health care; and (2) The activities in paragraph (1) of this definition relate to the individual to whom health care is provided and include, but are not limited to: (i) Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims; (ii) Risk adjusting amounts due based on enrollee health status and demographic

Procedure & Procedure 14.1.2 HIPAA Electronic Security

characteristics; (iii) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related health care data processing; (iv) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; (v) Utilization review activities, including pre-certification and preauthorization of services, concurrent and retrospective review of services; and (vi) Disclosure to consumer reporting agencies of any of the following protected health information relating to collection of premiums or reimbursement: (A) Name and address; (B) Date of birth; (C) Social security number; (D) Payment history; (E) Account number; and (F) Name and address of the health care provider and/or health plan.

Personal Information. Information that describes anything about a person or that indicates actions done by or to a person, or that indicates that a person possesses certain personal characteristics, and that contains, and can be retrieved from a system by, a name, identifying number, symbol, or other identifier assigned to a person (ORC 1347).

Personal Representative. A person who may legally act with authority on behalf of another person. Generally, personal representatives act on behalf of un-emancipated minors or individuals unable to act for themselves because of physical or mental incapacity.

Physical Safeguards. Physical measures and associated policies and procedures to protect a covered entity's electronic information systems and related buildings and equipment from natural and environmental hazards, and unauthorized intrusion. Also see Administrative Safeguards and Technical Safeguards.

PIN. Personal Identification Number.

Plaintext/Cleartext. Data that is not encrypted and is readable.

Point-to-Point Protocol (PPP). One of the most common protocols used to connect a PC to an Internet host via high-speed modem and a telephone line. PPP established a temporary but direct connection to an Internet host, eliminating the need for connecting to an interim system. PPP also provides a method of automatically assigning an IP address, so that remote or mobile systems can connect to the network at any point.

Potential Impact. Low: The loss of confidentiality, integrity, or availability could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals. Moderate: The loss of confidentiality, integrity, or availability could be expected to have a serious adverse effect on organizational operations, organizational assets, or individuals. High: The loss of confidentiality, integrity, or availability could be expected to have a severe or catastrophic adverse effect on organizational operations, organizational assets, or individuals.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Privacy. One's right to control what information is collected about oneself and how it is used; to be free from identification, classification, or observation by another party without one's consent. Privacy also has come to connote the right of individuals to control third party access to information about oneself that may be considered personal in nature. For the purposes of the HIPAA Privacy Rule, privacy focuses on the individual's interest in limiting who has access to one's personal health care information. The protection of privacy is an important goal of Confidentiality and Security.

Procedure. The name or numeric code for a specific healthcare intervention that distinguishes it from other interventions.

Proprietary Information. Material and information relating to or associated with a company's products, business, or activities. This information must have been developed for or by the company and must not be available without restriction from another source.

Protected Health Information (PHI). Broadly, individually identifiable health information that is a) transmitted by electronic media b) maintained in any form of electronic media or c) transmitted or maintained in any other form or medium (see 45 CFR § 160.103). See De-identified PHI.

Provider. An organization that furnishes, bills, or is paid for health care in the normal course of business. Providers are covered by HIPAA to the extent that they conduct transactions that are covered by HIPAA.

Public Health Authority. An agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.

Publicly Available Information. An information resource available through publicly available means such as the Internet. See Public Record.

Public Key Authentication. A process available in certain asymmetric encryption algorithms (see Asymmetric Encryption Algorithm) where the identity of the user is confirmed. This is usually achieved when the sender signs the data with their private key ensuring the data originated with them.

Raid Disk (rād). Short for Redundant Array of Independent (or Inexpensive) Disks, a category of disk drives that employ two or more drives in combination for fault tolerance and performance. RAID disk drives are used frequently on servers but aren't generally necessary for personal computers.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Reason Codes. Codes that relate to a literal expression of explanation as to why a particular action was taken.

Recipient. The individual to whom a healthcare service is provided.

Recovery. Activities designed to return damaged facilities and equipment to an operational status.

Residual Risk. The portion of risk that remains after security measures have been applied. Some risk always remains.

Risk. The possibility of loss or injury based on the likelihood that an event will occur and the amount of harm that could result (see Information Technology-related Risk and Residual Risk, Impact, Potential Impact).

Risk Assessment/Risk Analysis (RA). The process of identifying the vulnerabilities, threats, likelihood of occurrence, potential loss or impact, and theoretical effectiveness of security measures. Results are used to evaluate the level of risk and to develop security requirements and specifications (also known as Risk Analysis).

Risk Management. The total process of identifying, controlling, and mitigating information system-related risks. It includes risk assessment; cost-benefit analysis; and the selection, implementation, test, and security evaluation of safeguards. This overall system security review considers both effectiveness and efficiency, including impact on the mission and constraints due to procedure, regulations, and laws.

Risk Mitigation. The process of minimizing risk by applying cost-effective security measures commensurate with the relative threats, vulnerabilities, and the value of resources to be protected.

Role. A distinct set of responsibilities related to an operation or process and identified with a user or class of users (see User).

Roll-up. Services meeting the Same-day Service criteria are to be summed as to units of service, rounded, and reported as a single line of service (see Same-Day Service).

Router. A device that determines the next network point to which a data packet should be forwarded to its destination. The router is connected to at least two networks and determines which way to send each data packet based on its current understanding of the state of the networks to which it is connected. Routers create or maintain a table of the available routes and use this information to determine the best route for a given data packet.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Safeguard. A protective measure prescribed to meet the security requirements (i.e., confidentiality, integrity, and availability) specified for an information system. A safeguard may include security features, management constraints, personnel security, and security of physical structures, areas, and devices. Synonymous with security control and countermeasure.

Same-Day Service. Any two or more services that share the following characteristics:

- a. Recipient
- b. Provider
- c. Date
- d. Procedure
- e. Modifier 1
- f. Modifier 2
- g. Place of service

Secure. A state that complies with the level of security controls that have been determined to provide adequate protection against adverse contingencies.

Security. A condition that results from the establishment and maintenance of protective measures that ensures data privacy, integrity, and availability. Security encompasses all the safeguards in an information system, including hardware, software, personnel policies, information practice policies, disaster preparedness, and the oversight of all these areas. The purpose of security is to protect both the system and the information it contains from unauthorized access from without and from misuse from within. Through various security measures, a health information system can shield confidential information from unauthorized access, disclosure and misuse, thus protecting privacy of the individuals who are the subjects of the stored data.

Security Breach. The violation of an explicit or implied security procedure that compromises the integrity, availability, or confidentiality of an information resource.

Security Category. The characterization of information or an information system based on an assessment of the potential impact that a loss of confidentiality, integrity, or availability of such information or information system would have on organizational operations, organizational assets, or individuals.

Security Event. An unusual event that has security implications (compromised data confidentiality, accessibility, availability) but, as determined by qualified staff, does not have substantial impact on the organization's information assets and is remedied with relative ease. Documentation requirements for Security Events are less rigorous than the requirements for Security Incidents.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Security Incident. The attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

Security Plan. A strategy for achieving the appropriate level of security controls to be applied. A security plan is designed to identify the appropriate security controls for the information resource and the strategy for their implementation. The areas to be addressed include hardware, software, connectivity, information, personnel, operating and computing environment, administration, and management.

Security Requirements. Types and levels of protection necessary for equipment, data, information, applications, and facilities to meet laws, executive orders, directives, policies, or regulations.

Security Safeguards. The protection mechanisms and controls prescribed to meet the security requirements specified for an information resource. Security controls may include but are not necessarily limited to: hardware and software security features, operating procedures, authorization and accountability procedures, access and distribution controls, management constraints, personnel security, environmental controls, and physical control areas, structures, and devices. The HIPAA Security Rule identifies three types of safeguards; administrative, physical and technical. Also called security controls and countermeasures. See Administrative Safeguards, Physical Safeguards, Technical safeguards.

Security Specifications. A detailed description of the safeguards required to meet security requirements and to adequately protect an information resource from unauthorized (accidental or intentional) disclosure, modification, destruction, or denial of service.

Security Violation. Acts that violate security procedure or procedure or that breach a core security controls.

Sensitive Information. Any information that has restrictions placed upon its access within the organization or its disclosure outside of the organization, as determined by procedure or statute.

Sensitivity. (1) A relative measure of the impact on external individuals or organizations in the event of an improper disclosure of information or; (2) a measure of the importance assigned to information by its owner, for denoting its need for protection.

Separation of Duties. Assignment of responsibilities such that no one individual or function has control of an entire process.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Server. An information resource or a set of processes on an information resource providing services to clients (see Client) across a network.

Shared Accounts. A logon ID or account utilized by more than one user. Shared accounts on information systems dilute the security objective of accountability.

Sponsor. The member of the workforce who has overall responsibility for the general oversight and use constraints on an information resource and has executive-level responsibilities for cost-benefit and risk analysis associated with the resource. In large organizations, the System Owner (see definition) is subordinate to a Sponsor. In smaller organizations, the same person may be both Sponsor and System Owner.

SPAM. The use of email or another networked communications facility as if it were a broadcast medium by sending the same unsolicited message to numerous people.

Spy ware. Any software that employs a user's Internet connection in the background (the so-called "backchannel") without the user's knowledge or explicit permission. Once installed, the spy ware monitors user activity on the Internet and transmits that information in the background to someone else. Spy ware can also gather information about email addresses and even passwords and credit card numbers. Ethical use of silent background use of an Internet connection is preceded by a complete and truthful disclosure of proposed backchannel usage, followed by the receipt of explicit, informed, consent for such use. Covertly installed software that communicates across the Internet absent these elements is viewed as information theft.

State Agency. The office of any elected State officer and any agency, LCBDD, commission, department, division, or educational institution of the State (ORC 1347).

System. Any collection or group of related records that are kept in an organized manner and that are maintained by a state or local agency, and from which personal information is retrieved by the name of the person or by some identifying number, symbol, or other identifier assigned to the person. "System" includes both records that are manually stored and records that are stored using electronic data processing equipment. "System" does not include collected archival records in the custody of or administered under the authority of the Ohio historical society, published directories, reference materials or newsletters, or routine information that is maintained for internal office administration, the use of which would not adversely affect a person (Ohio Revised Code section 1347).

System Administrator. A person who is responsible for managing a multi-user computing environment, such as a local area network (LAN). The responsibilities of the system administrator typically include: installing and configuring system hardware and software; establishing and managing user accounts; upgrading software; and backup and recovery tasks.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

System Development Life Cycle (SDLC). The staged development of an information system from the investigation of initial requirements through analysis, design, implementation, maintenance, and system retirement. In the context of information security, the preferred practice is to include security considerations from the beginning to the end of the life cycle rather than to initiate security concerns only at the implementation stage.

System Owner. Workforce member with the operational responsibility for a specified information system and the responsibility for ensuring ongoing controls for its generation, collection, processing, dissemination, and disposal. The System Owner is responsible communicating with information technology staff about the approval termination of users.

Technical Safeguards. The security controls (i.e., safeguards or countermeasures) for an information system that are primarily implemented and executed by the information system through mechanisms contained in the hardware, software, or firmware components of the system. Also see Administrative Safeguards and Physical Safeguards.

Threat. Any circumstance or event (human, physical, or environmental) with the potential to cause harm to an information resource in the form of destruction, disclosure, adverse modification of data, and/or denial of service by exploiting vulnerability.

Time Out. A feature that automatically disables an application, disconnects an information resource, or locks a key after a specified period of idleness.

Treatment. The provision, coordination or management of health care (care, services or supplies related to the health of an individual) and related services by or among providers, providers and third parties, and referrals from one provider to another provider.

Trojan Horse. A destructive program that masquerades as a benign application.

URL. Abbreviation of Uniform Resource Locator, the global address of documents and other resources on the World Wide Web. The first part of the address indicates what protocol to use, and the second part specifies the IP address or the domain name where the resource is located.

User. An entity that attempts to access an information resource. The entity may be an individual, a computer, or another application.

Virtual Private Network (VPN). Secure remote access method for accessing information on a trusted network from a remote location over an untrusted network. Through measures like authentication and data encryption, cryptographic VPNs can establish a secure virtual connection between physical locations. VPNs can be implemented through hardware, existing firewalls, and standalone software applications.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Vital Business Record. A document, regardless of media, which, if damaged or destroyed, would disrupt business operations and information flows and result in considerable inconvenience and expense in order to recreate the record.

Vulnerability. A condition or weakness in security procedures, technical controls, or operational processes that exposes the system to loss or harm.

Vulnerability Assessment. Formal description and evaluation of the vulnerabilities in an information system.

Web Browser. An application that enables users to communicate remotely using Internet protocols with special server-based applications.

Web Server. A server program that provides access to web pages.

Workforce. The employees, volunteers, trainees, and other persons under the direct control of a covered entity, whether they are paid by the covered entity.

Workstation. A terminal, computer, or other discrete resource that allows personnel to access and use information resources.

B. Risk Assessment

This procedure is intended to guide the LCBDD in meeting HIPAA Security Administrative Safeguards requirements for risk analysis and risk management. The Logan County LCBDD of DD applies risk management techniques to balance the needs and costs for security measures in its information security structure. When complete elimination of risk is unattainable, risk management offers a practical approach to balancing security with operational requirements and cost.

- Periodic risk analysis will be conducted on any information systems, processes and physical areas in LCBDD offices and facilities to address changing threats, vulnerabilities, and organizational priorities.
- A Risk Management Plan will be developed, and employees are expected to work to resolve any issues.

C. Sanctions

The Logan County LCBDD of DD has adopted this procedure to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the Privacy and

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Security Rules, as well as to fulfill its duty to protect the confidentiality and integrity of confidential protected health information as required by law and professional ethics.

- All officers, employees, and agents of Logan County LCBDD of DD shall preserve the integrity and the confidentiality of individually identifiable health information (IIHI) pertaining to each client. This IIHI is protected health information (PHI) and shall be safeguarded to the highest degree possible in compliance with the requirements of the security and privacy rules and standards established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- The LCBDD will not tolerate violations of HIPAA statutory requirements nor its policies and procedures in place to uphold them. Any violation of HIPAA rules or LCBDD procedure and procedures shall constitute grounds for disciplinary action up to and including termination, professional discipline and criminal prosecution.
- Any officer, employee or agent of the Logan County LCBDD of DD who believes another officer, employee or agent of the LCBDD has breached the facility's privacy or security policies and/or procedures or otherwise breached the integrity or confidentiality of client or other sensitive information shall immediately report such breach to the Operations Director.
- At the discretion of management, the LCBDD may terminate an employee for the first breach of the facility's privacy or security policies if the seriousness of the offense warrants such action.
- The LCBDD will not retaliate against nor permit reprisals against any employee or other person who reports a breach to the integrity or confidentiality of client or other sensitive information.
- All officers, employees, and agents of the LCBDD are expected to comply and cooperate with the facility's administration of this procedure.

D. Information System Activity Review

This procedure is to guide the LCBDD in making decisions toward ensuring that information system activity is being monitored and reviewed appropriately.

The following must be included, but not limited, to adequately monitor and review information system activity:

Procedure & Procedure 14.1.2 HIPAA Electronic Security

- Internal audit procedures to regularly review records of information system activity. These procedures may utilize audit logs, activity reports, or other mechanisms to manage system activity.
- Audit logs, activity reports, or other mechanisms to document and manage information system activity must be reviewed at intervals commensurate with the associated risk of the information system or ePHI repositories contained on LCBDD information systems. The interval of the system activity review must not exceed 90 days.
- An Audit Control and Review Plan must be created that includes all systems and applications to be logged, the information to be logged for each system, and the procedures to review all audit logs and activity reports.
- A mechanism to report security incidents and suspected rogue activity to notify appropriate management, security, and privacy personnel.
- A schedule outlining the retention and disposal of audit logs and activity reports must also be established.

E. Security Incident Response and Reporting

To guide the LCBDD's reporting of and response to incidents that threaten the privacy, integrity, or availability of information stored on its information systems. Security Incidents include, but are not limited to:

- Attempted or actual violations of LCBDD information system security policies, particularly those that compromise or threaten to compromise electronic protected health information or other non-public information maintained by the LCBDD.
- Attempts (either failed or successful) to gain unauthorized access to a system or its data
- Unauthorized use of a system for the processing or storage of data
- Changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent
- Infection by virus or other malicious software

Procedure & Procedure 14.1.2 HIPAA Electronic Security

- Failure of system hardware, firmware, or software

Workforce members shall report suspected security incidents upon detection to the Operations Director. The Operations Director shall keep the Superintendent informed of the status of the incident follow-up until the incident is resolved.

The Operations Director shall be responsible for assessing reports of unusual security events, evaluating their degree of threat, and initiating and coordinating the appropriate level of response.

The incident response process will provide an escalation mechanism, specifically:

- One** - Protect individually identifiable health information and non-public information maintained on its systems. Prevent exploitation of networks, workstations, systems, or sites storing individually identifiable health information or other confidential information. Inform affected users about penetrations that have already occurred.
- Two** - Protect other data, including managerial. Prevent exploitation of other systems, networks or sites and inform already affected systems, networks or sites about successful penetrations.
- Three** - Prevent damage to systems (e.g., loss or alteration of system files, damage to disk drives, etc.).
- Four** - Minimize disruption of computing resources (including processes). It is better in many cases, to shut a system down or disconnect from a network, than to risk damage to data or systems. The Operations Director shall work with each data and system owner to evaluate the trade-off between shutting down and disconnecting and staying active.

The LCBDD shall establish and maintain reasonable and appropriate methods for monitoring activity on its information systems. All modes of information about system use will be regularly monitored for signs of anomalous activity and any anomalous activity that appears to represent a breach of security or a disruption/degradation of system performance shall be thoroughly investigated to determine its origin, scope and methods.

All anomalous events requiring investigation shall be documented in accordance with the standard procedure for making Security Incident investigation reports.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

- Security Events such as minor violations of LCBDD Security Procedure are not to be reported as Security Incidents unless they are associated with substantial harm to LCBDD assets or are part of a repeated pattern of risk behavior.
- Ordinary infestations of malicious code (virus, Trojan Horses, worms, etc.) affecting only single computers are not reportable as Security Incidents. They are to be documented separately by appropriate staff.

Information Security Incidents will be handled in a manner that meets the following standards:

- Minimizes adverse consequences to the LCBDD's resources, employees, and customers.
- Prevents or discourages repetition of incidents.
- Meets reporting requirements specified in LCBDD security policies and procedures as well as applicable law.
- Assures that all perpetrators are reported to the proper authorities.
- Provides feedback to assist the Operations Director and management in identifying and correcting inadequacies in LCBDD security policies and procedures.

All Security Incident reports shall be retained for 6 years.

An annual calendar year report shall be produced by the Operations and distributed to the Superintendent.

F. Data Back-up Plan

To establish and implement procedures to create and maintain retrievable exact copies of electronic protected health information.

The LCBDD will assign an employee who will be responsible for coordinating the information systems backups. A plan will be developed describing what data will be backed up, how often, and where it will be stored. Logs will be kept that record when the data backups were

Procedure & Procedure 14.1.2 HIPAA Electronic Security

conducted, and this backup process will be tested periodically to ensure data can be recovered.

G. Disaster Recovery and Emergency Mode Operation

To establish, and implement as needed, procedures to assist in the restoration of any loss of data:

All personnel of the LCBDD must be familiar with the contents of this plan and follow its guidance, as appropriate, in a disaster. Familiarity with the plan and demonstrated competence in the requirements of the plan are an important part of every employee's responsibilities.

The LCBDD will follow the Disaster Recovery Plan procedures related to the following disaster classifications:

- Type I Disaster - minimal equipment failure
- Type II Disaster - computer room damaged must relocate within current building
- Type III Disaster - facility damaged must relocate to another building

H. Written Contracts and Other Agreements

The purpose of this procedure is to formalize reasonable and appropriate privacy and security assurances for instances where the LCBDD chooses to accomplish its business objectives through business associates or contractors whose work for the LCBDD necessarily entails the creation, use or disclosure of individually identifiable health information for which the LCBDD is responsible.

The LCBDD and its officers, employees and agents shall not disclose individually identifiable health information to any business associate in the absence of a written contract or agreement that assures that the Business Associate will:

- Use the information only for the purposes for which they were engaged by the LCBDD
- Take reasonable and appropriate measures to safeguard the information from misuse and ensure its availability; and,

Procedure & Procedure 14.1.2 HIPAA Electronic Security

- Help the LCBDD comply with the LCBDD's duties to provide individuals with access to health information about them and a history of certain disclosures are required to be made.
- Report to the LCBDD any security incident of which it becomes aware.
- Return to the LCBDD any PHI belonging to the LCBDD that is in its possession at the end of the agreement.

If the organization to which the LCBDD wishes to form a business associate relationship with is another governmental entity, the agreement may take the form of a memorandum of understanding that substantially meets the objectives of a business associate agreement

Any business associate agreement or similar memorandum of understanding entered by the LCBDD shall conform to the standards and specifications contained in 45 CFR § 164.308 (b), §164.314 and §164.504(e)(2).

The LCBDD shall disclose PHI to a business associate for the sole purpose of assisting the LCBDD in completing its healthcare functions and not for independent use by the business associate.

The contract between the LCBDD and its business associate shall be a document separate from any service agreement between the parties.

Upon receiving information about a business associate's possible violation of its written agreement with the LCBDD, the LCBDD may take reasonable steps with the business associate to cure the breach or to end the violation.

LCBDD agreements with Business associates must provide for the termination of the business associate agreement if a violation is discovered or if after a violation is discovered the associate fails to cure the breach or end the violation.

I. Workstation Use and Security

The LCBDD has established the following guidelines for workforce members that will ensure the proper use of workstations:

- Workstations are the property of the LCBDD and are intended for official LCBDD business purposes.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

- All users have the responsibility to use workstations, information system resources and services in an efficient, effective, ethical and lawful manner and to be aware of the ways their own use might have adverse impact on other users.
- Workforce members are expected to know and understand LCBDD security policies and exercise diligence in following them to properly protect the vast amount of individually identifiable health information that resides on its system

Prohibited Uses:

- Unauthorized acquisition, disclosure, modification or destruction of any computerized information or attempting to do so.
- Unauthorized modification of computer resources, including the computer, computer software and information. Modification includes any unauthorized changes, appending, replacement, and contamination of the resources or any act that would make the resource inaccurate, unsuitable or unavailable for its intended use.
- Any unauthorized attempt to obtain a LCBDD log-in ID or password that belongs to another user.
- Any use of the LCBDD owned computer resources in the commission or attempted commission of a misdemeanor or felony crime or aiding, abetting, soliciting or conspiring to commit a computer-related crime.
- Unauthorized use or access and/or attempted unauthorized use or access to LCBDD information systems including but not limited to, all computers and information stored therein.
- Unauthorized acquisition, disclosure, modification or destruction of any computerized information that supports LCBDD business or the attempt to do so.
- Installation of any software on LCBDD equipment that has not been specifically approved by The Operations Director.
- Playing “streaming” audio or video or downloading radio, audio (e.g., MP3), video or multimedia files unless directly related to LCBDD business.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

- Logging onto any system with any identification or password other than that assigned to the user.
- No user shall attempt to disable, defeat or circumvent any LCBDD supported security feature or assist anyone else in doing so.
- Users are expected to be vigilant in maintaining system security and shall notify the Operations Director of any security weakness or breach.
- Users must not break into or exceed authorized limits when accessing any computer network.
- Users shall follow all account authorization and log-on/log-off procedures.
- Users shall maintain local passwords in accordance with the LCBDD's procedure on passwords and follow password protection guidelines.
- The Operations Director shall deploy virus and spy ware protection software and all users shall follow current guidance on effective use procedures and optimal workstation settings for protection software
- Take all reasonable precautions to avoid the entry or distribution of any malicious software (virus, Trojan Horse, worm, etc.) which may cause damage or any component of the LCBDD's information systems.
- The connection of any wireless network device to any computer system that accesses the LCBDD's network, no matter where the computer is located (e.g., home, work, remote office, etc.), must first be approved by the Superintendent.
- All workforce members are expected to know and understand LCBDD security policies and procedures.

J. User Privacy Expectations and LCBDD Rights

System users are granted access to computer and information resources to assist them in performance of their jobs. Users do not have an absolute right to privacy in anything they create, send or receive on LCBDD systems.

The LCBDD desires to provide a reasonable degree of privacy to workforce members. At the same time, the LCBDD retains the right to monitor usage of all aspects of its telecommunications and computer systems including user e-mail, voice-mail, networks,

Procedure & Procedure 14.1.2 HIPAA Electronic Security

intranet and internet to ensure compliance with its policies and with relevant laws. This includes the right to perform manual or automated audits of system use and contents.

The email system is supported to facilitate business communications among and between participating authorized users and between workforce members and the LCBDD's providers and business associates. While a user may have an individual mailbox and password on the system, the system in its entirety belongs to the LCBDD. The content of all email on the system is the property of the LCBDD.

- The LCBDD reserves the right to review the contents of any user's email communications at any time, for any reason, without prior notification. Users should also be aware that workstation deletion of an email does not delete it from the email system.
- Electronic records generated on LCBDD systems, including email, may be public records. There is no reasonable expectation of privacy about the use of the LCBDD network and email system.
- Any public records request and any informal request for information by the public requiring access to computer records should be referred to the Superintendent.
- Workforce members have a strong obligation of confidentiality with respect to all individually identifiable health information that resides on the workstations and the associated networks. All workforce members are expected to know and understand LCBDD privacy policies and procedures.

K. Device and Media Controls

This procedure was developed to guide the receipt and removal of hardware and electronic media that hold electronic protected health information (ePHI). The policies on Device and Media Controls address the movement of these protected assets within as well as into and out of the agency. Device and media are the use of hard drives, storage systems, removable disks, floppy drives, CD ROMs, PCMCIA cards, memory sticks, USB storage devices, and all other forms of removable media and storage devices.

Accountability

- All electronic devices that have a data storage capability shall be inventoried with notations as to location, assigned user(s) and assignment dates. Inventories shall be retained for a minimum of six years

Procedure & Procedure 14.1.2 HIPAA Electronic Security

- The user who transfers protected health information to removable media or to a portable device is responsible for the protection of that data if it resides on the portable media or device or until it is transferred to another user. The obligation to protect includes, but is not limited to a) appropriate storage, b) physical security during transport and use away from LCBDD facilities and c) appropriate final disposition.
- The Operations Director shall develop a procedure to determine when an exact retrievable copy of ePHI is required prior to the movement of equipment storing such ePHI.

Device and Media Re-Use

- Prior to making storage devices and removable media available for reuse, the LCBDD shall ensure that the device or media does not contain ePHI.
- If the device or media contains the only copy of ePHI that is required or needed, a retrievable copy of the ePHI must be made prior to reuse.
- If the device or media contains ePHI that is not required or needed, and is not a unique copy, an authorized data destruction protocol must be used to destroy the data on the device or media prior to reuse. Removable media that is used for system backup and disaster recovery and is stored and transported in a secured environment is not subject to the data destruction requirement.
- The Operations Director will ensure that the previous label on such media that is to be overwritten is removed and destroyed.
- Equipment that has residual value may be sold in accordance with LCBDD procedure once it has been cleaned of ePHI.
- If the equipment has no residual value, cannot be reused, and ePHI has been stripped from it, then it should be recycled or disposed of in an environmentally safe manner. Computers and computer monitors contain enough heavy metals to be considered hazardous waste. No computers or monitors may be disposed of via the trash.

Procedure & Procedure 14.1.2 HIPAA Electronic Security

Data Backup and Storage

- Prior to disposing of any storage device or removable media, all ePHI shall be removed in accordance with approved data destruction protocols.
- If the device or media contains the only copy of ePHI that is required or needed, a retrievable copy of the ePHI must be made prior to disposal.
- If the device or media contains ePHI that is not required or needed, and is not a unique copy, a data destruction tool must be used to destroy the data on the device or media prior to disposal.
- Refer to the Data Backup Plan Procedure regarding the plan that the LCBDD is required to have in place for the backup of its data.

Disposal

- The LCBDD shall ensure that devices and media holding ePHI are properly disposed of when they are no longer needed by the current user and are ready to be transferred securely to a subsequent user, organization, or recycling company.
- Prior to destroying or disposing of any storage device or removable media, the user shall ensure that the device or media does not contain ePHI.
- If the device or media contains the only copy of ePHI that is required or needed, a retrievable copy of the ePHI shall be made prior to disposal.
- If the device or media contains ePHI that is not required or needed, and is not a unique copy, a data destruction tool must be used to destroy the data on the device or media prior to disposal.

L. Person or Entity Authentication

Authentication Mechanism

- Any person or entity seeking access to any network, system, or application that contains LCBDD ePHI must verify their identity.
- The LCBDD shall make reasonable efforts to verify the identity of the receiving person or entity prior to transmitting ePHI, such as: a unique user identification and

Procedure & Procedure 14.1.2 HIPAA Electronic Security

password combination, smart cards, or biometric input before being granted access to that resource.

Prohibition Against Misrepresentation

- No person or entity seeking access to any LCBDD network, system, or application shall misrepresent themselves by using another person or entity's identity.
- ***No person or entity (other than a network of system administrator) shall allow unauthorized persons or entities to use their authentication credentials such as User IDs and passwords, smart cards, or any other authentication information.***

M. Access Controls

The purpose of this procedure is to guard electronic protected health information (ePHI) from unauthorized access and ensure appropriate levels of access to ePHI based upon each staff person's organizational role.

- **Unique User Identification** - Each information system user shall be identified by a single name and/or number (User ID) assigned to them.
- **Emergency Access** - ePHI shall be protected and made available to authorized users in the event of an emergency.
- **Automatic Logoff** - All user sessions will automatically disconnect after 30 minutes of inactivity.

N. Audit Controls

The purpose of this procedure is to implement hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronic protected health information (ePHI).

Audit Control Mechanisms

- Every computer, communication device, program, or file that contains ePHI must utilize a mechanism to log and store security-related system activities. Auditing should be performed at an appropriate level as determined by the LCBDD's Risk Analysis. For example, some individual applications may provide auditing while

Procedure & Procedure 14.1.2 HIPAA Electronic Security

some may not (such as in the case of individual files or certain programs and databases) and will have to be audited at the operating system level.

- The audit log must include, at a minimum, the following information: User ID, Login Date/Time, and Service Accessed.
- Audit logs must be retained for two calendar years.

Audit Review Plan

- The covered entity must develop procedures to ensure that system audit logs are reviewed/monitored on a regular basis.

Audit Revision Plan

- If the ePHI inventory of the covered entity should change, the audit procedure must be revised accordingly to ensure compliance.

Adopted: 8-25-05; 3-16-06; 3-22-07; 3-27-08; 03/19/2009;

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.

Saul Bauer, Superintendent _____
Date

Reviewed Date	LCBDD Approved	Procedure Approved
11/26/2019	12/06/2018	12/06/2018

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

**LOGAN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

The Board approves all policies, and the Superintendent approves all procedures.

Major Unusual and Unusual Incidents

Reviewing Department	Original Board Approval Policy Date	Original Effective Policy Date	Next Review Date
Administration	12/06/18	01/01/19	December 2025

POLICY

The purpose of this policy is to establish requirements for addressing major unusual incidents and unusual incidents, and to implement a continuous quality improvement process in order to prevent or reduce the risk of harm to individuals. This policy shall apply to county boards, councils of government, developmental centers, and all providers that contract with county boards to provide specialized services and that are subject to regulation by the Ohio Department of Developmental Disabilities regardless of payment source. Information contained in this policy does not relieve any person of the responsibility to comply with section 5123.61 of the Ohio Revised Code, which requires the reporting of abuse, neglect, or other major unusual incidents.

- A. The county board shall enter into a participatory agreement with the WestCON-MUI for the provision of investigation services, reporting systems coordination services, and review of incidents to be completed in accordance with ORC 5126.221 and other applicable federal and state statutes, rules, and regulations, and WestCON-MUI and County Board policy.
 - 1. WestCON-MUI will employ investigative agents to perform investigative agent duties, and the investigative agents will be assigned no other responsibilities for any function of the County Board or an entity under contract with the Board, including administrative or direct provision of services and supports and shall be totally separate from service and support administration personnel and reporting systems coordination personnel.
 - a. Investigative agents shall be certified by the Ohio Department of Developmental Disabilities in accordance with ORC 5126.25 and other applicable federal and state statutes, rules, and regulations, including WESTCON – MUI and County Board policy.
 - 2. WestCON-MUI shall employ personnel to provide reporting systems coordination services to the County Board.
 - a. The County Board shall designate personnel to work in conjunction with

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

WestCON – MUI personnel to complete the required reporting, oversight, review and analysis functions of OAC 5123-17-02 and other applicable federal and state statutes, rules, and regulations, and WestCON-MUI and County Board policy.

3. Information relating to major unusual incident reports and unusual incident reports is considered to be confidential, and is not a matter of public record.
 - a. Any information contained within the reports or related to the reports shall not be shared or discussed with any unauthorized personnel or entity.
- B. The county board authorizes the superintendent to develop and implement written procedures consistent with this policy, and applicable rules, regulations, and/or statutes, and shall include all aspects, processes, appendices, and associated mandates in accordance with OAC 5123-17-02.
 1. On a review scheduled rotation or as needed per rule change, this policy and associated procedures shall be reviewed by the county board and revised as necessary to assure that systems and processes are in place to ensure the health and welfare of individuals.

DEFINITIONS

- A. **“Abuser Registry”** means the registry that was established by Ohio law to prohibit people from working with individuals if they have committed acts of abuse, neglect, misappropriation, failure to report and/or prohibited sexual relations which meet the criteria for placement on the Ohio Department of Developmental Disabilities Abuser Registry.
- B. **“Agency Provider”** means a provider certified or licensed by the Ohio Department of Developmental Disabilities (DODD) that employs staff to deliver services to individuals and who may subcontract the delivery of services.
“Agency provider” also includes a county board while providing specialized services.
- C. **“At-Risk Individual”** means an individual whose health and/or welfare is adversely affected or whose health and/or welfare may reasonably be considered to be in danger of being adversely affected.
- D. **“Common law employee”** has the same meaning as in OAC 5123:2-9-32.

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

- E. **“County Board”** means a county board of developmental disabilities as established under Chapter 5126 of the ORC and/or a regional council of governments as established under Chapter 167 of the ORC when it includes at least one county board.
- F. **“Department”** means the Ohio Department of Developmental Disabilities and referred to as **“DODD”** in this procedure.
- G. **“Developmental Center”** means an intermediate care facility for individuals with intellectual disabilities under the managing responsibility of the DODD.
- H. **“Developmental Disabilities Employee”** means any of the following:
 - 1. An employee of DODD;
 - 2. A superintendent, board member or employee of a county board;
 - 3. An administrator, board member, or employee of residential facility licensed under ORC5123.19;
 - 4. An administrator, board member, or employee of any other public or private provider of services to an individual with a developmental disability; or
 - 5. An independent provider.
- I. **“Incident Report”** means documentation that contains details about a major unusual incident or an unusual incident, and shall include, but is not limited to:
 - 1. Individual’s name;
 - 2. Individual’s address;
 - 3. Date of incident;
 - 4. Time of incident; **(note-not in actual rule but required by DODD)**
 - 5. Location of incident;
 - 6. Description of incident;
 - 7. Type and location of injuries;
 - 8. Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals;
 - 9. Name(s) of Primary Person(s) Involved (PPI) and his/her relationship to the individual;
 - 10. Name(s) of witness(es);
 - 11. Name of agency/independent provider who was providing services at the time of the incident; **(not in rule but would recommend as a best practice)**
 - 12. Statement(s) completed by person(s) who witnessed or have personal knowledge of the incident;
 - 13. Notifications with name, title, and time and date of notice;
 - 14. Further medical follow up;

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

15. Name, signature, and title of person completing the incident report; **(title not required by rule but would recommend as a best practice)**
 16. Cause and contributing factors; **(not required to be on incident report FORM by rule but would recommend as best practice)**
 17. Follow up information; and **(not required to be on incident report FORM by rule but would recommend as best practice)**
 18. Prevention Plan. **(not required to be on incident report FORM by rule but would recommend as best practice)**
- J. **“Ohio Incident Tracking and Monitoring System (Ohio ITMS)”** means DODD’s web-based system for reporting major unusual incidents.
- K. **“Independent Provider”** means a self-employed person who provides services for which he/she must be certified in accordance with rules promulgated by DODD and does not employ, either directly or through contract, anyone else to provide the services.
- L. **“Individual”** means a person with a developmental disability.
- M. **“Individual Served”** means an individual who receives specialized services.
- N. **“Intermediate Care Facility for Individuals with Intellectual Disabilities (ICFID)”** has the same meaning as in ORC 5124.01.
- O. **“Investigative Agent”** means an employee of a county board or a person under contract with a county board who is certified by DODD to conduct administrative investigations of major unusual incidents.
- P. **“West Central Ohio Network (WESTCON)”** means a regional council of governments as established under ORC 167 that is under contract to provide services to the county board and functions as a part of the county board when providing said services.
- Q. **“Major Unusual Incident (MUI)”** means the alleged, suspected, or actual occurrence of an incident described in OAC 5123-17-02 paragraph (C) (16) (a), (C) (16) (b), or (C) (16) (c) when there is reason to believe the incident has occurred. There are three categories of major unusual incidents:
1. **Category A**
 - a. **“Accidental or Suspicious Death”** means the death of an individual

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

resulting from an accident or suspicious circumstances.

- b. **“Exploitation”** means the unlawful or improper act of using an individual or an individual’s resources for monetary or personal benefit, profit, and/or gain.
- c. **“Failure to Report”** means that a person, who is required to report pursuant to ORC 5123.61, has reason to believe that an individual has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse, neglect, misappropriation, or exploitation that results in a risk to health and welfare of that individual, and such person does not immediately report such information to a law enforcement agency, a county board, or, in the case of an individual living in a developmental center, either to law enforcement or DODD. Pursuant to ORC 5123.61 (C) (1), such report shall be made to DODD and the county board when the incident involves an act or omission of an employee of a county board. Further information is contained in Section XIX of this procedure.
- d. **“Misappropriation”** means depriving, defrauding, or otherwise obtaining the real or personal property of an individual by any means prohibited by the ORC, including ORC Chapters 2911 and 2913.
- e. **“Neglect”** means when there is a duty to do so, failing to provide an individual with medical care, personal care, or other support that consequently results in serious injury or places an individual or another person at risk of serious injury. Serious injury means an injury that results in treatment by a physician, physician assistant or nurse practitioner.
- f. **“Physical Abuse”** means the use of physical force that can reasonably be expected to result in physical harm to an individual. Such force may include, but is not limited to, hitting, slapping, pushing, or throwing objects at an individual.
- g. **“Prohibited Sexual Relations”** means a developmental disabilities employee engaging in consensual sexual conduct or having consensual sexual contact with an individual who is not the employee’s spouse, and for whom the developmental disabilities employee was employed or under contract to provide care or supervise the provision of care at the time of the incident.
- h. **“Rights Code Violation”** means any violation of the rights enumerated in ORC 5123.62 that creates a likely risk of harm to the health and/or welfare of an individual.
- i. **“Sexual Abuse”** means unlawful sexual conduct or sexual contact as those terms are defined in ORC 2907.01 and the commission of any act prohibited by ORC 2907 (e.g. public indecency, importuning, and voyeurism) when the sexual conduct, sexual contact, or act involves an individual.
- j. **“Verbal Abuse”** means the use of words, gestures or other communicative methods to purposefully threaten, coerce, intimidate, harass, and/or humiliate an individual.

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

2. Category B

- a. **“Attempted Suicide”** means a physical attempt by an individual that results in emergency room treatment, in-patient observation, or hospital admission.
- b. **“Death Other Than Accidental or Suspicious Death”** means the death of an individual by natural cause without suspicious circumstances.
- c. **“Medical Emergency”** means an incident where emergency medical intervention is required to save an individual’s life (e.g. choking relief techniques such as back blows, abdominal thrusts, cardiopulmonary resuscitation, use of an automated external defibrillator or epinephrine auto injector).
- d. **“Missing Individual”** means an incident that is not considered neglect and an individual’s whereabouts, after immediate measures taken, are unknown and the individual is believed to be at risk or pose an imminent risk of harm to self or others. An incident when an individual’s whereabouts are unknown for longer than the period of time specified in the individual service plan that does not result in an imminent risk of harm to self or others shall be investigated as an unusual incident.
- e. **“Peer-to-Peer Act”** means one of the following incidents involving two or more individuals:
 - i. **“Peer-to-Peer Exploitation”** means the unlawful or improper act of using another individual or another individual’s resources for monetary or person benefit, profit, or gain;
 - ii. **“Peer-to-Peer Theft”** means intentionally depriving another individual or real or personal property valued at twenty dollars (\$20) or more, or property of significant personal value to the individual;
 - iii. **“Peer-to-Peer Physical Act”** means a physical altercation that:
 - a. Results in examination or treatment by a physician, physician assistant, or nurse practitioner; or
 - b. Involves strangulation, a bloody nose, a bloody lip, a black eye, a concussion, or biting which causes breaking of the skin; or
 - c. Results in an individual being arrested, incarcerated, or the subject of criminal charges.
 - iv. **“Peer-to-Peer Sexual Act”** means sexual conduct and/or contact for the purposes of sexual gratification without the consent of the other individual;
 - v. **“Peer-to-Peer Verbal Act”** means the use of words, gestures, or other communicative methods to purposefully threaten, coerce, or intimidate the other individual when there is the opportunity and ability to carry out the threat.
- f. **“Significant Injury”** means an injury to an individual of known or unknown cause that is not considered abuse or neglect, and that results in concussion,

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

broken bone, dislocation, second or third-degree burns, or that requires immobilization, casting or five or more sutures. Significant injuries shall be designated in the ITS as either “known” or “unknown” cause.

3. Category C

- a. **“Law Enforcement”** means any incident that results in the individual served being tased, arrested, charged or incarcerated.
- b. **“Unanticipated Hospitalization”** means any hospital admission or hospital stay over twenty-four hours that is not pre-scheduled or planned. A hospital admission associated with a planned treatment or pre-existing condition that is specified in the individual service plan indicating the specific symptoms and criteria that require hospitalization need not be reported.
- c. **“Unapproved Behavioral Support”** means the use of prohibited measure as defined in OAC 5123:2-2-06 or use of a restrictive measure implemented without approval of the human rights committee or without informed consent of the individual or the individual’s guardian in accordance with OAC 5123:2-2-06 when use of the prohibited measure or restrictive measure results in risk to the individual’s health or welfare.

When use of the prohibited measure or restrictive measure does not result in risk to the individual’s health or welfare, the incident shall be investigated as an unusual incident.

- R. **“Ohio Administrative Code (OAC)”** means rules passed by the various State of Ohio administrative agencies.
- S. **“Ohio Department of Developmental Disabilities (DODD)”** means the entity within the State of Ohio that is responsible for oversight of the statewide system of supportive services for individuals that focus on assuring health and safety, supporting access to community participation, and increasing opportunities for meaningful employment.
- T. **“Ohio Department of Medicaid Services (ODM)”** means the entity within the State of Ohio that is responsible for administering the Medicaid Program.
- U. **“Ohio Revised Code (ORC)”** means statutes/laws passed by the legislature of the State of Ohio.
- V. **“Physical Harm”** means any injury, illness, or other physiological impairment, regardless of its gravity or duration.
- W. **“Primary Person Involved (PPI)”** means the person alleged to have committed, or to have been responsible for, the accidental or suspicious death, exploitation, failure to report, misappropriation, neglect, physical abuse, prohibited sexual relations, rights code violation, sexual abuse, and/or verbal abuse.

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

- X. **“Program Implementation Incident”** means an unusual incident involving failure to carry out a person-centered plan when such failure causes minimal risk or no risk. Examples include, but are not limited to, failing to provide supervision for short periods of time, automobile accidents without harm, and self-reported incidents with minimal risk.
- Y. **“Provider”** means an agency provider or independent provider.
- AA. **“Qualified Intellectual Disability Professional (QIDP)”** has the same meaning as in 42 CFR 483.430 as in effect on the effective date of OAC 5123-17-02.
- BB. **“Specialized Services”** means any program or service designed and operated to serve primarily individuals, including a program or service provided by an entity licensed or certified by the DODD.
- CC. **“Systems Issue”** means a substantiated major unusual incident attributed to multiple variables.
- DD. **“Team”** means, as applicable:
1. The group of persons chosen by an individual with the core responsibility to support the individuals in directing development of his or her individual service plan. The team includes the individual’s guardian or adult whom the individual has identified, as applicable, the service and support administrator, direct support staff, providers, licensed or certified professionals, and any other persons chosen by the individual to help the individual consider possibilities and make decisions; or
 2. An interdisciplinary team as that term is used in 42 CFR 483.440 as in effect on the effective date of OAC 5123-17-02.
- EE. **“Unusual Incident (UI)”** means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual’s care or individual service plan, but is not a major unusual incident (MUI). Unusual incident includes, but is not limited to:
1. Dental injuries;
 2. Falls;
 3. An injury that is not a significant injury;
 4. Medication errors without a likely risk to health and/or welfare;
 5. Overnight relocation of an individual due to a fire, natural disaster, or mechanical failure;
 6. An incident involving two individuals served that is not a peer-to-peer act major unusual incident;
 7. Rights code violations or unapproved behavioral support without a likely risk to health and/or welfare;
 8. Emergency room or urgent care treatment center visits; and
 9. Program implementation incidents.

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

- FF. **“Working Day”** means Monday, Tuesday, Wednesday, Thursday, or Friday, except when that day is a holiday as defined in ORC 1.14.

PROCEDURE

REPORTING REQUIREMENTS FOR MAJOR UNUSUAL INCIDENTS

- A. Reports regarding all major unusual incidents involving an individual who resides in an intermediate care facility or who receives round-the-clock waiver services shall be filed and the requirements of this procedure followed regardless of where the incident occurred.
- B. Reports regarding the following major unusual incidents shall be filed and the requirements of this procedure followed regardless of where the incident occurred:
1. Accidental or suspicious death;
 2. Attempted suicide;
 3. Death other than accidental or suspicious death;
 4. Exploitation;
 5. Failure to report;
 6. Law enforcement;
 7. Misappropriation;
 8. Missing individual;
 9. Neglect;
 10. Peer-to-peer act;
 11. Physical abuse;
 12. Prohibited sexual relations;
 13. Sexual abuse; and
 14. Verbal abuse.
- C. Reports regarding the following major unusual incidents shall be filed and the requirements of this procedure followed only when the incident occurs in a program operated by a county board or when the individual is being served by a licensed or certified provider:
1. Medical emergency;
 2. Rights code violation;
 3. Significant injury;
 4. Unanticipated hospitalization; and

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

5. Unapproved behavioral support.
- D. Immediately upon identification or notification of a major unusual incident, the provider shall take all reasonable measures to ensure the health and welfare of at-risk individuals. The provider and county board shall discuss any disagreements regarding reasonable measures in order to resolve the issues. If the county board and provider are unable to agree on reasonable measures to ensure the health and welfare of at-risk individuals, DODD shall make the determination. Such measures shall include:
1. Immediate and ongoing medical attention, as appropriate;
 2. Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in physical abuse or sexual abuse until such time as the provider has reasonably determined that such removal is no longer necessary; and
 3. Other necessary measures to protect the health and welfare of at-risk individuals.
- E. Immediately upon receipt of a report or notification of an allegation, the county board shall:
1. Ensure that all reasonable measures necessary to protect the health and welfare of at-risk individuals have been taken;
 2. Determine if additional measures are needed; and
 3. Notify DODD if circumstances in section IX (A) of this procedure that requires a DODD-directed administrative investigation are present. Such notification shall take place on the first working day the county board becomes aware of the incident.
- F. The provider shall immediately, but no later than four hours after the discovery of the incident, notify the county board through means identified by the county board of the following incidents or allegations (please refer to Appendix D of this procedure)
1. Accidental or suspicious death;
 2. Exploitation;
 3. Misappropriation;
 4. Neglect;
 5. Peer-to-peer act;
 6. Physical abuse;
 7. Prohibited sexual relations;
 8. Sexual abuse;
 9. Verbal abuse; and

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

10. When the provider has received an inquiry from the media regarding a major unusual incident.
 - G. For all major unusual incidents, all providers shall submit a written incident report to the county board contact or designee no later than three p.m. (3:00 p.m.) on the first working day following the day the provider becomes aware of a potential or determined major unusual incident. The report shall be submitted in a format prescribed by DODD.
 - H. WESTCON shall enter preliminary information regarding the incident into Ohio ITMS, and in the manner prescribed by DODD by five p.m. (5:00 p.m.) on the first working day following the day the county board receives notification from the provider or otherwise becomes aware of the major unusual incident.
 - I. When a provider has placed an employee on leave or otherwise taken protective action pending the outcome of the administrative investigation, the county board or DODD, as applicable, shall keep the provider apprised of the status of the administrative investigation, so that the provider can resume normal operations as soon as possible consistent with the health and welfare of at-risk individuals. The provider shall notify the county board or DODD, as applicable, of any changes regarding the protective action.
 - J. If the provider is a developmental center, all reports required by this procedure shall be made directly to DODD.
 - K. The county board shall have a system that is available twenty-four (24) hours a day, seven (7) days per week, to receive and respond to all reports required by this procedure. The county board shall communicate this system in writing to all individuals receiving services in the county, or their guardians as applicable, providers in the county and to the department.

REPORTING OF ALLEGED CRIMINAL ACTS

- A. The provider shall immediately report to the law enforcement entity having jurisdiction of the location where the incident occurred, any allegation of a criminal act. The provider shall document the time, date, and name of the person notified of the alleged criminal act. The county board shall ensure that the notification has been made.
- B. DODD shall immediately report to the Ohio State Highway Patrol any allegation of a criminal act occurring at a developmental center. DODD shall document the time, date,

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

and name of the person notified of the alleged criminal act.

ABUSED OR NEGLECTED CHILDREN

- A. All allegations of abuse or neglect as defined in ORC 2151.03 and 2151.031 of an individual under the age of twenty-one (21) years shall be immediately reported to the local public children's services agency. The notification may be made by the provider or the county board. The county board shall ensure that the notification has been made.

NOTIFICATION REQUIREMENTS FOR MAJOR UNUSUAL INCIDENTS

- A. The provider shall make the following notifications, as applicable, when the major unusual incident or discovery of the major unusual incident occurs when such provider has responsibility for the individual. The notification shall be made on the same day the major unusual incident or discovery of the major unusual incident occurs and include immediate actions taken:
1. Guardian or another person whom the individual has identified;
 2. Service and Support Administrator serving the individual;
 3. Other providers of services as necessary to ensure continuity of care and support for the individual;
 4. Staff or family living at the individual's residence who have responsibility for the individual's care.
- B. All notifications or efforts to notify shall be documented. The county board shall ensure that all required notifications have been made.
- C. Notification shall not be made:
1. If the person to be notified is the primary person involved, the spouse of the primary person involved, or the significant other of the primary person involved; or
 2. When such notification could jeopardize the health and welfare of an individual involved.
- D. Notification to a person is not required when the report comes from such person, or in the case of a death, when the family is already aware of the death.

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

- E. In any case where law enforcement has been notified of an alleged crime, DODD may provide notification of the incident to any other provider, developmental center, or county board for whom the primary person involved works, for the purpose of ensuring the health and welfare of any at-risk individual. The notified provider or county board shall take such steps necessary to address the health and welfare needs of any at-risk individual and may consult DODD in this regard. DODD shall inform any notified entity as to whether the incident is substantiated. Providers, developmental centers, or county boards employing a primary person involved shall notify DODD when they are aware that the primary person involved works for another provider.

GENERAL INVESTIGATION REQUIREMENTS

- A. All major unusual incidents require an administrative investigation meeting the applicable administrative investigation procedure in appendix A, appendix B, or appendix C to this rule unless it is not possible or relevant to the administrative investigation to meet a requirement under this rule, in which case the reason shall be documented. Administrative investigations shall be conducted and reviewed by investigative agents.
- B. The department or county board may elect to follow the administrative investigation procedure for category A major unusual incidents for any major unusual incident.
- C. Based on the facts discovered during administrative investigation of the major unusual incident, the category may change or additional categories may be added to the record. If a major unusual incident changes category, the reason for the change shall be documented and the new applicable category administrative investigation procedure shall be followed to investigate the major unusual incident.
- D. Each county board shall employ at least one investigative agent or contract with a person or governmental entity for the services of an investigative agent. An investigative agent shall be certified by DODD in accordance with OAC 5123:2-5-07. Employees of DODD who are designated investigators are considered certified investigative agents for the purpose of this procedure.
 - 1. The county board has entered into a contract with WESTCON for provision of investigative agent services.
- E. County board staff may assist the investigative agent by gathering documents, entering information into Ohio ITMS, fulfilling Category C administrative investigation requirements, or performing other administrative or clerical duties that are not specific to the investigative agent role.

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

- F. Except when law enforcement or the public children's services agency is conducting the investigation, the investigative agent shall conduct all interviews for major unusual incidents, unless the investigative agent determines the need for assistance with interviewing an individual. For a major unusual incident occurring at an intermediate care facility for individuals with intellectual disabilities, the investigative agent may utilize interviews conducted by the intermediate care facility for individuals with intellectual disabilities or conduct his/her own interviews. If the investigative agent determines the information is reliable, the investigative agent may utilize other information received from law enforcement, the public children's services agency, or providers in order to meet the requirements of this procedure.

- G. Except when law enforcement or the public children's service agency is conducting an investigation, the investigative agent shall endeavor to reach a preliminary finding regarding allegations of physical abuse or sexual abuse and notify the individual or individual's guardian and provider of the preliminary finding within fourteen working days. When it is not possible for the investigative agent to reach a preliminary finding within fourteen working days, he or she shall instead notify the individual or individual's guardian and provider of the status of the investigation.

- H. Major unusual incidents that involve an active criminal investigation may be closed as soon as the county board ensures that the major unusual incident is properly coded, the history of the primary person involved has been reviewed, cause and contributing factors are determined, a finding is made, and prevention measures implemented. Information needed for closure of the major unusual incident may be obtained from the criminal investigation.

- I. An intermediate care facility for individuals with intellectual disabilities shall conduct an investigation that complies with applicable federal regulations, including CFR 483.420 as in effect on the effective date of OAC 5123-17-02, for any unusual incident or major unusual incident involving a resident of the facility, regardless of where the unusual incident or major unusual incident occurs. The intermediate care facility for individuals with intellectual disabilities shall provide a copy of its full report of an investigation of a major unusual incident to the county board/WESTCON. The investigative agent may utilize information from the investigation conducted by the intermediate care facility for individuals with intellectual disabilities to meet the requirements of this procedure or conduct a separate investigation. The county board/WESTCON shall provide a copy of its full report of the investigation to the intermediate care facility for individuals with intellectual disabilities. DODD shall resolve any conflicts that arise.

- J. When an agency provider, excluding an intermediate care facility for individuals with

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

intellectual disabilities, conducts an internal review of an incident for which a major unusual incident has been filed, the agency provider shall submit the results of its internal review of the incident, including statements and documents, to the county board/WESTCON within fourteen (14) calendar days of the agency becoming aware of the incident.

- K. All developmental disabilities employees shall cooperate with investigations conducted by entities authorized to conduct investigations. Providers and county boards shall respond to requests for information within the time frame requested. The time frames identified shall be reasonable.
- L. The investigative agent shall complete a report of the investigation and submit it for closure in Ohio ITMS within thirty (30) working days unless the county board (WESTCON) requests and DODD grants an extension for good cause. If an extension is granted, DODD may require submission of interim reports, and may identify alternative actions to assist with the timely conclusion of the report.
- M. The report shall follow the format prescribed by DODD. The investigative agent shall include the initial allegation, a list of persons interviewed, and documents reviewed, a summary of each interview and document reviewed, and a findings and conclusions section which shall include the cause and contributing factors to the incident and the facts that support the findings and conclusions.
- N. All notifications of the conclusion of the investigation and closure of the MUI shall be sent to the required parties by WESTCON. This will also include summary letters to each required party at the conclusion of the investigation.

DEPARTMENT-DIRECTED INVESTIGATIONS OF MAJOR UNUSUAL INCIDENTS

- A. DODD shall conduct the investigation when the major unusual incident includes an allegation against:
 - 1. The superintendent of a county board or developmental center;
 - 2. The executive director or equivalent of a regional council of governments;
 - 3. A management employee who reports directly to the superintendent of the county board, the superintendent of a developmental center, or executive director or equivalent of a regional council of governments;
 - 4. An investigative agent;
 - 5. A service and support administrator;
 - 6. A major unusual incident contact or designee employed by a county board;
 - 7. A current member of a county board;

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

8. A person having any known relationship with any of the persons specified in (A) (1) to (A) (7) of this procedure when such relationship may present a conflict of interest or the appearance of a conflict of interest; or
 9. An employee of a county board when it is alleged that the employee is responsible for an individual's death, has committed sexual abuse, engage in prohibited sexual activity, or committed physical abuse or neglect resulting in emergency room treatment or hospitalization.
- B. A DODD-directed investigations or investigation reviews may be conducted following the receipt of a request from a county board, developmental center, provider, individual, or guardian if DODD determines there is a reasonable basis for the request.
- C. DODD may conduct a review or investigation of any major unusual incident or may request that a review or investigation be conducted by another county board, a regional council of governments, or any other governmental entity authorized to conduct an investigation.

WRITTEN SUMMARIES OF MAJOR UNUSUAL INCIDENTS

- A. No later than five (5) working days following the recommendation for closure via Ohio ITMS by the county board, developmental center, or DODD, the county board, developmental center, or department shall provide a written summary of the administrative investigation of each Category A or Category B major unusual incident, including the allegations, the facts and findings, including as applicable whether the case was substantiated or unsubstantiated, and preventive measures implemented in response to the major unusual incident to:
1. The individual, individual's guardian, or other person whom the individual has identified, as applicable;
 - a. In the case of a peer-to-peer act, both individuals, individuals' guardians, or, applicable, other persons whom the individuals have identified, shall receive the written summary;
 2. The licensed or certified provider and provider at the time of the major unusual incident; and
 3. The individual's service and support administrator and support broker, as applicable.
- B. In the case of an individual's death, the written summary shall be provided to the

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

individual's family only upon request by the individual's family.

- C. The written summary shall not be provided to the primary person involved, the spouse of the primary person involved, or the significant other of the primary person involved.
- D. When the primary person involved is a developmental disabilities employee or a guardian, the county board shall, no later than five working days following the recommended closure of a case, make a reasonable attempt to provide written notice to the primary person involved as to whether the major unusual incident has been substantiated, unsubstantiated due to insufficient evidence, or unsubstantiated as the case was unfounded.
- E. If a service and support administrator is not assigned, a county board designee shall be responsible for ensuring the preventive measures are implemented based upon the written summary.
- F. An individual, individual's guardian, other person whom the individual has identified, or provider may dispute the findings by submitting a letter of dispute and supporting documentation to the county board superintendent or to the director of DODD if the department conducted the administrative investigation within fifteen (15) calendar days following receipt of the findings. An individual may receive assistance from any person selected by the individual to prepare a letter of dispute and provide supporting documentation.
- G. The county board superintendent or designee, or the director or designee, as applicable, shall consider the letter of dispute, the supporting documentation, and any other relevant information, and issue a determination within thirty (30) calendar days of such submission, and take action consistent with such determination, including confirming or modifying the findings or directing that more information be gathered and the findings be reconsidered.
- H. In cases where the letter of dispute has been filed with the county board, the disputant may dispute the final findings made by the county board by filing those findings and any documentation contesting such findings as are disputed with the director of DODD within fifteen (15) calendar days of the county board determination. The director shall issue a decision within thirty (30) calendar days.

REVIEW, PREVENTION, AND CLOSURE OF MAJOR UNUSUAL INCIDENTS

- A. County boards and agency providers shall implement a written procedure for the

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

internal review of all major unusual incidents and shall be responsible for taking all reasonable steps necessary to prevent the recurrence of major unusual incidents.

1. The written procedure shall require senior management of the agency provider to be informed within two working days following the day staff become aware of a potential or determined major unusual incident involving misappropriation, neglect, physical abuse, or sexual abuse.
- B. Members of an individual's team shall ensure that risks associated with major unusual incidents are addressed in the individual plan or individual service plan of each individual affected and collaborate on the development of preventive measures to address the causes and contributing factors to the major unusual incident.
1. The team members shall jointly determine what constitutes reasonable steps necessary to prevent the recurrence of major unusual incidents. If there is no service and support administrator, team, qualified intellectual disability professional, or agency provider involved with the individual, a county board designee shall ensure that reasonably possible preventive measures are fully implemented.
- C. DODD may review reports submitted by a county board or developmental center. DODD may obtain additional information necessary to consider the report, including copies of all administrative investigation reports that have been prepared. Such additional information shall be provided within the time period specified by DODD.
- D. DODD shall review and close reports regarding the following major unusual incidents:
1. Accidental or suspicious death;
 2. Death other than accidental or suspicious death'
 3. Exploitation;
 4. Medical emergency;
 5. Misappropriation;
 6. Neglect;
 7. Peer-to-peer act;
 8. Physical abuse;
 9. Prohibited sexual relations;
 10. Sexual abuse;
 11. Significant injury when cause is unknown;
 12. Verbal abuse;
 13. Any major unusual incident that is the subject of a director's alert; and

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

14. Any major unusual incident investigated by the department.
- E. The county board shall review and close reports regarding the following major unusual incidents:
1. Attempted suicide;
 2. Failure to report;
 3. Law enforcement;
 4. Missing individual;
 5. Rights code violation
 6. Significant injury when cause is known;
 7. Unanticipated hospitalization; and
 8. Unapproved behavioral support
- F. DODD may review any case to ensure it has been properly closed and shall conduct sample reviews to ensure proper closure by the county board. DODD may reopen any investigation that does not meet the requirements of OAC 5123-17-02. The county board shall provide any information deemed necessary by DODD to close the case.
- G. DODD, the county board, and WESTCON shall consider the following criteria when determining if a case should be closed:
1. Whether sufficient reasonable measures have been taken to ensure the health and welfare of any at-risk individual;
 2. Whether a thorough investigation has been conducted consistent with the standards set forth in OAC 5123-17-02;
 3. Whether the team, including the county board and provider, collaborated on developing preventive measures to address the causes and contributing factors;
 4. Whether the county board has ensured that preventive measures have been implemented to prevent recurrence;
 5. Whether the incident is part of a pattern or trend as flagged through the Incident Tracking System requiring some additional action; and
 6. Whether all requirements set forth in statute or rule have been satisfied.

ANALYSIS OF MAJOR UNUSUAL INCIDENT TRENDS AND PATTERNS

- A. By January thirty-first of each year, a provider shall conduct an in-depth review and analysis of trends and patterns of major unusual incidents occurring during the preceding calendar year, and compile an annual report which contains:

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

1. Date of review;
 2. Name of person(s) completing review;
 3. Time period of review;
 4. Comparison of data for previous three (3) years;
 5. Explanation of data;
 6. Data or review by major unusual incident category type;
 7. Specific individual involved in established trends and patterns (i.e. five (5) major unusual incidents of any kind within six months, ten (10) major unusual incidents of any kind within a year, or other pattern identified by the individual's team);
 8. Specific trends by residence, region, or program;
 9. Previously identified trends and patterns; and
 10. Action plans and preventive measures to address noted trends and patterns.
- B. A provider other than a county board shall send the annual report to the county board for all programs operated in the county by February twenty-eighth of each year.
1. The county board shall review the annual report to ensure that all issues have been reasonably addressed to prevent recurrence of major unusual incidents.
 - a. The county board shall keep the annual report on file and make it available to DODD upon request.
- C. If the county board provides specialized services, the county board, in conjunction with WESTCON, shall conduct the analysis according to paragraph (A) for all programs operated by the county board. The county board shall send its analysis and follow-up actions to DODD by February twenty-eighth of each year for the annual review.
1. DODD shall review the analysis to ensure that all issues have been reasonably addressed to prevent recurrence.
- D. The county board, in conjunction with WESTCON, shall have a stakeholder committee that reviews trend and patterns of major unusual incidents. The stakeholder committee shall be made up of a reasonable representation of the county board, providers, individuals who receive services and their families, WESTCON, and other stakeholders deemed appropriate by the stakeholder committee.
1. The role of the stakeholder committee shall be to review and share the county or

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

- WESTCON aggregate data prepared by the county board or WESTCON to identify overall/aggregate trends, patterns, or areas for improving the quality of life for individuals served in the county;
2. The stakeholder committee shall meet to review and analyze the aggregate data for the preceding calendar year prior to March 31st of each year;
 3. The county board, in conjunction with WESTCON, shall send the aggregate data prepared for the meeting to all participants at least ten calendar days in advance of the meeting;
 4. The county board, in conjunction with WESTCON, shall record and maintain minutes of each meeting, distribute the minutes to stakeholder committee members, and make the minutes available to any person upon request; and
 5. The county board shall ensure follow-up actions identified by the stakeholder committee have been implemented.
- E. DODD shall prepare a report on trends and patterns identified through the process of reviewing major unusual incidents. DODD will periodically, but at least semi-annually, review this report with a committee appointed by the Director of DODD which shall consist of at least six (6) members who represent various stakeholder groups, including Disability Rights Ohio and the Ohio Department of Medicaid. The committee shall make recommendations to DODD regarding whether or not appropriate actions have been taken to ensure the health and welfare of individuals served. The committee may request that DODD obtain additional information as may be necessary to make recommendations.

REQUIREMENTS FOR UNUSUAL INCIDENTS

- A. Unusual incidents shall be reported and investigated by the provider.
- B. Each agency provider and county board as provider shall develop and implement a written unusual incident policy and procedure that:
 1. Identifies what is to be reported as an unusual incident which shall include unusual incidents as defined in OAC 5123-17-02;
 2. Requires an employee who becomes aware of an unusual incident to report it to the person designated by the agency provider or the county board as provider who can initiate the proper action;
 3. Requires the report to be made no later than twenty-four (24) hours after the occurrence of the unusual incident; and
 4. Requires the agency provider or the county board as provider to investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals.

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

- C. The county board shall ensure that all county board staff are trained and knowledgeable regarding the county board unusual incident policy and procedure, and agency providers shall ensure that all staff are trained and knowledgeable regarding agency provider unusual incident policy and procedure.
- D. The provider providing services when an unusual incident occurs shall notify other providers of services as necessary to ensure continuity of care and support for the individual.
- E. Independent providers shall complete an incident report, notify the individual's guardian or other person whom the individual has identified, as applicable, and forward the incident report to the service and support administrator or county board designee on the first working day following the day the unusual incident is discovered.
- F. Each agency provider, county board as provider, and independent provider shall review all unusual incidents as necessary, but no less than monthly, to ensure appropriate preventive measures have been implemented, and trends and patterns identified, and addressed, as appropriate.
- G. The unusual incident reports, documentation of identified trends and patterns, and corrective action shall be made available to the county board and DODD upon request.
- H. The county board as provider, each agency provider and independent provider shall maintain a log of all unusual incidents as defined in paragraph III DD of this procedure. The log shall include, but is not limited to, the name of the individual, a brief description of the unusual incident, any injuries, time, date, and location of the incident, cause and contributing factors, and preventive measures.
- I. The agency provider, county board as provider, and county board shall ensure that trends and patterns of unusual incidents are included and addressed in the individual plan or individual service plan of each individual affected.
- J. A provider shall, upon request by DODD or a county board, provide any and all information and documentation regarding an unusual incident and investigation of the unusual incident.

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

OVERSIGHT

- A. The county board, in conjunction with WESTCON, shall review, on at least a quarterly basis, a representative sample of provider logs, including logs where the county board is a provider, to ensure that major unusual incidents have been reported, preventive measures have been implemented, and that trends and patterns have been identified and addressed in accordance with OAC 5123-17-02. The sample shall be made available to DODD upon request.

- B. When the county board is a provider, DODD shall review, on a monthly basis, a representative sample of county board logs to ensure that major unusual incidents have been reported, preventive measures have been implemented, and that trends and patterns have been identified and addressed in accordance with OAC 5123- 17-02. The county board shall submit the specified logs to DODD upon request.

- C. DODD shall conduct reviews of county boards and providers as necessary to ensure the health and welfare of individuals and compliance with OAC 5123-17-02. Failure to comply with OAC 5123-17-02 may be considered by DODD in any regulatory capacity, including certification, licensure, and accreditation.

- D. DODD shall review and take any action appropriate when a complaint is received regarding how an administrative investigation is conducted.

ACCESS TO RECORDS

- A. Reports made under ORC 5123.61 and OAC 5123-17-02 are not public records as defined in ORC 149.43. Records may be provided to parties authorized to receive such in accordance with ORC 5123.613 and ORC 5126.044 to any governmental entity authorized to investigate the circumstances of the alleged abuse, neglect, misappropriation, or exploitation, and to any party to the extent that release of a record is necessary for the health or welfare of an individual.

- B. The county board, WESTCON, or DODD shall not review, copy, or include in any report required by OAC 5123-17-02, a provider's personnel records that are confidential under state or federal statutes or rules, including medical and insurance records, workers' compensation records, employment eligibility verification (I-9) forms, and social security numbers. The provider shall redact any confidential information contained in a record before copies are provided to the county board or DODD. A provider shall make all other records available upon request by the county board or DODD. A provider shall provide confidential information, including the date of birth and social security number, when requested

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

by DODD as part of the abuser registry process in accordance with OAC 5123:2-17-03.

- C. Any party entitled to receive a report required by OAC 5123-17-02 may waive receipt of the report. Any waiver of receipt of a report shall be made in writing.

TRAINING

- A. The county board and agency provider shall ensure staff employed in direct services positions are trained on the requirements of OAC 5123-17-02 prior to direct contact with any individual. Thereafter, staff employed in direct serves positions shall receive annual training on the requirements of OAC 5123-17-02, including a review of health and welfare alerts issued by DODD since the previous year's training.
- B. The county board and agency providers shall ensure staff employed in positions other than direct services positions are trained on the requirements of this rule no later than ninety (90) days from the date of hire. Thereafter, staff employed in positions other than direct services positions shall receive annual training on the requirements of OAC 5123-17-02 including a review of health and welfare alerts issued by DODD since the previous year's training.
- C. Independent providers shall be trained on the requirements of OAC 5123-17-02 prior to application for initial certification in accordance with OAC 5123:2-2-01 and shall receive annual training on the requirements of OAC 5123-17-02 including a review of health and welfare alerts issued by DODD since the previous year's training.

WESTCON POLICY AND PROCEDURES

- A. Policy and procedures developed by WestCON-MUI serve as an addendum to county board policy and procedures to ensure the continuum of major unusual incident services and reporting systems coordination services.

PROVISION OF ANNUAL WRITTEN NOTICE OF DODD ABUSER REGISTRY CONDUCT

- A. The county board, each contracting entity of the county board, each owner, operator, or administrator of a licensed facility as defined in ORC 5123.19, and each owner, operator, or administrator of a program certified by DODD to provide supported living shall provide developmental disabilities employees with an annual written notice, prescribed by DODD, which defines and explains the conduct that may result in placement of a developmental disabilities employee on the DODD Abuser Registry.

Policy & Procedure: 15.1.1 Major Unusual and Unusual Incidents

- 1. The required notice shall include all necessary information as outlined by DODD.

- B. If a developmental disabilities employee fails to receive the required notice, said notification failure does not exempt the employee from inclusion on the DODD Abuser Registry.


- C. The county board shall implement the requirements of ORC 5123.19 in a manner which demonstrates that each of its developmental disabilities employees has received the required annual written notice.

IMPLEMENTATION

This directive becomes effective on the Superintendent-approved date indicated below and rescinds all previous procedure directives on the subject.



Krista Oldiges, Superintendent

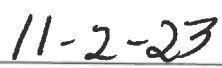


Date

Reviewed Date	Board Approved	Procedure Approved
11/26/2019	12/05/2019	11/26/2019
10/24/2023	11/2/2023	10/24/2023



Board President



Date

LCBDD POLICY MANUAL ACKNOWLEDGEMENT

I acknowledge receipt of this manual ("receipt" is access to the manual electronically) and understand and agree that I am responsible for knowing its contents and keeping updated on its content. A copy of the manual is available for review at S:\PUBLIC\POLICY MANUAL\Policy Manual.

I further acknowledge and understand that this manual **does not create a contract of employment with the Logan County Board of DD for any purpose**. I agree and understand that any and all provisions of this manual may be modified or eliminated, without advance notice to me, at any time.

Issued To:

Signed:

Date Received:
