



Muskingum County Board
of
Developmental Disabilities

POLICIES & PROCEDURES

2025

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2025 Policy & Procedure Manual

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MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Administration and Operation of the Muskingum County Board of DD Policy

Policy Number:

1.00

I. PURPOSE

The purpose of this policy is to establish standards for the administration and operation of the Muskingum County Board of Developmental Disabilities (County Board) that protect the rights of individuals and ensure the safe and equitable provision of services to eligible individuals and their families.

II. DEFINITIONS

A. **Adult Services** has the same meaning as in Section 5126.01 of the Ohio Revised Code.

B. **County Board** means the Muskingum County Board of Developmental Disabilities.

C. **DODD** means the Ohio Department of Developmental Disabilities

D. **Developmental Delay** means that a child has not reached developmental milestones expected for his or her chronological age as measured by qualified professionals using appropriate diagnostic instruments and/or procedures.

1. For children birth through age two, developmental delay shall be established in accordance with Part C and rules promulgated by the Ohio Department of Developmental Disabilities.

2. For children age three through five, developmental delay shall be established in accordance with rules promulgated by the Ohio Department of Education.

E. **Developmental Disability** means a severe, chronic disability that is characterized by all of the following:

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

2. It is manifested before age twenty-two;

3. It is likely to continue indefinitely;
 4. It results in one of the following:
 - a. In the case of a person under age three, at least one developmental delay or a diagnosed physical or mental condition that has a high probability of resulting in a developmental disability;
 - b. In the case of a person at least age three through age five, at least two developmental delays; or
 - c. In the case of a person age six or older, a substantial functional limitation in at least three of the following areas of major life activity, as appropriate for his or her age: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and, if the person is age sixteen or older, capacity for economic self-sufficiency; and
 5. It causes the person to need a combination and sequence of special, interdisciplinary, or other type of care, treatment, or provision of services for an extended period of time that is individually planned and coordinated for the person.
- F. **Early Intervention Services** means developmental services selected in collaboration with the parents of a child birth through age two who is eligible for services under Part C or a child age three to five who is determined eligible under current County Board policy, and designed to meet the developmental needs of the child and the needs of the child's family to assist appropriately in the child's development as identified by the individual family service planning team.
- G. **Early Intervention System** means Ohio's statewide, coordinated, comprehensive, interagency system for which the Department of Developmental Disabilities is the lead agency, that promotes transdisciplinary, family-centered services and supports to eligible children birth through age two and their families in accordance with Part C.
- H. **Family Assistance Program** means a family support services program funded by the County Board.
- I. **Home and Community-Based Services** has the same meaning as in Section 5123.01 of the Ohio Revised Code.

- J. **Individual** means a person with a developmental disability or for the purposes of giving, refusing to give, or withdrawing consent for services, his or her guardian in accordance with section 5123.03 of the revised Code.
- K. **Individual Service Plan** means the written description of services, supports, and activities to be provided to an individual.
- L. **Individualized Family Service Plan** means the written plan for providing early intervention services to an eligible child and the child's family.
- M. **Intermediate Care Facility for Individuals with Intellectual Disabilities** has the same meaning as in Section 5124.01 of the Ohio Revised Code.
- N. **Medicaid Local Administrative Authority** has the same meaning as in Section 5126.055 of the Ohio Revised Code.
- O. **Part C** means Part C of the Individuals with Disabilities Education Act, 20 U.S.C. 1431 through 1445, as in effect on the effective date of this rule, and 34 C.F.R. Part 303, as in effect on the effective date of this rule.
- P. **Service Coordination** means the duties performed by a service and support coordinator pursuant to Section 5126.15 of the Ohio Revised Code.

III. STRATEGIC PLAN

- A. The County Board shall develop and adopt by resolution a strategic plan that meets the requirements of Sections 5126.04 and 5126.054 of the Ohio Revised Code, includes the County Board's mission and vision, and addresses the County Board's strategy for:
 - 1. Promoting self-advocacy by individuals served by Muskingum County Board through the person-centered planning process, activities, and community connections;
 - 2. Ensuring that individuals receive services in the most integrated setting appropriate to their needs;
 - 3. Reducing the number of individuals in Muskingum County waiting for services;
 - 4. Increasing the number of individuals of working age engaged in community employment;
 - 5. Taking measures to recruit sufficient providers of services to meet the needs of individuals receiving services in Muskingum County.

6. Meeting with newly certified independent provider within sixty days of the provider being selected to provide services to an individual, for purposes of confirming the provider understands the individual service plan and the provider's responsibilities and ensuring the provider has contact information for the County Board.
- B. The strategic plan shall be made readily available to individuals and families who receive services, employees of the County Board, citizens of Muskingum County, and any other interested persons.
- C. The County Board shall prepare a strategic plan progress report at least once per year. The strategic plan progress report shall be made readily available to individuals and families who receive services, employees of the County Board, citizens of the county, and any other interested person.
- D. The County Board shall have a mechanism for accepting public feedback regarding the strategic plan and strategic plan progress reports.

IV. ELIGIBILITY DETERMINATION FOR COUNTY BOARD SERVICES

- A. Except as provided in Section VII of this procedure, the County Board shall make eligibility determinations for County Board services in accordance with the definition of "developmental disability" in Section II (E) of this procedure.
- B. For persons age sixteen or older, a substantial functional limitation in a major life area is determined through completion of the Ohio Eligibility Determination Instrument (OEDI) (available at <https://doddportal.dodd.ohio.gov/cnt>) or an alternative instrument issued by DODD for use in determining eligibility for County Board services and application of criteria found therein.
- C. For persons age six through fifteen, a substantial functional limitation in a major life area is determined through completion of the Children's Ohio Eligibility Determination Instrument (COEDI) (available at <https://doddportal.dodd.ohio.gov/cnt>) or an alternative instrument issued by DODD for use in determining eligibility for County Board services and application of criteria found therein. The Children's Eligibility Determination Instrument or an alternative instrument issued by DODD for use in determining eligibility for the County Board services is used in the eligibility determination process for the County Board for all services and supports other than special education services.
- D. The OEDI and the COEDI, and any alternative instrument issued by DODD for use in determining eligibility for County Board services shall be

administered by persons employed by the County Board or Mid-East Ohio Regional Council (MEORC) formed under Section 5126.13 of the Ohio Revised Code.

- E. The County Board may establish eligibility for County Board services for any preschool child with a disability eligible for services under Section 3323.02 of the Ohio Revised Code whose disability is not attributable solely to mental illness as defined in Section 5122.01 of the Ohio Revised Code.
- F. The County Board shall complete eligibility determination within forty-five days of the request for services or after all necessary information has been received from the referring party or applicant except that:
 - 1. For children birth through age two, the eligibility report completed by or for the early intervention system shall be used for eligibility determination: and
 - 2. For children age three through age five, the evaluation completed by or for the school district for preschool special education may be used for eligibility determination.
- G. The County Board shall keep on file the documents used to determine eligibility for County Board services of all persons who apply after July 1, 1991, whether or not such persons are found to be eligible. Information on persons found to be ineligible shall be maintained for five years after such determination is made.
- H. When a person who has been determined eligible for County Board services after July 1, 1991 moves to or wants to move to another county in Ohio, that person shall be deemed eligible by the new County Board. The new County Board, however, may review the person's eligibility. During the review, the person continues to be eligible to receive services according to the new County Board's strategic plan and priorities.
- I. All persons who were eligible for County Board services and receiving services from a County Board pursuant to Chapter 5126 of the Ohio Revised Code on July 1, 1991, shall continue to be eligible for those services and to receive services as long as they are in need of services.
- J. All persons who were eligible for case management services and receiving case management services pursuant to Chapter 5126 of the Ohio Revised Code on January 10, 1992, shall continue to be eligible for those services and to receive services as long as they are in need of services.
- K. All persons determined ineligible for County Board services shall be referred, with their consent, to other agencies or sources of services.

- L. All persons determined ineligible for county board services shall be informed of the process for resolution of complaints and appeals of adverse action in accordance with rule 5123-4-04 of the Administrative Code.

V. WAITING LISTS FOR NON-MEDICAID PROGRAMS AND SERVICES

- A. If the Board determines that available resources are not sufficient to meet the needs of all individuals who request non-Medicaid programs or services, the Board shall establish one or more waiting lists for such programs or services in accordance with the Board's strategic plan described in paragraph (III) of this policy except that a waiting list shall not be established for early intervention services to eligible children and their families.
- B. Due process in accordance with Ohio Administrative Code 5123-4-04 shall be available to an individual aggrieved by an action of the Board related to the establishment or maintenance of, placement on, the failure to offer services in accordance with, or removal from a waiting list for non-Medicaid programs and services established in accordance with paragraph (V)(A) of this policy. The Board may have a written policy describing an informal process for resolution of complaints and appeals of adverse action in accordance with OAC 5123:2-1-12, attempting to informally resolve the matter. An attempt to informally resolve the matter shall not affect the individual's right to due process.
- C. The Board shall, in a manner specified in Ohio Administrative Code, give notice to each individual on the waiting list for non-Medicaid programs and services established in accordance with paragraph (V)(A) of this policy, the individual's guardian, and in accordance with section 5126.044 of the Ohio Revised Code, the individual's due process rights. The Board shall document that such notice was given and the content of the notice.
- D. Upon the department's request, the Board shall submit in a format specified by the department, documentation related to waiting lists for non-Medicaid programs and services established in accordance with paragraph (V)(A) of this policy, including but not limited to, information regarding individuals who requested services or were removed from a waiting list.

VI. STATUTORY AUTHORITY

- A. The County Board shall carry out its duties and responsibilities in accordance with Chapter 5126 of the Ohio Revised Code. If the County Board operates classrooms for children, the County Board shall be licensed by the Ohio Department of Job and Family services or the Ohio Department of Education, as applicable.

VII. MEDICAID LOCAL ADMINISTRATIVE AUTHORITY

- A. The County Board is the Medicaid local administrative authority and shall abide by all terms and conditions set forth in the federally-approved waiver documents including any appendices and attachments, Sections 5126.055 and 5166.21 of the Ohio Revised Code, and administrative rules promulgated by the Ohio Department of Medicaid.
- B. DODD shall oversee Muskingum County's Medicaid local administrative authority activities to ensure compliance with applicable laws. If DODD determines the County Board is deficient in its administration of Medicaid waiver services, DODD may take appropriate actions authorized by applicable law including, but not limited to, division (G) of Section 5126.055 of the Ohio Revised Code or Section 5126.056 of the Ohio Revised Code.
- C. The County Board participates in DODD's Medicaid Administrative Claiming program and shall comply with DODD's policies and procedures governing Medicaid Administrative Claiming and refund any payments that are disallowed by DODD, the Ohio Department of Medicaid, or the Centers for Medicare and Medicaid services. The County Board may challenge a disallowance by the DODD in accordance with Section 5123:2-17-01 of the Ohio Administrative Code.
- D. When DODD refers to an individual for whom DODD is paying the non-federal share of Medicaid expenditures for home and community – based services to the County Board for enrollment in home and community based services, the County Board shall assist DODD in expediting enrollment.

VIII. SERVICE AND SUPPORT ADMINISTRATION

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

IX. NON-MEDICAID ADULT SERVICES

- A. The Muskingum County Board shall determine eligibility for services and support administration, provide service and support administration, and ensure individual service plans are developed in accordance with rule 5123:2-1-11 of the Ohio Administrative Code.

IX. EARLY INTERVENTION SERVICES

- A. The County Board provides Early Intervention services in accordance with Part C and rules promulgated by the Ohio Department of Developmental Disabilities.
- B. The County Board provides Early Intervention services and shall adopt a written policy describing the County Board's role in Muskingum County comprehensive system for Early Intervention services and supports. The Early Intervention policy identifies how the County Board will provide Early Intervention services on a year-round basis for a minimum of two hundred forty days to eligible infants and toddlers and their families as part of a comprehensive, coordinated, transdisciplinary, interagency Early Intervention system. The policy describes the specific responsibilities the County Board has agreed to fulfill as a partner in the local Early Intervention System and may include:
 - 1. Public awareness/child find;
 - 2. Evaluation to determine eligibility;
 - 3. Child and family assessment;
 - 4. Service coordination;
 - 5. Early Intervention services in everyday routines, activities, and places as developed through the Individual Family Service Plan (IFSP) development process;
 - 6. Assurances for procedural safeguards required by Part C and rules promulgated by the Ohio Department of Developmental Disabilities.
- C. The County Board may also provide Early Intervention services for eligible children aged three to five in accordance with the County Board's Early Intervention written policy and procedure.

XI. FAMILY ASSISTANCE PROGRAM

- A. The County Board uses funds allocated for the Family Support Services as match for Medicaid waivers.
- B. The County Board provides Family Assistance Program with County Board funds. Refer to Family Assistance Program Policy (FAP 1.00).

XII. EMPLOYEES

- A. The County Board shall enroll each service and support administrator and each staff member who is engaged in a direct services position in the Ohio Attorney General's retained applicant fingerprint database ("Rapback").
- B. The County Board shall provide annual written notice to each staff member explaining the conduct for which the staff member may be placed on the abuser registry and setting forth the requirement for each staff member, who is engaged in a direct services position to report in writing to the county board, if he or she is formally charged with, convicted of, or pleads guilty to any offenses listed or described in divisions (A)(3)(a) to (A)(3)(c) of section 109.572 of the Ohio Revised Code within fourteen calendar days after the date of such charge, conviction, or guilty plea.

XIII. VOLUNTEERS

- A. The County Boards may utilize volunteers as an integral part of the overall service delivery. Volunteers shall not be considered in the calculation of staffing ratios. Refer to Volunteer, Intern, and Practicum Policy (VOL 1.00) and Procedure (VOL 1.01).

XIV. COST REPORTS

- A. The County Board shall annually prepare and electronically file a cost report detailing its income and expenditures in accordance with Section 5126.131 of the Ohio Revised Code and guidelines established by DODD and shall:
 - 1. Reconcile its income and expenditures on a monthly basis in accordance with standards established by the County Auditor.
 - 2. Retain the cost report and accurate records and documentation necessary to support the cost report for six years from the date of the receipt of payment for the final settlement of the cost report or until an initiated audit is resolved, whichever is longer; and
 - 3. Ensure the business manager and other County Board personnel who prepare cost reports or supporting documentation successfully complete:
 - a. DODD provided orientation program in cost report preparation within ninety days of employment or contract; and
 - b. DODD provided annual training in cost report preparation thereafter.

XV. RECORDS

- A. The County Board shall maintain fiscal records that are in compliance with county and state auditor's requirements pursuant to Section 149.38 of the Ohio Revised Code.
- B. The County Board shall adopt written policies and procedures which address confidentiality, access, duplication, dissemination, and destruction of personnel records.
- C. The County Board has adopted policies and procedures which address confidentiality, access, duplication, dissemination, and destruction of records of individuals served in accordance with the Health Insurance Portability and Accountability Act, 42 U.S.C. 1320d, as in effect on the effective date of 5123:2-1-02 of the Ohio Administrative Code and as applicable, the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g. Refer to HIPAA Policy (HIPAA 1.00) and Procedure (HIPAA 1.01).
- D. Records of the County Board shall be accessible to DODD personnel authorized by the Director.
- E. The County Board shall submit information and reports as directed by DODD.
- F. The County Board shall ensure that information about individuals served, including the individual's living arrangements and address, guardianship status, and guardian's address and contact information, is updated in the department's information systems within fifteen calendar days of any change.

XVI. SAFETY

- A. The design and maintenance of the County Board facilities and equipment shall be in conformance with all applicable laws, including the American with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 as in effect on the effective date of 5123:2-1-02 of the Ohio Administrative Code.
- B. Each facility owned, leased, or operated by the County Board shall be inspected annually by the local fire marshal or designee to ensure compliance with fire safety practices.
- C. If the County Board operates a swimming pool, regardless of location, a person who holds a current "American Red Cross" or equivalent lifeguarding certificate shall be present.
- D. The County Board shall develop written building emergency plans, which include procedures for fire, tornado, bomb threat, power failure, natural disaster, medical emergency, and other emergencies. These building emergency plans shall be available to all personnel, volunteers, individuals serviced, parents, and guardians.

XVII. HEALTH

- A. When the County Board is directly providing facility-based services, the County Board shall adopt written policies and procedures that ensure the general health and well-being of all individuals served and address:
 - 1. Providing first aid and emergency treatment.
 - 2. Securing emergency squad or ambulance services or the services of the individual's personal physician.
 - 3. Providing first aid and cardiopulmonary resuscitation training and training in universal precautions for infection control including hand-washing and disposal of bodily waste to County Board personnel engaged in direct services positions in accordance with Section 5123:2-2-01 of the Ohio Administrative Code.
 - 4. Providing suitable first-aid facilities, equipment and supplies.
 - 5. Providing for the management of communicable diseases, handling of illness on-site and return after an illness or other health condition; and
 - 6. Posting emergency numbers by each telephone.
- B. The written policies and procedures described in Paragraph X (A) of this procedure shall be communicated to all personnel; individuals served, parents, guardians, and providers of services, and shall be available in each County Board facility upon request.
- C. The County Board shall adopt a written policy consistent with applicable statutes concerning administration of medication by County Board personnel.
- D. All medication administered by County Board personnel shall be pharmacy-labeled to indicate owner, contents, required dosage, and schedule. Such medication shall be secured in a locked cabinet and removed by designated and qualified personnel.

XVIII. COUNTY BOARD ACCREDITATION

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

- B. There are three possible outcomes of an accreditation review:
1. DODD shall issue accreditation for a term of three years to a County Board that exceeds minimum compliance with applicable statutes and rules;
 2. DODD shall issue accreditation for a term of one year to a County Board that demonstrates minimum compliance with applicable statutes and rules; or
 3. DODD shall hold accreditation in abeyance for the County Board that is not in compliance with applicable statutes and rules. DODD shall work with the County Board to develop an acceptable plan of correction within ninety days. If an acceptable plan of correction is not developed within ninety days, the County Board may be subject to receivership pursuant to Section 5126.081 of the Ohio Revised Code. While a County Board's accreditation is in abeyance, the County Board shall not enroll individuals in home and community-based services waivers.
- C. DODD shall notify a County Board at least ninety days prior to conducting an accreditation review.
- D. After conclusion of the comprehensive on-site review, DODD shall conduct an exit conference with the President of the County Board or the President's designee, the Superintendent of the County Board, and any other persons the County Board invites. The purpose of the exit conference is to provide the County Board with an oral summary of the County Board's compliance status and present any findings of noncompliance. The exit conference may be held on-site at the conclusion of the on-site review but shall be conducted no more than five business days following the conclusion of the on-site review except by mutual agreement between DODD and the Superintendent of the County Board.
- E. DODD shall issue a written accreditation review summary to the Superintendent of the County Board within seven days of conclusion of the on-site accreditation review. The accreditation review summary shall be objective in terms of observations and citations, relying upon documentation that clearly addresses the standards reviewed.
- F. Within fourteen days of receipt of a written accreditation review summary that includes one or more citations, the County Board shall submit to DODD, a written appeal or a written plan of correction for each citation. If the County Board does not submit a written appeal within fourteen days, the accreditation review summary shall be final and not subject to appeal by the County Board.

1. The appeal for a citation shall include the County Board's basis with supporting documentation for challenging the citation. DODD shall allow or disallow the appeal within ten days of receipt.
 2. If the appeal is disallowed, the County Board shall submit a written plan of correction for each citation to DODD within fourteen days. The written plan of correction shall include:
 - a. A description of correction action, including systemic changes necessary to prevent recurrence;
 - b. Implementation date of corrective action;
 - c. Person responsible for implementing corrective action; and
 - d. Supporting documentation which verifies implementation of corrective action.
 3. DODD shall approve or disapprove the plan of correction within twenty days of receipt.
 4. DODD shall not issue accreditation until the County Board's written plan of correction is approved.
- G. DODD shall develop and implement a system for recognizing County Boards that demonstrate excellence through achievement of outstanding results or development of successful approaches regarding employment, self-advocacy, substantial downsizing or conversion of intermediate care facilities, person-centered planning, or serving individuals presenting complex challenges. DODD shall recognize a County Board that demonstrates excellence by issuing a letter of distinction to the County Board. DODD shall post letters of distinction at its website as a means of sharing innovative practices among County Boards.

XIX. COMPLIANCE REVIEWS

- A. The County Board that is certified by DODD pursuant to Section 5123.161 of the Ohio Revised Code to provide supported living or home and community-based services is subject to Section 5123:2-2-04 of the Ohio Administrative Code and may be eligible for an abbreviated compliance review in accordance with that rule. MCBDD is not a provider of home and community based services and must hold provider certification for the sole purpose of providing delegated nursing services.

XX. PROVIDING APPLICABLE STATUTES AND RULES

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

XXI. WAIVER OF REQUIREMENTS IN CHAPTER 5123:2-1 OF THE OHIO ADMINISTRATIVE CODE

- A. The County Board may request or DODD may initiate a waiver of requirements outlined in Chapter 5123:2-1 of Ohio Administrative Code that govern the administration and operation of the County Board, so long as the requirements are not those of the Ohio Revised Code.

New procedure: January 5, 2015

Reviewed: January 7, 2016; January 5, 2017; January 16, 2018

Revised: January 10, 2019

Revised: June 9, 2022

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Board Operations (Board Memberships)

Policy Number:

1.01

Ohio Revised Code Reference:

102.01, 102.02, 102.03, 102.04, 119, 121.22, 307.86, 309.10, 319.16, 2921.42, 2921.43, 3317, 3323.03, 3323.05, 3323.09, 5123.171, 5126.02, 5126.0212, 5126.0219, 5126.022, 5126.0223, 5126.023, 5126.024, 5126.025, 5126.028, 5126.029, 5126.04, 5126.05, 5126.071, 5126.12 and 5126.054

I. Purpose:

The purpose of this policy is to define and establish an operational policy of the Muskingum County Board of Developmental Disabilities for the conduct of its business operations.

II. Definitions:

- A. “Board” means the Muskingum County Board of Developmental Disabilities.
- B. “Department” means the Ohio Department of Developmental Disabilities.
- C. “Immediate Family” means parents, brothers, sisters, spouses, sons, daughters, mothers-in-law, fathers-in-law, brothers-in-law, sisters-in-law, sons-in-law, and daughters-in-law, step-children and legal guardians.
- D. “ORC” means the Ohio Revised Code.
- E. “Relative” means a spouse, parent, parent-in-law, sibling, sibling-in-law, child, child-in-law, grandparent, aunt, or uncle.

III. Policy:

- A. Authority for Establishing Policies
 - 1. The Board Operations Policy is adopted by the Board under authority granted it by statutes of the State of Ohio, which enumerate among its duties which include, adopting rules for the conduct of its business and records kept of the Board proceedings which shall be open for public inspection. The Board recognizes its responsibility to function in conformity with the Constitution and statutes of the State of Ohio.
- B. Each County shall have its own County Board of Developmental Disabilities

(ORC 5126.02)

1. The Board shall be operated as a separate administrative and service entity.
2. The functions of the Board shall not be combined with the functions of any other entity of county government.
3. Sections 1 and 2 above does not prohibit or restrict the Board from sharing administrative functions or personnel with one or more county boards, including entering into an agreement authorized by division (B) of section 5126.0219 of the ORC or an agreement with one or more county boards to share the services of an employee.

C. Board Member Composition

1. In accordance with section 5126.022 of the ORC:
 - a. Of the members appointed by the board of county commissioners, at least two individuals who are eligible for services provided by the county board or are immediate family members of such individuals and, whenever possible, ensure that one of those two members is an individual eligible for adult services or an immediate 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. Of the two members appointed by the probate judge, at least one shall be an immediate family member of a person eligible for residential services or supported living.
 - b. Both the board of county commissioners and the probate judge shall appoint, to the maximum amount possible, members who fulfill any applicable requirements of ORC 5126.022 for appointment and who also have professional training and experience in business management, finance, law, health care practice, personnel, administration or government service. All appointments shall be for terms of four years. The membership of a person appointed as a relative of a recipient of services shall not be terminated because the services are no longer received.
 - c. All persons appointed to the Board shall be residents of Muskingum county, citizens of the United States, and interested and knowledgeable in the field of intellectual disabilities and other allied fields.
 - d. Board membership should reflect the composition of the county.

2. In accordance with section 5126.023 of the ORC:
 - a. The following individuals shall not serve as members of the county boards of developmental disabilities:
 - i. Elected public officials, except for township trustees, township clerks and those excluded from the definition of public official or employee in Division (B) of section 102.01 of the Revised Code;
 - ii. An immediate family member of a member of the same county board;
 - iii. Board employees and members of the immediate family of board employees;
 - iv. A former employee of a county board whose employment ceased less than four calendar years before the former employee would begin to serve as a member of the same county board;
 - v. A former employee of a county board whose employment ceased less than two years before the former employee would begin to serve as a member of a different county board;
 - vi. Unless there is not conflict of interest, an individual who or whose immediate family member is a board member of an agency licensed or certified by the department of developmental disabilities to provide services to individuals with developmental disabilities or an individual who or whose immediate family member is an employee of such an agency;
 - vii. An individual with an immediate family member who serves as a county commissioner of a county served by the county board unless the individual was a member of the county board before October 31, 1980.
 - b. In no circumstance shall a member of the county board vote on any matter before the board concerning a contract agency of which he or a member of his 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.
 - c. Board members may have personal or professional connections to other entities in Ohio's DD services system, but rules are in place to regulate such cases. To prevent conflicts of interest, board members

may not participate in or vote on any board decision involving a contract agency of which the member or an immediate family member of the member is also a board member or employee.

- d. Notwithstanding any provision of the ORC to the contrary, including applicable provisions of sections 102.03, 102.04, 2921.42, and 2921.43 of the ORC, an employee of a county board of developmental disabilities also may be a member of the governing board of an agency or a political subdivision, including the board of education of a school district. The county board of developmental disabilities may contract with the governing board of an agency or political subdivision whose member is also an employee of the county board, provided that in no circumstances shall such employee of the county board vote on any matter before the governing board of the agency or political subdivision concerning a county board contract or participate in any discussion or debate regarding that contract.

D. Appointments, Terms, Re-appointments, and Vacancies

1. In accordance with section 5126.025 of the ORC:
 - a. Member of the board shall be appointed or reappointed not later than the last day of November;
 - b. Commence their term on the date of the stated annual organizational meeting in the following January as provided under section 5126.029 of the Revised Code;
 - c. The appointment will be for a term of four years.
 - d. 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.
2. In accordance with section 5126.026 and 5126.027 of the ORC
 - a. Members of the Board may be reappointed to the Board three consecutive times;
 - b. 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 ORC;
 - c. 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 Board, except that a member who has served for ten (10) years or less within three consecutive terms may be reappointed for a subsequent term before becoming ineligible for reappointment for two years;

- d. Vacancies on the Board for an unexpired term, including a vacancy created under section 5126.0213 of the ORC, shall be filled within sixty days after a vacancy occurs, it shall be filled by the appointing authority for the unexpired term. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall hold office for the remainder of that term.
3. 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.
4. Board members who resign their appointment are requested to submit a statement in writing to their appointing authority with a copy to the Board President and Superintendent.

E. Board Member Removal

1. Removal of a Board member shall be followed in accordance with section 5126.0213, 5126.0214, 5126.015, 5126.0216 and 5126.0218 of the ORC.
 - a. A board member shall be removed from the board by the appointing authority for neglect of duty, misconduct, malfeasance, failure to attend four hours of in-service training each year, failure to attend within one year four regularly scheduled Board meetings, failure to attend within one year two regularly scheduled Board meetings if the member gave no prior notice of the member's absence, consistently poor performance on the county board, as demonstrated by documentation that the president of the county board provides to the appointing authority and the appointing authority determines is convincing evidence. The board shall supply the board member and his appointing authority with written notice of the charges against the member. The appointing authority shall afford the member an opportunity for a hearing on the member's proposed removal, in accordance with procedures the appointing authority establishes, unless the appointing authority requested that the Director the Developmental Disabilities waive the mandatory removal under section 5126.0214 of the Revised Code and the Director refused to issue the waiver. The appointing authority shall hold a hearing if the member requests the hearing not later than thirty days after the date

that the county board sends the member notice required by section 5126.0215 if the Revised Code;

- b. A member removed from the Board is ineligible for reappointment for not less than one year. When a member is removed, the appointing authority shall specify the time during which the member is ineligible for reappointment. If the member is removed for failing to attend in-service training, the Board also shall specify the training the member must complete prior to being eligible for reappointment.

F. Oath of Office

- 1. The following oath of office shall be administered to new Board members by the President of the Board or his/her designee. It shall read:

"I, (name), do solemnly swear that I will support the Constitution of the United States and the Constitution of Ohio and will faithfully and impartially discharge and perform all of the duties incumbent upon me as a Muskingum County Board of Developmental Disabilities Board member according to the best of my ability and understanding. This I do as I shall answer unto God. "

- 2. You are now recognized as an official member of this Board.

G. Organization, Policies and Procedures

- 1. In accordance with section 5126.029 of the ORC: Each county board of developmental disabilities shall hold an organizational meeting no later than the thirty-first day of January of each year and shall elect its officers, which shall include a president, vice-president and recording secretary. The date, time, and place of regular meetings shall be decided annually at the organizational meeting. Board members shall fill out:

- a. Declaration of Board Member
- b. Ethical Declaration of Board Members

- 2. Policies and Procedures:

The Superintendent should cause to be distributed to each Board member and to those employees as the Superintendent may deem necessary copies of the Board's policies and copies of any amendment thereto.

- a. The Superintendent shall make policy recommendations to the Board and provide reports on policies as may be requested by the Board.

- b. The Board adopts policies, and the Superintendent is authorized to develop, approve, and implement procedures, employee handbooks and program manuals with Board approval.
- c. The policies of the Board may be revised or suspended by a majority vote of the Board at any meeting.
- d. The Superintendent may, in case of emergency, suspend any part of these policies provided however that the Superintendent shall report the fact of and also reasons for such suspension at the next meeting of the Board and provide further that the suspension shall expire at the time of said report unless continued in effect by action of the Board.
- e. Copies of the policies are a part of the official record of Board meetings.
- f. After policies are adopted or revised by the Board, the date is typed on the policy and a copy of the policy is inserted in the policy manuals maintained by each appropriate administrator. Administrators shall communicate policy changes to employees.
- g. In all cases not clearly covered by the policies, the Superintendent shall make a decision on the basis of the "Ohio Revised Code, Ohio Administrative Code, relevant court rulings and OAG opinions or the most nearly related provisions.

H. Meetings and Public Notification

- 1. The Board shall meet at least ten times annually in regularly scheduled sessions in accordance with section 121.22 of the ORC, in-service training sessions do not count towards the ten meetings.
- 2. A majority of the Board is considered as a quorum.
- 3. Four of seven members of the Board shall constitute a quorum for the transaction of business and approval of a motion or resolution. The President may vote on all matters.
- 4. Each Board member is expected to give prior notice of absence in writing or by phone to the Superintendent prior to the meeting being called to order. The notice is to be reported at the time of roll call and recorded in the minutes.
- 5. Electronic Participation:

A member of the Board may attend a meeting of the Board or a meeting of a committee of the Board via means of electronic communication if all of the following apply:

- a. The means of electronic communication permits board members attending the meeting via means of electronic communication, board members present in person at the place where the meeting is conducted, and all members of the public present in person at the place where the meeting is conducted to simultaneously communicate with each other during the meeting; and
- b. At least one-third of the members attending the meeting are attending in person at the place where the meeting is conducted, as referenced in the table below; and
- c. In the case of a regular meeting of the Board, the member attending the meeting via means of electronic communication attends at least one-half of the annual regular meetings of the Board in person at the place where the meeting is conducted; and
- d. The member attending the meeting via means of electronic communication notified the President of the Board and the Superintendent of their intent not less than 48 hours before the meeting, except in the case of declared emergency; and
- e. All votes taken at the meeting are taken by roll call vote. Any board member attending a meeting of the Board or a meeting of a committee of the Board via electronic means is considered present at the meeting, is counted for purposes of establishing a quorum, and may vote at the meeting. For purposes of determining whether one-third of members are attending a meeting of the board or a committee meeting of the board in person, the following table can be used as a guide:

Number of Meeting Participants	In-Person Attendance Required
2 total	1 in-person
3 total	1 in-person
4 total	2 in-person
5 total	2 in-person
6 total	2 in-person
7 total	3 in-person

6. The Board shall adopt rules for the conduct of its business, and a record of the business shall be maintained and open for public inspection.
7. A regular meeting of the Board may be changed by the Superintendent with the knowledge and approval of the President, by the President, or by a quorum of the Board.
8. Public notice of all meetings of the Board shall be given in accordance with Section 121.22 of the ORC.
 - a. Notice of all meetings shall be posted in the Muskingum County Board of DD, 1304 Newark Road, Zanesville, Ohio in conspicuous places in areas accessible to the public during usual business hours.
 - b. The Superintendent shall post a statement of the time(s) and place(s) of regular meetings of the Board for each regular meeting (other than the organizational meeting) of the calendar year of the Board. The Superintendent shall check at reasonable intervals to ensure that such a statement remains so posted during such a calendar year. If at any time during the calendar year, the time or place of regular meetings or of any regular meeting is changed on a permanent or temporary basis, a statement of the time and place of such changed regular meetings shall be so posted by the Superintendent at least 24 hours before the time of the first changed regular meeting. The Superintendent shall post a statement of the time and place of the organizational meeting of the Board at least 24 hours before the time of such organizational meeting.
 - c. Upon the adjournment of any regular or special meeting to another day, the Superintendent shall promptly post notice of the time and place of such adjourned meeting.
9. Ohio Law requires Board meetings to be held in public. The Board is not required, however, to meet with the public while conducting business of the Board. Nevertheless, in recognition of the value of public input and the general public's interest in participation in Board affairs, the Board will permit individual members of the public to address the Board pursuant to the conditions set forth below.
 - a. The Board shall permit public participation at meetings of the Board for the purpose of addressing Board business. Board business shall be defined as only those matters that are set forth on the Board agenda. The Board agenda shall be posted in the Board's office on the Monday prior to each meeting. Any individual or group may address the Board concerning any subject that lies within the Board's jurisdiction, and which is included on the Board's agenda.

- b. Any individual wishing to address the Board, shall place his or her name on a sign-up sheet that will be made available at the designated location of the Board meeting, 20 minutes in advance of said Board meeting. The Board shall set aside the first thirty minutes of each Board meeting for public participation. The Board may, in its discretion, extend the amount of time allocated for public participation. Each individual recognized to speak shall be limited to a total of five minutes. The Board may, in its discretion, extend the amount of time allocated to an individual participant. Should more than five minutes be allotted to any single participant, then a like extension shall apply to all others participating at the same meeting.
 - c. Any individual wishing to address the Board on a subject that has not been made a part of the Board agenda may do so strictly in accordance with the following criteria:
 - i. Any such individual must submit a written request to the Superintendent that a particular subject be placed on the Board agenda. Such a written request must be actually received by the Superintendent at least 24 hours in advance of said meeting.
10. In accordance with section 121.22 of the ORC, a special meeting of the Board may be called by the President, or the Superintendent with knowledge and approval of the President, or by any two members by serving notice of the date and place and subject matter of such meeting upon each member of the Board and news media at least 24 hours prior to the date of such meeting. Rules governing notification to public and news media must be followed. "Special meeting" means a meeting which is neither a regular meeting nor an adjournment of a regular (or special) meeting to another time or day to consider items specifically stated on the original agenda of such regular (or special) meeting. No other business than that listed in the notification may be conducted at special meetings, except in the case of an emergency requiring immediate official action. In the event emergency action is necessary, the nature of the emergency must be stated in the minutes. Special meetings shall be held and conducted in accordance with the rules and regulations applicable to all Board meetings.
- a. Except in the case of an emergency, the Superintendent shall, no later than 24 hours before the time of a special meeting of the Board, post a statement of the time, place and purpose of such special meeting.
 - i. The posting of notice of special meeting shall state such specific or general purposes then known to the Superintendent to be intended to be considered at such special meeting.

- ii. All postings for special meetings shall be done in the same place as those postings for the regular and organizational meetings.
 - iii. In addition to the postings required, the Superintendent shall cause to be published once, no later than 24 hours prior to the time of a special meeting of the Board, a statement of the time, place and purposes of such special meeting. Such publication shall be done in a newspaper of general circulation as defined by ORC Section 7.12.
- b. In accordance with section 121.22 of the ORC, any news medium organization that desires to be given advance notification of special meetings of the Board shall file with the Superintendent a written request thereof.
 - i. A public body shall not hold a special meeting unless it gives at least twenty-four hours' advance notice to the news media that have requested notification, except in the event of an emergency requiring immediate official action. In the event of an emergency, the member or members calling the meeting shall notify the news media that have requested notification immediately of the time, place, and purpose of the meeting.
 - ii. News media requests for such advance notification of special meetings shall specify: the name of the medium, the name and address of the person to whom written notifications to the medium may be mailed, emailed or delivered (and) the names, addresses and telephone numbers (including addresses and telephone numbers at which notifications may be given either during or outside of business hours) of at least two persons to either one of whom oral notifications to the medium may be given or least one telephone number which their request identifies as being manned and which can be called at any hour for the purpose of giving oral notification to such medium.
 - iii. Any such request shall be effective for one year from the date of filing with the Superintendent or until the Superintendent receives written notice from such medium canceling or modifying such request, whichever is earlier. Each requesting news medium shall be informed of such period of effectiveness at the time it files its request. Such requests may be modified or extended only by filing a complete new request with the Superintendent. A request shall not be deemed to be made unless it is complete in all respects. Such a request may be conclusively relied on by the Board and the Superintendent.

- iv. The contents of written notification under this section shall be a copy of the agenda of the meeting. Written notification under this section may be accomplished by giving advance written notification, by copies of agendas, of all meetings of the Board.
- 11. In accordance with section 121.22 of the ORC, "...any person may, upon request and payment of a reasonable fee, obtain reasonable advance notification of all meetings at which any specific type of public business is to be discussed."
 - a. Such a person must file a written request with the Superintendent specifying: the person's name, the address and telephone number at or through which he can be reached during and outside of business hours.
 - b. Such request shall be valid for a 12-month period at which time a new request must be made. Such requests may be modified or extended only by filing a complete new request with the Superintendent. A request shall not be deemed to be made unless it is complete in all respects and such request may be conclusively relied on by the Board and the Superintendent.
 - c. The contents of written notification under this section shall be a copy of the agenda of the meeting. Written notification under this section may be accomplished by giving advance written notification, by copies of agendas, of all meetings of the Board.
- 12. In accordance with section 121.22 of the ORC, in the event that a person desires to be notified of specific business to be conducted at a special meeting, such person must file a request stating the specific type of business of which they desire to be notified. A self-addressed stamped envelope provided by the person making the request.
 - a. Notification shall be made by the Superintendent to the requesting party in writing when time permits or by telephone at least 24 hours in advance of the special meeting except in case of an emergency.
 - b. In the event of an emergency requiring immediate official action, no notice is required to be made pursuant to this subsection.
 - c. Said request shall be valid for a 12-month period at which time a new request must be made.
- 13. Information regarding rules for notification procedures may be obtained from the Board Office.

- a. Any person may visit or telephone the Board Office, 1304 Newark Road, Zanesville, Ohio (740) 453-4829, during that office's regular office hours to determine, based on information available at that office: the time and place of regular meetings; the time, place and purposes of any then known special meetings and whether the available agenda of any such future meetings states that any specific type of public business, identified by such person, is to be discussed at such meeting.
 - b. Any notification provided herein to be given by the Superintendent may be given by any person acting on behalf of or under the authority of the Superintendent.
 - c. A reasonable attempt at notification shall constitute notification in compliance with these rules.
 - d. The Superintendent/designee shall maintain a record of the date and manner, and time if pertinent under these rules, of all actions taken with regard to notices and notifications and shall retain copies of proofs of publication of any notifications or notices published thereunder.
14. Under Ohio's Sunshine Law, section 121.22 of the ORC, all meetings of the Board are open to the public at all times and must be in compliance with the law. All regular, organizational and special meetings of the Board shall be open to the public.
15. The Board shall be permitted to hold an executive session at any regular, organizational or special meeting as allowed by Section 121.22 (G) of the ORC.
- a. The President or any member may make a motion to conduct an executive session. The following are required:
 - i. Take a roll call vote of the Board members present.
 - ii. Specify the purpose(s) for which the executive session is being called. The purpose must be specified in both the motion and vote to go into executive session.
 - iii. If the specified purpose pertains to personnel matters under ORC 121.22 (G)(1), the motion and vote must also specify which of the particular personnel matters listed in subdivision (G)(1) will be discussed in the executive session, but need not include the name of any person to be considered at the meeting.

- b. The members of a public body may hold an executive session only at a regular or special meeting for the sole purpose of the consideration of any of the following matters: (The following paragraphs are taken verbatim from Section 121.22 (G) of the ORC.)
 - i. To consider the appointment, employment, dismissal, discipline, promotion, demotion or compensation of a public employee or official, or the investigation of charges or complaints against a public employee, official, licensee, or regulated individual, unless the public employee, official, licensee, or regulated individual requests a public hearing;
 - ii. To consider the purchase of property for public purposes, or for the sale of property at competitive bidding, or sale or other disposition of unneeded, obsolete, or unfit-for-use property in accordance with section 505.10 of the ORC, if premature disclosure of information would give an unfair competitive or bargaining advantage to a person whose personal, private interest is averse to the general public interest. No member of a public body shall use this division as a subterfuge for providing covert information to prospective buyers or sellers. A purchase or sale of public property is void if the seller or buyer of the public property has received covert information from a member of a public body that has not been disclosed to the general public in sufficient time for other prospective buyers and sellers to prepare and submit offers. If the minutes of the public body show that all meetings and deliberations of the public body have been conducted in compliance with this section, any instrument executed by the public body proposing to convey, lease or otherwise dispose of any right, title or interest in any public property shall be conclusively presumed to have been executed in compliance with this section insofar as title or other interest of any bona fide purchasers, leasees or transferees of the property is concerned;
 - iii. Conferences with an attorney for the public body, concerning disputes involving the public body that are the subject of pending or imminent court action;
 - iv. Preparing for, conducting or reviewing negotiations or bargaining sessions with public employees concerning their compensation or other terms and conditions of their employment;
 - v. Matters required to be kept confidential by federal law or rules or state statutes;

- vi. Details relative to the security arrangements and emergency response protocols for a public body or a public office, if disclosure of the matters discussed could reasonably be expected to jeopardize the security of the public body or public office.
 - d. Attendance at an executive session is determined by the Board. Anyone may be excluded except members of the Board itself.
 - e. The minutes are required to reflect the starting time, ending time and motion subject matter discussed in executive session.
16. The Board may recess a regular meeting to such a time and place as it deems advisable, and the meeting shall be considered a regular meeting and shall not be subject to review provided the public is given adequate information as to where and when it will reconvene.
17. The Superintendent shall prepare and deliver a copy of the agenda and Board packet to the members of the Board prior to any regular Board meeting. The Superintendent shall prepare an agenda for each meeting of the Board. The order of business at each meeting shall be:
- a. Call to Order
 - b. Roll Call
 - c. Pledge of Allegiance
 - d. Approval of Minutes
 - e. Public Participation
 - f. Presentations
 - g. Financial Report
 - h. Payment of Bills
 - i. Program Reports
 - j. Report of the Superintendent
 - k. Old Business before the Board
 - l. New Business before the Board
 - m. Miscellaneous
 - n. Executive Session (if necessary)
 - o. Adjournment
18. The Board shall observe Robert's Rules of Order Revised, except as otherwise provided by these rules and regulations or by statute or as may be amended by the Board.
19. In accordance with section 121.22 of the ORC, all resolutions of the Board shall be taken from the minutes and the original certificate of resolution shall be retained in the Superintendent office. The Board secretary shall certify the original copy as being true, correct, and exact. The official minutes are open to public inspection.

20. Copies of the minutes shall be prepared promptly after each meeting and shall be distributed to the Superintendent and to the Board members. The Superintendent or designee shall post a copy of the Board meeting press release in each of the Board's facilities after each meeting.
 - a. Additional copies of the Board minutes may not be issued at county expense. Copies of all official documents may be obtained by any individual at a charge established by the Board to be the cost of furnishing said document (actual copying costs).
 - b. The minutes of the preceding meeting(s), with any changes made by a motion properly made and carried, or as directed by the President without objection, shall be approved by the Board and signed by the secretary as the first act of each regular meeting.
 - c. The official minutes and related documents of the Board shall be permanently filed in the Superintendent office or Board Office, and shall be made available to any citizen desiring to examine them during normal work hours.

I. Board Committees

1. The Board shall authorize such special committees as are deemed necessary and the members of such committees shall be appointed by the President. A special committee shall report its recommendations to the Board for appropriate action.
2. No committee shall have more than three Board members assigned to it. No more than three members of the Board shall attend any committee meeting. No legislative or administrative responsibility shall be delegated to a committee. However, a committee may be assigned general duties to study, investigate, consult and make recommendations to the Board.
3. Members of the Board may be appointed to ad hoc committees which include citizens, administrators or other governmental officials when it is deemed beneficial to the schools or to the community.

J. Transaction of Business

1. A motion or resolution is adopted by the affirmative vote of a majority of the Board members present including the Board President. Any member of the Board may request a roll call vote on any motion or resolution. The method of voting for executive session will be by roll call. The yeas and nays shall be taken and entered in the records of the proceedings of the Board.

2. The Board members have authority only when acting as a Board legally in session.
3. The President of the Board shall be the spokesperson on all public matters relating to the county board. No other Board member shall have authority to speak or act on behalf of the Board without express permission of the Board. The Board shall not be bound in any way by any statement or action on the part of any individual Board member or employee, except when such statement or action is in pursuance of specific instruction by the Board.
4. The Board thus acts only as a body, at public meetings, in decisions openly arrived at and formally recorded.

K. Powers and Duties

1. In accordance with section 5126.0219 and 5126.05 of the ORC, “subject to the rules established by the director of developmental disabilities pursuant to Chapter 119 of the ORC for programs and services offered pursuant to this chapter, and subject to the rules established by the state board of education pursuant to Chapter 119 of the ORC for programs and services offered pursuant to Chapter 3323 of the ORC, the county board of developmental disabilities shall:
 - a. Administer and operate facilities, programs and services as provided by Chapters 3323 and 5126 of the ORC and establish policies for their administration and operation;
 - b. Coordinate, monitor, and evaluate existing facilities available to individuals with developmental disabilities;
 - c. Provide early childhood services, supportive home services, and adult services, according to the plan and priorities developed under section 5126.04 of the ORC;
 - d. Provide or contract for special education services pursuant to Chapters 3317 and 3323 of the ORC, according to the plan and priorities developed under section 5126.04 of the ORC;
 - e. The Board may elect not to participate in the provision of or contracting for educational service for children six through twenty-one years of age, provided that on or before February prior to a school year, the Board gives notice of this election to the Superintendent of public instruction, each school district in the county, and the educational service center serving the county. If the Board makes this

decision, it shall not have any responsibility or authority to provide educational services that school year. If the Board does not make an election in accordance with section 5126.04 of the ORC, the Board shall be deemed to have elected to participate during that school year in the provision of educational services for children six through twenty-one years of age;

- f. Adopt a budget, authorize expenditures for the purposes listed in this section and do so in accordance with section 319.16 of the ORC, approve attendance of Board members and employees at professional meetings and approve expenditures for attendance, and exercise such powers and duties as are prescribed by the director;
- g. Submit annual reports of its work and expenditures, pursuant to sections 3323.09 and 5126.12 of the ORC, to the director, the superintendent of public instruction, and the board of county commissioners at the close of the fiscal year and at such other times as may reasonably requested;
- h. Authorize all positions of employment, establish compensation, including but not limited to salary schedules and fringe benefits for all Board employees, approve contracts of employment for management employees that are for a term of more than one year, employ legal counsel under section 309.10 of the ORC, and contract for employee benefits;
- i. Provide service and support administration in accordance with section 5126.15 of the ORC;
- j. Certify respite care homes pursuant to rules adopted under section 5123.171 of the ORC by the director of developmental disabilities;
- k. Implement an employment first policy that clearly identifies community employment as the desired outcome for every individual of working age who receives services from the Board;
- l. Set benchmarks for improving community employment outcomes;
- m. To the extent that rules adopted under this section apply to the identification and placement of handicapped children under Chapter 3323 of the ORC, they shall be consistent with the standards and procedures established under sections 3323.03 to 3323.05 of the ORC;
- n. The Board may enter into contracts with other such boards and with public or private, nonprofit, or profit making agencies or organization of the same or another county, to provide the facilities, programs, and services authorized or required, upon such terms as may be agreeable,

and in accordance with Chapters 3323 and 5126 of the ORC and rules adopted there under and in accordance with sections 307.86 and 5126.071 of the ORC;

- o. The Board may purchase all necessary insurance policies, may purchase equipment and supplies through the department of administrative services or from other sources, and may enter into agreements with public agencies or nonprofit organizations for cooperative purchasing arrangements;
- p. The Board shall provide for a qualified Superintendent as defined by the rules of the director of either employing a Superintendent or obtaining the services of the Superintendent of another county board pursuant to 5126.0219 of the ORC;
 - i. If the Superintendent position becomes vacant, the Board first shall consider entering into an agreement with another County Board for the sharing of a Superintendent in accordance with ORC 5126.0219 (B). If the Board determines there are no efficiencies or it is impractical to share a Superintendent, the Board may employ a Superintendent in accordance with ORC 5126.0219.
 - ii. The Board shall prescribe the duties of its Superintendent and review the Superintendent's performance. The Superintendent may be removed, suspended, or demoted for cause pursuant to ORC 5126.23. The Board shall fix the Superintendent's compensation and reimburse the Superintendent for actual and necessary expenses;
 - iii. Each county board that employs a Superintendent shall employ the Superintendent under contract and adopt a resolution agreeing to the contract. Each contract for employment or re-employment of a Superintendent shall be for a term not less than one and not more than five years. At the expiration of his current term of employment, the Superintendent may be re-employed. If the Board intends not to re-employ the Superintendent, the Board shall give the Superintendent written notification of its intention. The notice shall be given not less than ninety days prior to the expiration of the Superintendent's contract;
 - iv. If a vacancy occurs in the position of Superintendent, the Board may appoint a person who holds a valid Superintendent certificate issued under the rules of the Department to work under a contract for an interim period not to exceed one hundred eighty (180) days until a permanent Superintendent can be employed or arranged for under ORC 5126.0219. The Director of the Department may

approve additional periods of time for these types of interim appointments when so requested by a resolution adopted by a county board, if the Director determines that the additional periods are warranted and the services of a permanent Superintendent are not available.

- q. The Board may receive by gift, grant, devise, or bequest any moneys, lands, or property for the benefit of the purposes for which the board is established and hold, apply, and dispose of the same according to the terms of the gift, grant, or bequest. All money received by gift, grant, devise, or bequest shall be deposited in the county treasury to the credit of such board and shall be available for use by the board for purposes determined or stated by the donor or grantor, but may not be used for personal expenses of the board members. Any interest or earnings accruing from such gift, grant, or bequest shall be treated in the same manner and subject to the same provisions as such gift, grant, or bequest;
 - r. A county board of developmental disabilities shall be operated as a separate administrative and service entity. The Board's functions shall not be combined with the functions of any other entity of county government.
 - s. Develop and adopt by resolution a strategic plan that meets the requirements of Sections 5126.04 and 5126.054 of the Revised Code, includes an annual waiver allocation 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 Board's annual five-year projection report.
 - t. The board of county commissioners shall levy taxes and make appropriations sufficient to enable the county board of developmental disabilities to perform its functions and duties as provided by this section, and may utilize any available local, state, and federal funds for such purpose."
- L. Ethical Conduct -- ORC 102, 2921.42 5126.0212 and 5126.024
- 1. Members shall abide by ethical rules of conduct appropriate to public officials of the State of Ohio. No Board member shall seek special privileges, criticize employees publicly, disclose confidential information or consider a complaint by or against an employee, service or program of the Board that is not first submitted to the Superintendent.
 - 2. ORC 5126.0212 forbids the Board Members from participating in or voting on any matter before the Board involving a contract agency of

which the member (or one of the member's immediate family members) is an employee.

3. No member shall be interested in a contract for the purchase of property, supplies or insurance for the use of the Board or out of its contracted services. The Board is specifically forbidden to expend public funds to prepare and distribute material for the purpose of promoting a bond issue or tax levy, or promoting or opposing any candidate for political office. The Board shall not expend public funds for the purposes prohibited by the laws of the State of Ohio. All questions relating to the existence of a conflict of interest shall be referred to the prosecuting attorney and/or The Ohio Ethics Commission for resolution.

M. Compensation: Expenses of Board Members - ORC 5126.028

1. Board members shall serve their term without compensation, but shall be reimbursed for necessary expenses in the conduct of Board business, including those incurred within the county of residence.

Adopted: April 11, 2019

Revised: October 12, 2023

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Election of Officers Policy

Policy Number:

1.02

I. PURPOSE

The purpose of this policy is to establish standards for the election of officers of the Muskingum County Board of Developmental Disabilities (County Board) for the conduct of its operations.

II. ELECTIONS OF OFFICERS

- A. The election of officers shall be at the annual organizational meeting. There shall be elected a president, vice president, and recording secretary who shall be elected for one year and shall serve until their successors are elected. No member shall hold more than one office.
- B. The Board may elect any other officers determined to be necessary or expedient conduct its business.
- C. Nominations for the new officers may be brought to the Board by the nominating committee appointed by the President of the Board and/or by nominations from the floor. The election may be by ballot, show of hands or by voice vote.
- D. The President of the Board shall be elected from among the members of the Board for one year and shall serve until a successor is elected. The nominee for President shall have served a minimum of twelve months as a member of the Board at the time of election to be eligible for the office of President.

The duties of the President shall be:

- 1. To preside at all meetings of the Board
- 2. To appoint committees
- 3. To represent the Board as spokesperson on all public matters relating to the county board. This function may be delegated to another person by the President. If this function is delegated, it must be in writing.

4. To perform such other duties as may be prescribed by law or by action of the Board.
- E. The Vice-President of the Board shall be elected from among its members for one year and shall serve until a successor is elected.

The duties of the Vice-President shall be:

1. To preside in the absence of the President.
 2. To perform the duties of the President in his/her absence.
 3. To perform such other duties designated by the President.
- F. The Recording Secretary of the Board shall be elected from among its member for one year and shall serve until a successor is elected.

The duties of the Recording Secretary shall be:

1. To keep a complete and correct record of all resolutions and meetings of the Board, including a complete statement of approved expenditures and resolutions acted upon.
2. To file a certified copy of the Board minutes in the office of the superintendent as a repository.
3. To provide each member of the Board with a copy of the minutes, including a complete statement of approved expenditures and resolution acted upon.
4. To perform such other duties as may be delegated either by the President of the Board or assigned by the Board.

Board Adopted: January 10, 2019

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Ethics Council Policy

Policy Number:

1.03

Ohio Revised Code Reference:

5126.031, 5126.032

I. SUBJECT

Ethics Council Policy

II. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) supports the belief that membership of a person on, or employment of a person by the County Board does not affect the eligibility of any member of his/her family for services provided by the County Board or by an entity under contract with the County Board. Therefore, the County Board has created an Ethics Council to review all direct service contracts meaning any legally enforceable agreement with an individual, agency or other entity that, pursuant to its terms or operation, may result in a payment from the County Board to an eligible person or to a member of the family of an eligible person for services rendered to the eligible person. Direct service contracts will include but not be limited to Supported Living and Family Support Services (if payments are made directly to the family).

III. MEMBERSHIP OF COUNCIL

The President of the Board shall appoint three members of the Board to an Ethics Council. The President may be one of those appointed and the Superintendent shall be a non-voting member of the Council. The President shall not appoint a Board member to the Ethics Council if the member, or any member of their family, will have any interest in any direct services contract under review by the Council while the member serves on the Council or during the twelve-month period after completion of their Council service.

IV. ROLE OF COUNCIL

The role of the Ethics Council shall be to review all direct service contracts which may result in direct payments to an eligible person or to a member of the eligible person's family according to this policy and develop for recommendation to the County Board policy regarding ethical standards, contract audit procedures and

grievance procedures with respect to the award and reconciliation of direct services contracts.

V. COUNCIL BUSINESS

- A. The Ethics Council shall meet annually or as needed prior to County Board meetings to perform its functions. Any action taken by the Ethics Council shall be in public to afford the affected party the opportunity to meet with the Ethics Council on matters related to a direct services contract or any action taken by the Ethics Council. All Ethics Council meetings and actions shall be part of the Public Records of the County Board.
- B. All contracts and information provided to the Ethics Council shall be sent by the Superintendent or his designee with appropriate certification that the contracts are within available resources and appropriations made by the County Board. The Ethics Council, during its regular meeting, shall determine whether the amount to be paid under the contract is appropriate based on the actual expenses or reasonable and allowable projections. The Ethics Council shall also determine whether the eligible person who would receive services under the contract stands to receive any preferential treatment or any unfair advantage over other eligible persons.
- C. If the amount to be paid is not acceptable or the contract would result in preferential treatment or unfair advantage, the Ethics Council shall recommend that the County Board not enter into a contract or shall suggest acceptable, specific revisions. The County Board shall not enter into any contract that is not recommended by the Ethics Council or enter into any contract to which revisions are suggested if the contract does not include the specified revisions.
- D. The County Board, by resolution, shall enter into each direct services contract that the Ethics Council recommends or recommends with specified revisions. The County Board may request the prosecuting attorney to prepare a legal review of recommended direct service contracts to determine compliance with state law.
- E. The Ethics Council shall in no way allow a County Board member or employee of the County Board to authorize, or use the authority of his/her office or employment to secure authorization of a direct services contract that they may benefit from in any way.

Board Adopted: June 6, 2002

Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006; January 4, 2007; January 3, 2008; January 1, 2009; January 14, 2010

Reviewed: January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018; June 13, 2019

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Superintendent's Contract, Compensation and Benefits

Policy Number:

1.004

Ohio Revised Code Reference:

5126.23

I. PURPOSE

The purpose of this policy is to establish standards for the Contract, Compensation and Benefits of the Superintendent.

II. POLICY

- A. The appointment of the superintendent will be secured through an explicit contractual agreement, which will state the terms of the contract, compensation and other benefits, and other conditions of employment. The contract will meet all state requirements and will protect the rights of both the Board and superintendent.
- B. A qualified superintendent as defined by the rules of the Director of the Ohio Department of DD shall be employed under a contract of employment for not less than one and not more than five years. At the expiration of their current contract, the Board may reemploy the superintendent for a succeeding term. If reemployed the Board may, by motion, designate that they are to continue for a term not to exceed five years.
- C. Salary and benefit will be determined by the Board at the time of the appointment and will be reviewed by the Board each year. The superintendent will be reimbursed for necessary expenses in accordance with the Board's policy and the Superintendent contract for reimbursement of expenses. In so far as GCBDD is in a shared services agreement for Superintendent with another county board of DD, compensation, leave and benefits will be outlined in accordance with the shared services agreement.
- D. If at any time, in the opinion of the majority of the Board members, the superintendent's services are considered unsatisfactory, they will be notified and shall be given an opportunity to correct the deficiencies.
- E. If the Board intends to non renew the superintendent's contract, notice will be given in writing to the superintendent at least ninety (90) days before the expiration of the current contract that their services will not be retained. However, the Board shall give the superintendent, in their first year of

employment with the Board, written notification of its intent not to employ sixty (60) days prior to their current contract expiration date.

- F. The superintendent may be removed, suspended, or demoted in accordance with O.R.C. Section 5126.23 for violation of written rules set forth by the Board or for incompetency, inefficiency, dishonesty, drunkenness, immoral conduct, insubordination, discourteous treatment of the public, neglect of duty, or other acts of misfeasance, malfeasance or nonfeasance.

Adopted: November 14, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Superintendent, Duties and Responsibilities

Policy Number:

1.04

Ohio Revised Code Reference:

5126.0220

I. PURPOSE

The purpose of this policy is to establish standards for the duties and responsibilities of the Superintendent.

II. POLICY

- A. The Superintendent shall be the chief executive officer for the Board for the administration of all programs and services offered by the Board, as well as, other program components in conformance with policies adopted by the Board. The Superintendent may delegate responsibility to appropriate members of the administrative or supervisory staff, but he/she shall be responsible to the Board for the total operation of the system.
- B. At all times during his/her employment; the Superintendent shall hold a valid Superintendent certificate under with the Ohio Department of DD
- C. Pursuant to O.R.C. Section 5126.0220, the superintendent shall:
 - 1. Administer to work load of the Board, subject to the Board's rules;
 - 2. Recommend to the Board the changes necessary to increase the effectiveness of the programs and services offered pursuant to O.R.C. Chapters 3323 and 5126;
 - 3. Employ persons for all positions authorized by the Board, approve contracts of employment for management employees that are for a term of one year or less, and approve personnel actions that involve employees in the classified civil service as may be necessary for the work of the Board;
 - 4. Approve compensation for employees within the limits set by the salary schedule and budget set by the Board, and ensure that all employees and consultants are reimbursed for actual and necessary expenses incurred in the performance of official duties; and

- 5. Provide consultation to public agencies as defined in O.R.C. Section 102.01(C), including other County Boards of Developmental Disabilities, and to individuals, agencies, or organizations providing services supported by the Board.
- D. The Superintendent may authorize the payment of Board obligations by the County Auditor and is authorized to sign vouchers.
- E. Other duties and responsibilities of the Superintendent may be authorized by the Board in accordance with all applicable laws and rules.

Adopted: April 11, 2019

Revised: November 14, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Board Superintendent Relationship

Policy Number:

1.05

I. PURPOSE

The purpose of this policy is to establish standards for the Board Superintendent Relationship of the Muskingum County Board of Developmental Disabilities (County Board) for the conduct of its operations.

II. POLICY

- A. The Board believes that the legislation of policies is the most important function of a DD Board and that the execution of the policies should be the function of the Superintendent and staff.
- B. Delegation by the Board of its executive powers to the Superintendent provides freedom for the Superintendent to manage the program of the Board within the Board's policies and frees the Board to devote its time to policy-making and appraisal functions.
- C. The Board holds the Superintendent responsible for:
 - 1. The administration of its policies;
 - 2. The execution of Board decisions;
 - 3. The operations of the internal controls designed to serve the programs of the Board, and
 - 4. Keeping the Board informed about program operations and problems.
- D. The Board will strive to procure, when a vacancy exists, the best professional leader available for the head administrative post. Then, the Board as a whole, and individual member will:
 - 1. Give the Superintendent full administrative authority for properly discharging his/her professional duties, holding them responsible for acceptable results.
 - 2. Act in matters of employment of management contracts over one (1) year in length or dismissal of program personnel only after receiving the recommendations of the superintendent.

3. Hold all meetings of the Board in the presence of the Superintendent, except when their contract and salary are under consideration.
4. Refer all complaints to the Superintendent for appropriate investigation and action. Complaints that relate directly to the Superintendent shall be handled by the Board President who may investigate and, if cause exists, refer the complaint to the Due Process Committee of the Board.
5. Strive to provide adequate safeguards around the Superintendent and other Staff members so that they can discharge their professional and educational functions on a thoroughly professional basis.
6. Present personal criticism of any employee directly to the Superintendent While avoiding public ridicule and criticism of staff members in Board Meetings.

Adopted: April 11, 2019

Revised: November 14, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Board – Superintendent Communications

Policy Number:

1.06

I. PURPOSE

The purpose of this policy is to establish standards for the Board – Superintendent Communications of the Muskingum County Board of Developmental Disabilities (County Board) for the conduct of its operations

II. POLICY

- A. Pursuant to O.R.C. Chapter 5126, one of the powers and duties of the Board is to coordinate, monitor and evaluate existing services and facilities. To properly perform this duty, it is an accepted principle of the Board that one of its expectations of its Superintendent is to keep the Board fully informed on all matters of its concern. It is also an accepted principle of the Board that the proper distinction be maintained between board and administrative responsibilities and functions. The Board will meet regularly with the Superintendent for the purpose of a free exchange of concerns regarding the existing relationship between the Board, the Superintendent, programs and personnel.
- B. The following guidelines are adopted to clarify the exchange of information between the Board and Superintendent.
 - 1. No Board member shall consider a complaint by or against a staff member, service or program of the Board that is not first submitted to the Superintendent. A complaint against the Superintendent shall be directed to the Board President.
 - 2. The Superintendent, or their designee in the event of their absence, shall report to the Board President as soon as reasonably possible any unusual occurrence of a serious nature involving the staff, clients or property under the jurisdiction of the Board. Such occurrences would include but not necessarily be limited to:
 - a. significant damage to Board property caused by weather, fire, vandalism or other cause;
 - b. serious injury to staff or individuals served by the Board;

- c. disciplinary action taken against a staff member above the level of a written reprimand; and
- d. any action or suspected action by staff or individuals served by the Board ~~clients~~ that involves a violation or potential violation law.

Adopted: April, 11, 2019

Revised: November 14, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Evaluation of Superintendent

Policy Number:

1.07

I. PURPOSE

The purpose of this policy is to establish standards for the Evaluation of Superintendent of the Muskingum County Board of Developmental Disabilities (County Board) for the conduct of its operations.

II. POLICY

A. Through evaluation of the Superintendent, the Board will strive to accomplish the following:

1. Clarify for the Superintendent, their role in the program operation as seen by the Board.
2. Clarify for all Board members the role of the Superintendent in light of the job description for the position and performance goals and objectives as agreed upon by the Board and the Superintendent.
3. Develop harmonious working relationships between the Board and Superintendent.
4. Provide administrative leadership for the entire program.
5. Identify strengths and weaknesses of the Superintendent's performance.

B. The Board will evaluate the abilities and services of the Superintendent at least once each year. An evaluation shall occur at least one hundred twenty (120) days prior to the expiration of the current contract.

C. Board consensus on the Superintendent's abilities and performance will be put in writing and shall be made available and discussed with the Superintendent in conference. The Board must consider the evaluation of the Superintendent in acting to renew or non-renew their contract.

D. In accordance with ORC 5126.0219, the initial contract with the Superintendent shall be from one (1) to three (3) years in length. Subsequent contracts will not exceed five (5) years in length.

Adopted: April 11, 2019
Revised: November 14, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Leadership Succession Plan

Policy Number:

1.08

I. PURPOSE

The purpose of this policy is to establish standards for the Leadership Succession Plan of the Muskingum County Board of Developmental Disabilities (County Board) for the conduct of its operations.

II. POLICY

- A. The Superintendent will annually update and review with the Board the Succession Plan for critical management positions and identify for the Board short-term and long-term replacements. The Superintendent will also identify for the Board those persons in-house who hold a valid Superintendent certificate.
- B. In the event of a planned retirement of the Superintendent, the Board requests a two year notice of this intent for succession planning. The Board will then interview candidates 9-12 months prior to planned retirement and offer a position of Transitional Assistant Superintendent 6-9 months prior to retirement to allow the candidate and the program a seamless transition.
- C. In the event of an untimely expiration of the Superintendent the Board will either offer an interim contract to another Superintendent currently providing service to another County Board or offer an interim contract to a County Board Director holding a current/valid Superintendent certification. In addition, the Board President may contact the Association of County Boards of Developmental Disabilities to begin a Superintendent search to fill the vacancy.

Adopted: April 11, 2019

Revised: November 14, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

In-Service Training for Board Members

Policy Number:

1.09

Ohio Revised Code Reference:

5126.021; 5126.022; 5126.029; 5126.0210; 5126.0219

Ohio Administrative Code Reference:

5123:2-1-02

I. PURPOSE

The purpose of this policy is to delineate requirements for annual in-service training for the Board Members of the Muskingum County Board of Developmental Disabilities.

II. DEFINITIONS

- A. **“Annual Organizational Meeting”** means the meeting held by the Muskingum County Board of Developmental Disabilities, no later than January thirty-first of each year to elect its officers and conduct other business pursuant to Section 5126.029 of the Ohio Revised Code.
- B. **“Appointing Authority”** means the entity with statutory authority to appoint members to the Muskingum County Board of Developmental Disabilities pursuant to Sections 5126.021 and 5126.022 of the Ohio Revised Code.
- C. **“Board Member or Board”** means member(s) of the Muskingum County Board of Developmental Disabilities.
- D. **“County Board”** means the Muskingum County Board of Developmental Disabilities.
- E. **“Department”** means the Ohio Department of Developmental Disabilities.
- F. **“Director”** means the Director of the Ohio Department of Developmental Disabilities or his or her designee.
- G. **“In-Service Training”** means training of Board Members pursuant to Section 5126.0210 of the Ohio Revised Code that may include, but is not limited to, training arranged by the Superintendent, statewide conferences sponsored by the Ohio Association of County Boards serving people with Developmental

Disabilities or other organizations, webinars offered by the Department, training completed on-line and presentations by outside speakers.

- H. **“Superintendent”** means the Superintendent of the Muskingum County Board of Developmental Disabilities appointed pursuant to Section 5126.0219 of the Ohio Revised Code.

III. IN-SERVICE TRAINING REQUIREMENTS

- A. Within three months after a Board Member’s initial appointment to the Board, the Board Member shall complete an orientation that addresses duties of the Board, role and requirements of Board Members, confidentiality, and the ethics laws of the state of Ohio. The orientation completed in accordance with this paragraph may count toward the hours of in-service training specified in paragraphs III (B) and (C) of this policy.
- B. During each calendar year of the Board Member’s term, the Board Member shall complete a minimum of four hours of in-service training, except as provided in paragraph III (C) (1-4) of this policy.
- C. Board Members appointed after the County Board’s annual organizational meeting and Board Members appointed for the remainder of a former Board Member’s term shall complete in-service training during the first calendar year of the Board Member’s appointment in accordance with the following schedule.
1. Board Members appointed on or after March thirty-first shall complete a minimum of four hours of in-service training.
 2. Board Members appointed after March thirty-first but prior to July first shall complete a minimum of three hours of in-service training.
 3. Board Members appointed after June thirtieth but prior to October first shall complete a minimum of two hours of in-service training.
 4. Board Members appointed after September thirtieth but prior to the succeeding January first shall complete a minimum of one hour of in-service training.
- D. No later than January thirty-first of each year, the Director shall identify topics related to the developmental disabilities service delivery system to be addressed during in-service training for the calendar year.
1. Topics identified by the Director may include, but are not limited to:
 - a. Authority and responsibility of the Board;

- b. Medicaid program and the Board's role in Medicaid local administrative authority;
 - c. Fiscal obligations of the Board;
 - d. Self-evaluation of the Board;
 - e. Evaluation of the Superintendent;
 - f. Current federal initiatives;
 - g. Current state initiatives; and
 - h. Self-advocacy by individuals with developmental disabilities.
- 2. The Director may specify the content of training for identified topics.
- 3. The Director may require Board Members to complete specific webinars offered by the Department.
- E. The Board and the Superintendent shall jointly develop the Board's plan for in-service training for the calendar year which;
 - 1. Reflects the topics identified by the Director in accordance with paragraph III (C) of this policy with consideration of priorities with the Board;
 - 2. Includes perspectives from outside Muskingum County; and
 - 3. Recognizes that training for specific Board Members may vary based on each Board Member's background and experience.
- F. The Superintendent shall make the Board aware of opportunities to complete in-service training.
- G. The Superintendent shall maintain documentation of Board Members' completion of in-service training which shall include:
 - 1. An outline or description that details the content of the training;
 - 2. The date, time, location, and duration of the training; and
 - 3. A sign-in sheet or email in which the Board Member attests to completing the training.
- H. In-service training sessions shall not be considered regularly scheduled meetings of the Board.

- I. The Department shall monitor compliance with this policy through accreditation reviews of the County Board it conducts in accordance with Section 5123:2-1-02 of the Ohio Administrative Code.

Adopted: November 6, 2014

Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised; February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Board Member Expense Reimbursement Policy

Policy Number:

1.10

Ohio Revised Code Reference:

5126.028

I. SUBJECT

Board Member Expense Reimbursement

II. PURPOSE

The purpose of this policy is to establish guidelines for expense reimbursement for Board Members while on official and approved Board business.

III. POLICY

- A. Board Members Shall receive reimbursement for allowable expenses incurred while traveling on official and approved business. Board Members are eligible for expense reimbursement only when travel has been authorized by the Superintendent or his/her designee, and in accordance with MCBDD Board Policy.

In cases where a credit card is used for a board-related purchase, the Board Member shall make known to the vendor that the purchase is for a tax-exempt status so that the board is not subject to a sales tax liability. However, in the event tax-status cannot be obtained, i.e., expenses related to lodging, meals, other miscellaneous travel expenses or internet purchases, the board will remit sales tax for this board-related expenditure. The liability for sales tax, in these cases, will not fall upon the credit card user or holder.

- B. Board Members shall submit to the Business Office a Muskingum County, Ohio Travel Expense Report with receipts attached ~~t~~. Expenses may be reimbursed in the following manner:

1. **Travel:** Board Members shall be reimbursed for actual miles while on official and approved business at the rate of the standard mileage rate as issued by the Internal Revenue Service for the applicable year, when using their personal vehicle. Such payment is considered to be total reimbursement for all vehicle-related expenses (e.g., gas, oil, depreciation, etc.).

Board Members are required to submit a proposed travel itinerary to the MCBDD, at least thirty (30) days in advance of the departure date, if possible. Such itinerary will include the cost of a round-trip ticket (coach fare) or public transportation, the estimated round trip automobile mileage and miscellaneous expenses as needed. MCBDD shall review the itinerary and determine what type of travel shall be authorized. When determining/authorizing such travel, the cost of public transportation versus automobile mileage reimbursement, as well as travel time, shall be considered. Charges incurred for car rental, parking at the destination and any highway tolls are reimbursable at the actual amount. Receipts for parking costs and highway tolls are required.

If public carrier is approved by the Superintendent for travel, the Board Member shall be reimbursed for actual cost, receipts required. Board Members shall be reimbursed at the current IRS reimbursement rate.

Air travel may be approved when such travel is less expensive than mileage for a Board Member's personal vehicle, or trip expenses for a Board vehicle. Such travel shall be by coach or second class and to the most direct airport available. Tickets may be purchased by the Board Member, and shall be reimbursed by the Business Office upon the Board Member's submission of a receipt.

2. **Meals:** Meals will be reimbursed if out of county travel or stay extends through a mealtime in the maximum of thirty-five dollars (\$35.00) per day. Seven dollars (\$7.00) for breakfast, eleven dollars (\$11.00) for lunch, and seventeen dollars (\$17.00) for dinner. Meals may include a tip capped at 20% of the meal allowance. A receipt of meal cost and tip must be included. (Example: If a Board Member spends thirteen dollars (\$13.00) on lunch and tips 20%, the Board Member will be reimbursed eleven dollars (\$11.00) for the lunch and 20% of the eleven dollars (\$11.00). Additionally, if the Board Member's dinner is only nine dollars (\$9.00) the tip is on the nine dollars (\$9.00) not the maximum allowance of seventeen (\$17.00)). No reimbursements will be approved without original receipts. No reimbursements will be approved for alcoholic beverages. No reimbursements shall be provided for meals which are otherwise included in the cost of a hotel or in-service registration fee, including continental breakfasts.

In-county training where training breaks for lunch and lunch is not part of training lunch will not be reimbursed, unless it is board related in conjunction with your position duties. The board will continue to pay for all the registrations and mileage for in-county training conferences required by the board.

Reimbursements for meals when an overnight stay is not required by the employee are considered as taxable income, unless the charge for the meal is included in the registration fee of an event. Taxable meal reimbursements will be reported to the Internal Revenue Service as taxable income to the Board Member.

3. **Overnight Expenses/Lodging:** When a Board Member's travel in the sole opinion of MCBDD requires an overnight stay, lodging shall be reimbursed. MCBDD reserves the right to make reservations at accommodations if, in its judgment, the rate is favorable to taxpayers. Absolutely no lodging costs or cost increases will be reimbursed for anyone other than the Board Member.
4. **Non-Reimbursable Expenses:** include alcoholic beverages, entertainment, dry cleaning, laundry, room service and tips (other than meals).
5. **Registration for Meetings, Conferences, and Conventions:** The board will pay the registration fees for meetings, conferences, and conventions related to Board Member responsibilities. The registration and reservations will be completed by the Business Office.

Under no circumstances are Board Members permitted to use their personal loyalty rewards to gain personal benefit from said Board reimbursements.

IV. ANNUAL REVIEW AND ADOPTION OF POLICIES

This policy shall be maintained on file in the administrative offices of the County Board and shall be reviewed and updated annually.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with the Board policy and applicable rules, regulations and statutes.

Form used with this policy:

Muskingum County, Ohio Travel Expense Report

Board Adopted: October 5, 2006

Reviewed with approval: January 4, 2007; January 3, 2008

Revised: January 1, 2009; January 14, 2010

Reviewed: January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015

Reviewed: January 7, 2016; January 5, 2017; January 16, 2018

Revised: September 12, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Confidentiality of Individual Records

Policy Number:

1.11

Federal Reference:

45 CFR Parts 160 and 164

Ohio Revised Code Reference:

149.43, 149.351, 149.44, 5123.89

Administrative Code Reference:

3301-51-04, 5123-11-01, 5123-11-02

I. SUBJECT

Confidentiality of Individual Records

II. PURPOSE

This policy establishes the Muskingum County Board Developmental Disabilities (County Board) of policy for safeguarding confidentiality of information and individual records.

III. APPLICATION OF CONFIDENTIALITY POLICY

- A. Confidentiality is the basis for all professional relationships. It involves trust and confidence and is the key to developing successful service and support delivery relationships with individuals.
- B. All information contained in an individual's records, including information contained in any automated data bank, shall be considered confidential.

IV. POLICY

- A. The County Board hereby establishes a policy to safeguard each individual's right to privacy and confidentiality in the receipt of services and supports from the County Board and to ensure a system exists for maintaining and protecting the confidentiality of individual records and their use.
- B. The County Board shall conform to all requirements for privacy and confidentiality set forth in Health Insurance Portability and Accountability Act (HIPAA) and other applicable law. The County Board shall not use or

disclose Protected Health Information (PHI) except in accordance with applicable requirements.

- C. This policy shall apply whether the County Board is acting as a covered health care provider or a health plan under HIPAA. If the County Board is acting in more than one capacity, the County Board 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.

V. PROCEDURES TO IMPLEMENT THIS POLICY

- A. The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes that apply to all employees, volunteers / interns and contracted service and support providers to be implemented to ensure a system exists for maintaining privacy and confidentiality of individual records.
- B. Policies/procedures concerning confidentiality will be made known to all County Board employees, volunteers/interns, individuals of services and supports and/or the parent of a minor, or guardian of an adult, and contract service and support providers as applicable.
- C. Policies and procedures specific to confidentiality shall be reviewed annually and revised as necessary to ensure systems of ensuring confidentiality are adequate for protecting individual's rights.

Board Adopted: June 6, 2002

Revised and Approved: April 3, 2003

Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006

January 4, 2007; January 3, 2008

Reviewed: January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: September 12, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Confidentiality Of Individual's Records

Procedure Number:

1.11.1

I. APPLICATION OF CONFIDENTIALITY POLICY

- A. All information contained in an individual's records, including information contained in any automated data bank, shall be considered confidential.
- B. Confidentiality policies and procedures shall apply to all individual records.

II. DEVELOPMENT OF PROCEDURES

- A. The Muskingum County Board of Developmental Disabilities (County Board) shall develop procedures specific to confidentiality that apply to all employees, volunteers/interns/practicum students and contracted service and support providers.
- B. Policies and procedures concerning confidentiality will be made known to all County Board employees, volunteers/interns/practicum students, individuals of services and supports and/or the parent of a minor, or guardian of an adult, and, as applicable, contract service and support providers.

III. DEFINITIONS

- A. **County Board** means the Muskingum County Board of Developmental Disabilities.
- B. **Directory Information** includes the following information relating to an individual:
 - 1. Name;
 - 2. Address;
 - 3. Telephone number;
 - 4. Date;
 - 5. Place of service;
 - 6. Participation in officially recognized activities, services, and supports.
- C. **Disclosure** means permitting access or the release, transfer, or other communication of records of the individual or the personally identifiable information contained therein, orally or in writing, or by electronic means, or by any other means to a party.

- D. **Individual** means an eligible person receiving services and supports from the County Board or a contracted entity or person under the County Board's authority.
- E. **Major Unusual Incident (MUI)** means the alleged, suspected, or actual occurrence of an incident when there is a reason to believe the health or safety of an individual may be adversely affected or an individual may be placed at a reasonable risk of harm as listed in this paragraph, if such individual is receiving services through the County Board or will be receiving services as a result of the incident.
1. **Abuse** means any of the following when directed toward an individual:
 - a. **Physical Abuse** means the use of physical force that can reasonably be expected to result in physical harm or serious physical harm as those terms are defined in section 2901.01 of the Ohio Revised Code. Such force may include, but is not limited to, hitting, slapping, pushing, or throwing objects at an individual.
 - b. **Sexual Abuse** means unlawful sexual conduct or sexual contact as those terms are defined in section 2907.01 of the Ohio Revised Code and the commission of any act prohibited by section 2907.09 of the Ohio Revised Code (e.g., public indecency, importuning, and voyeurism).
 - c. **Verbal Abuse** means purposefully using words or gestures to threaten, coerce, intimidate, harass, or humiliate an individual.
 2. **Attempted Suicide** means a physical attempt by an individual that result in emergency room treatment, in-patient observation, or hospital admission.
 3. **Death** means the death of an individual
 4. **Exploitation** means the unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit, profit, or gain.
 5. **Failure to Report** means that a person, who is required to report pursuant to section 5123.61 of the Ohio Revised Code, has reason to believe that an individual has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse (including misappropriation) or neglect of that individual, and such a person does not immediately report such information to a law enforcement agency, the County Board, or, in the case of an individual living in a developmental center, either to law enforcement or the DODD.

Pursuant to division (C) (1) of section 5123.61 of the Ohio Revised Code, such report shall be made to the DODD and the County Board when the incident involves an act or omission of an employee of a County Board.

6. **Known Injury** means an injury from a known cause that is not considered abuse or neglect and that requires immobilization, casting, five or more sutures or the equivalent, second or third degree burns, dental injuries, or any injury that prohibits the individual from participating in routine daily tasks for more than two consecutive days.
7. **Law Enforcement** means any incident that results in the individual being charged, incarcerated, or arrested.
8. **Medical Emergency** means an incident where emergency medical intervention is required to save an individual's life (e.g., Heimlich maneuver, cardiopulmonary resuscitation, intravenous for dehydration).
9. **Misappropriation** means depriving, defrauding, or otherwise obtaining the real or personal property of an individual by any means prohibited by the 5123:2-17-02 of Ohio Revised Code, including Chapters 2911 and 2913 of the Ohio Revised Code.
10. **Missing Individual** means an incident that is not considered neglect and the individual cannot be located for a period of time longer than specified in the individual service plan and the individual cannot be located after actions specified in the individual service plan are taken and the individual cannot be located in a search of the immediate surrounding area; or circumstances indicate that the individual may be in immediate jeopardy; or law enforcement has been called to assist in the search for the individual.
11. **Neglect** means when there is a duty to do so, failing to provide an individual with any treatment, care, goods, supervision, or services necessary to maintain the health or safety of the individual.
12. **Peer-to-Peer Acts** means acts committed by one individual against another when there is physical abuse with intent to harm; verbal abuse with intent to intimidate, harass, or humiliate; any sexual abuse; any exploitation; or intentional misappropriation of property of significant value.
13. **Prohibited Sexual Relations** means an DD 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 DD employee was employed or under contract to provide care at the time of

the incident and includes persons in the employee's supervisory chain of command.

14. **Rights Code Violation** means any violation of the rights enumerated in section 5123.62 of the Ohio Revised Code that creates a reasonable risk of harm to the health or safety of an individual.
 15. **Unapproved Behavior Support** means the use of any aversive strategy or intervention implemented without approval by the human rights committee or behavior support committee or without informed consent.
 16. **Unknown Injury** means an injury of an unknown cause that is not considered possible abuse or neglect and that requires treatment that only a physician, physician's assistant, or nurse practitioner can provide.
 17. **Unscheduled Hospitalization** means any hospital admission that is not scheduled unless the hospital admission is due to a condition that is specified in the individual service plan or nursing care plan indicating the specific symptoms and criteria that require hospitalization.
 18. **Mid-East Ohio Regional Council- (MEORC)** MEORC means the Mid-East Ohio Regional Council Office created under the authority of Chapter 167 of the Ohio Revised Code provides services
- F. **Mid-East Ohio Regional Council/Major Unusual Incident - (MEORC) MUI Office** means the Mid-East Ohio Regional Council Major Unusual Incident Office of Investigation and Review and/or its employees/investigative agents.
- G. **DODD** means Ohio Department of Developmental Disabilities
- H. **Parent** means either parent. If the parents are separated or divorced, “parent” means the parents as legally determined. At age eighteen the individual must act on his or her behalf, unless he/she has a court-appointed guardian. This term does not include the State, if a child is a ward of the State.
- I. **Personally Identifiable Data** includes:
1. Name of the individual and the individual’s family members;
 2. The address of the individual
 3. A personal identifier, such as the individual’s date of birth, Social Security number, or Medicaid and/or Medicare number;
 4. A list of personal characteristics or other information that would make it possible to identify the individual with reasonable certainty.

- J. **Records** mean those records that are directly related to an individual's service(s) and support(s) and are maintained by the County Board or by a party acting for the County Board. Record means any information or data recorded in any medium, including, but not limited to: photographs, handwriting, print, tapes, film, microfilm, microfiche, and automated data blank.
- K. **Record Destruction** means the physical destruction of a records or removal of personal identifiers from information so that the information is no longer personally identifiable.

IV. ACCESS RIGHTS

- A. Reports made under Section 5123.61 of the Ohio Revised Code and Section 5123:2-17-02 of the Ohio Administrative Code specific to Major Unusual Incidents (MUI) are not public records as defined in Section 149.43 of the Ohio Revised Code.
- B. The individual, parent, or guardian has the right to inspect and review any County Board record related to his or her minor son or daughter.
- C. DODD personnel authorized by the Director of DODD shall have access to individual records.
- D. If the County Board's records include information on more than one individual, the guardian or individual shall have the right to inspect and review only the information relating to them or be informed of that specific information.
- E. An individual of legal age eighteen 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, destruction, and dissemination. Throughout the remainder of this procedure, "individual" refers to the individual, himself/herself, when acting in his/her own behalf or to the parent as defined in Section III Definitions of this procedure.
- F. The County Board shall comply with the individuals' requests for access and/or copies of confidential materials without unnecessary delay. Typical response time for requests for access to confidential material shall not exceed 10 working days unless specific deadlines accompany the request for access or copies.
- G. The County Board may charge a fee for copies of records, which are for the individual under this procedure, if the fee does not effectively prevent the individual from exercising the right to inspect those records.

V. TYPES OF RECORDS AND LOCATIONS

- A. Every individual receiving services and or supports shall have access to the records maintained by the County Board. All information shall be treated as confidential and shall be directly accessible only to the County Board professional staff pursuant to these policies and procedures.
- B. An individual's record is removed from the County Board's jurisdiction and safekeeping only in accordance with a court order, subpoena, or statute. Individual's records shall not be removed from the County Board's jurisdiction for any other reason.
- C. The County Board shall develop a list at each service delivery site of the types and locations of records collected, maintained, or used, and shall provide this list to individuals on request.
- D. The types of records maintained by the County Board may include, but not be limited to:
 - 1. Major Unusual Incidents (MUI) reports are kept at the MEORC/MUI Office and the County Board Administrative Office.
 - 2. Supported Living, Individual Options and Level I, Self, and TDD Waiver files with current Individual Service Plans, Level of Care, and PAWS are kept at the MEORC and County Board Administrative Offices.
 - 3. Case Management records, TCM, and MUI Reports specific to individual are kept in the applicable service setting at the Administrative Office.
 - 4. Adult Services official files with copies of birth certificates, Social Security cards, social summaries, psychological, COEDI/OEDI Form for Eligibility Determination (FED), individual plans, and incident reports are kept at the County Board Administrative Office.
 - 5. Emergency care cards for individuals are kept in the applicable service setting office and on County Board buses in case there was an accident involving one of the individuals.
 - 6. Payroll records for the enrollees in Adult Services/Habilitation Centers are kept in the Adult Services/Habilitation Center's payroll office.
 - 7. Nursing records and charts with an individual's medical and inoculation records are kept in the clinic of the applicable service setting of the County Board.

8. Early Intervention, Preschool and School Age files containing their IFSP/IEP, Multi-factor Evaluations, Birth Certificate, Social Security Card, custody and guardianship records and Unusual Incident (UI) reports are kept at the Starlight School.
 9. Family Assistance Program (FAP) files are kept for those individuals who are eligible for FAP containing information about family income and other eligibility requirements. These files are kept at the County Board Administrative Office.
- E. Records shall be kept on file in a secure location to assure permanence of the records for the time during which the services are provided and for transmittal to an alternative program when alternate placement occurs.
 - F. Reports made under Section 5123.61 of the Ohio Revised Code and 5123:2-17-02 of the Ohio Administrative Code (Major Unusual Incidents) are not public records as defined in Section 149.43 of the Ohio Revised Code and may not be deemed accessible.

VI. REQUESTS TO AMEND AN INDIVIDUAL RECORD

- A. An individual who believes that information in records collected, maintained, or used under this part is inaccurate or misleading or violates the privacy or other rights of the individual may request the County Board to amend the information.
- B. The Superintendent, or his/her designee, shall hear the request to amend the records in question within thirty days after the County Board has received the request. If the decision is made not to amend the information in accordance with the request, the superintendent or designee shall inform the individual of the refusal and advise the individual of the right to a records hearing to challenge information in the records, to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the individual.
- C. A records hearing shall be set up at the individual's request and will adhere to the following:
 1. The records hearing shall be held within thirty calendar days after the County Board has received the request, and the individual shall be given written notice of the date and time of the hearing at least 10 working days in advance.
 2. The records hearing will be conducted by a subcommittee appointed from members of the Board.

3. The individual 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 expense, including an attorney. The party conducting the hearing shall make his/her decision in writing to the County Board within 10 working days after the conclusion of the hearing. The decision shall be based solely upon the evidence presented at the hearing and shall include a summary of evidence and the reasons for the decision.

VII. RESULTS OF RECORDS HEARING

- A. If, as a result of the records hearing, it is decided that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the individual, the County Board shall direct that an amendment be made to the information accordingly, and so inform the individual in writing.
- B. If, as a result of the records hearing, it is decided that this information is not inaccurate misleading, or otherwise in violation of the privacy or other rights of the individual, the County Board shall inform the individual of the right to place in the records maintained by the County Board a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the County Board.
- C. Any explanation placed in the records of the individual under this procedure shall be maintained by the County Board as part of the records of the individual, as long as the record or contested portion is maintained. If the records of the individual or the contested portion are disclosed to any party, the explanation must be disclosed to the party.

VIII. SAFEGUARDS FOR MAINTAINING CONFIDENTIALITY OF INDIVIDUAL RECORDS

- A. The safekeeping of records and securing them against loss or use by unauthorized persons is the responsibility of the designated Program Director. The designated Program Director shall be responsible for all records under their assigned area of responsibility. It is the responsibility of MEORC for the safekeeping of official files for residential records. It is the MEORC MUI Director's responsibility to maintain confidentiality of applicable records.
- B. Each employee of the County Board shall act responsibly in the provision of service delivery to ensure the confidentiality of information of each individual receiving supports.
- C. County Board personnel collecting, maintaining, using, or otherwise having access to personally identifiable data shall be informed of the confidentiality

policies and procedures of the County Board and are responsible for implementing them.

- D. The County Board shall maintain, for public inspection, a current listing of names and positions of those employees who have access to the personally identifiable data. The listing shall be posted near the area where the records are maintained.
- E. If the County Board records include information on more than one individual, the individual shall have the right to inspect only the information related to them.

IX. DISCLOSURE OF CONFIDENTIAL INFORMATION REQUIRING WRITTEN CONSENT AND RECORDING PROCEDURES

- A. The County Board will obtain written consent of an individual or legal guardian before disclosing personally identifiable information and other information not otherwise authorized from the records of an individual. This written consent shall comply with all state and federal regulations, be signed and dated by the individual or their legal guardian giving the consent, and shall include:
 - 1. A specification of the records to be disclosed;
 - 2. The purpose of the disclosure;
 - 3. The party or class of parties to whom the disclosure may be made;
 - 4. A specific date upon which the authorization will expire; and
 - 5. A statement of authorization can be revoked prior to the disclosure.
- B. When a disclosure is made pursuant to this procedure, the County Board shall, upon request of the individual, provide a copy of the records that are disclosed to the individual or their guardian.
- C. Disclosure of information also includes verbal sharing (meeting, telephone conversations, etc.) This requires written individual consent, as outlined above. Transmission of information may occur via fax, mail or certified mail as appropriate.
- D. Directory information will not be disclosed by the County Board without the written consent of the individual.
- E. A record of all disclosures of information that includes the information disclosed, to whom it was disclosed, the reason and the date of the disclosure shall be maintained in the individual's record. These recording procedures shall be used for all disclosures of confidential information.

X. DISCLOSURE OF INFORMATION WRITTEN CONSENT NOT REQUIRED AND RECORDING PROCEDURES

A. Confidential information from the records of an individual may be disclosed without consent of the individual, if the disclosure is:

1. To other staff within the County Board who has been determined by the Superintendent or his/her designee of the County Board to have a legitimate interest in providing services and supports.
2. To Federal and State officials, in connection with the audit or evaluation of federally supported programs or in connection with the enforcement of or compliance with the legal requirements that relate to these programs.
3. To officials or another agency who is providing, or intends to provide services to individuals under contract with the County Board.
4. Refer to HIPAA Procedure IV (2) (a-k), (3) & (4) for additional disclosures of information that does not require written consent and recording procedures.

B. The County Board shall keep a record of parties obtaining or given access to records collected, maintained, or used. Record of access/disclosure shall be kept on parties reviewing the files and of parties to whom information is sent, including:

1. Name of the party,
2. Date access was given,
3. Purpose for which the party is authorized to use the data.

C. These recording procedures shall be used for all disclosures of information without consent.

XI. DISSEMINATION OF CONFIDENTIALITY POLICY AND PROCEDURES

A. The County Board shall disseminate this confidentiality policy and procedures to all parents/legal guardians or individuals including the following information, upon request, regarding records:

1. The type of information and records that are maintained on individuals;
2. The name and position of the person responsible for maintaining individual records;

3. The name of persons with access to individual records and the purpose for which they have access;
 4. The County Board's policies and procedures regarding review and destruction of information;
 5. The categories of directory information;
 6. All other rights and requirements of guardian/individual, including the Resolution of Complaints and Appeal of Adverse Action Policies and Procedures.
- B. Methods of dissemination may include, but not be limited to, the following:
1. Through ISP, IEP, IFSP meetings;
 2. During the eligibility and intake process;
 3. Upon request of the individual.

XII. POLICY AND PROCEDURE REVIEW AND UPDATE

The County Board shall review, not less than once a year, the systems and safeguards employed by the County Board and staff to preserve confidentiality of information. This review shall be used to maintain the confidential nature of the information.

Forms used with this procedure:

Release of Information

Parent/Guardian/Student Records Release

Type of Records, Location & Access

School Record of Persons Obtaining Access to Confidential Education Records

Approved Date: August 30, 2002

Revised Date: November 2, 2006

Reviewed: January 4, 2007; January 3, 2008; January 1, 2009; January 14, 2010; January 6, 2011

Revised: March 24, 2011

Reviewed: January 5, 2012; January 10, 2013; January 9, 2014

Revised: June 23, 2014

Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: July 16, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

HIPAA Privacy/Confidentiality/Security Policy

Policy Number:

1.12

Federal Reference:

45 CFR Parts 160 & 164; 45 CFR 164.308; 45 CFR 164.310; 45 CFR 164.312;
45 CFR 164.402 – 164.14; 45 CFR 164.502; 45 CFR 164.504; 45 CFR 164.508;
45 CFR 164.512; 45 CFR 164.520; 45 CFR 164.522; 45 CFR 164.524;
45 CFR 164.526; 45 CFR 164.528; 45 CFR 164.530;

Ohio Revised Code Reference:

1347; 1347.08; 1347.09; 2151.421; 4113.52; 4732.19; 5123.19; 5123.60; 5123.61;
5126.04; 5126.31; 5126.34; 5126.055; 5123.64; 2317.02

Administrative Code Reference:

5123: 2-01; 5123:2-02; 5123:2-03; 5123:2-04; 5123:2-05; 5123:2-06; 5123:2-07

I. SUBJECT

Health Insurance Portability and Accountability Act (HIPAA)

II. PURPOSE

Establish procedures concerning HIPAA Privacy, confidentiality, and security procedures. These procedures will be made known to all County Board employees, volunteers/interns/practicum students, individuals who receive services and supports and/or the parent of a minor, or guardian of an adult, and, as applicable, contract service and support providers.

III. APPLICATION

Procedures specific to HIPAA Privacy/confidentiality/security shall apply to all employees, volunteers/interns/practicum students and contracted service and support providers of the County Board. All information contained in an individual's records, including information contained in any automated data bank, shall be considered confidential.

IV. GENERAL POLICY

A. General Principles

The Muskingum County Board of Developmental Disabilities (County Board) shall conform to all requirements for privacy and confidentiality set forth in HIPAA and other applicable law. The County Board shall not use or disclose Personal Health Information (PHI) except in accordance with applicable requirements. This policy shall apply whether the County Board is acting as a covered health care provider or a health plan under HIPAA. If the County Board is acting in more than one capacity, the County Board 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.

B. Treatment, Payment, and Health Care Operations

The County Board 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 County Board Program. The County Board shall obtain a release or authorization from the individual for any disclosure of treatment, payment or healthcare operations when such disclosure is to a person or entity which is not otherwise entitled to receive such information under applicable requirements.

C. Scope of Disclosure: Minimum Necessary Standard

1. Disclosure of 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. Disclosure required by law or for monitoring purposes shall be made in accordance with the authority seeking the information.

D. Incidental Uses and Disclosures

1. The County Board may use or disclose PHI incidents to use or disclose otherwise permitted or required by applicable requirements.
 - a. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a result of another use of disclosure that is permitted by the rule.
 - b. Permissible incidental uses and disclosures are those that occur as a by-product of another permissible or required use or disclosure, as

long as the County Board has applied reasonable safeguards and implemented the minimum necessary standard, where applicable, with respect to the primary use or disclosure.

- c. An incidental use or disclosure is not permitted if it is a by-product of an underlying use or disclosure which violates applicable requirements and County Board procedures.

E. Changes in Policies and Procedures

1. The County Board shall change its policies and procedures as necessary and appropriate to comply with changes in applicable requirements.
2. Changes shall apply to existing PHI effective on the date of notice of the change.
3. The County Board shall document material changes in policies and notices which reflect such changes. The County Board shall retain such documentation for six (6) years or as otherwise mandated by applicable requirements.

F. Mitigation

1. The County Board shall mitigate, to the extent practicable, any harmful effect that is known to the County Board of a use or disclosure of PHI in violation of its policies and procedures or the requirements of applicable requirements and the County Board policies and procedures by the County Board or its business associate. The County Board's duty to mitigate does not alter the County Board's duty to report breaches.

G. Prohibition Against Retaliation or Intimidation

1. No office, program, facility, or employee of the County Board shall intimidate, threaten, coerce, discriminate against, or take other retaliatory action against the following:
 - 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, 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.

H. Prohibition Against Waiver of Rights

No office, program, facility, or employee of the County Board 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.

V. **PRIVACY OFFICER AND CONTACT PERSON FOR COMPLAINTS**

A. Privacy Officer

The County Board shall designate an individual to be the Privacy Officer, responsible for the development and implementation of County Board policies and procedures relating to the safeguarding of PHI.

B. HIPAA Committee

Each program of the county Board shall have a HIPAA committee that advises and supports the Privacy Officer. The Superintendent shall appoint the HIPAA committee in consultation with the Privacy Officer.

C. Contact Person or Office

Each facility or program operated by the County Board shall designate an individual, position, or title, or office that will be responsible for receiving complaints relating to PHI and for providing information about the office's, facility's or program's privacy practices.

D. Training of County Board Staff

1. The County Board shall carry out and document the following training:
 - a. All current County Board employees and other workforce members must be trained on applicable policies and procedures relating to PHI as necessary and appropriate for such persons to carry out their functions within the County Board.
 - b. Each new workforce member shall receive 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 training as described above within a reasonable time after the change becomes effective.

E. Authorization

In compliance with 45 CFR Part 164 and Ohio law, all uses and disclosures of PHI beyond those otherwise permitted or required by law require a signed authorization. An authorization which conforms to County Board procedures may be used for use or disclosure of PHI in any situation where an authorization or release of information is required.

VI. USES AND DISCLOSURES FOR WHICH NO RELEASE OR AUTHORIZATION IS REQUIRED

A. The County Board may use or disclose PHI without written release or authorization of the individual as follows:

1. When required by law;
2. 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;
3. To protect victims of abuse, neglect, or domestic violence;
4. For health oversight activities such as investigations, audits, and inspections;
5. For judicial and administrative proceedings;
6. For law enforcement purposes;
7. For fundraising purposes, provided there is an opportunity to opt out;
8. For disclosures of immunizations with some record of consent;
9. To coroners, medical examiners, and funeral directors;
10. For organ, eye or tissue donation;
11. Research;
12. To reduce or prevent a serious threat to public health and safety;
13. Specialized government functions;
14. For workers' compensation or other similar programs if applicable.

VII. NOTICES

The County Board shall give adequate notice of the uses and disclosures of PHI that may be made by the County Board, and of the individual's rights and the County Board's duties with respect to PHI.

VIII. INDIVIDUAL'S ACCESS TO PHI

An individual has a right of access to inspect and obtain a copy of PHI about the individual in a designated record set, for as long as the PHI is maintained in the designated record set, subject to any limitations imposed by applicable law.

IX. INDIVIDUAL'S RIGHT TO REQUEST RESTRICTIONS

The County Board may voluntarily agree to restrict disclosure of information. The County Board is not required to agree to such restrictions, unless the disclosure is to a health plan and involves PHI related to payment or health care operations and pertains to a health care item or service for which the individual has paid out of pocket in full. If there is such an agreement, the County Board shall abide by the terms of the agreement, unless and until the agreement is rescinded in accordance with County Board procedures. An individual may request, subject to conditions set forth in the County Board procedures, that confidential information be conveyed by the County Board to the individual through alternative means or at alternative locations.

X. INDIVIDUAL'S RIGHT TO REQUEST AMENDMENT OF RECORDS OF PHI

An individual has the right to have the County Board amend PHI or a record about the individual in a designated record set for as long as the PHI is maintained in the designated record set.

XI. ACCOUNTING OF DISCLOSURES OF PHI

If the County Board discloses an individual's identity or releases a record or report regarding an eligible individual without authorization of the individual, the County Board shall maintain a record of when and to whom the disclosure or release was made.

XII. NOTICE OF BREACH

In the event of a breach of unsecured PHI, the County Board shall provide notice of breach in accordance with applicable requirements. Notice shall be provided to the affected individual, the Secretary of HHS and, as required, to the media. The County Board shall take steps reasonably necessary.

XIII. SAFEGUARDS

Each program or facility of the County Board shall adopt and implement appropriate administrative, technique, and physical safeguards to reasonably safeguard PHI from intentional or unintentional unauthorized use or disclosure.

XIV. INDIVIDUAL COMPLAINTS AND GRIEVANCES

The County Board shall permit individuals to make complaints about the County Board's HIPAA policies and procedures and /or the County Board's compliance with those policies and procedures. The County Board shall document all such complaints.

XV. SANCTIONS

The County Board shall apply and document application of appropriate sanctions against workforce members who fail to comply with the privacy policies and procedures of the County Board or applicable requirements. Sanctions may not be applied to whistleblowers, certain victims of crime committed by individuals served by the County Board or in a manner which would be reasonably construed as intimidation or retaliation.

XVI. BUSINESS ASSOCIATES

A. General

The County Board shall not disclose PHI to any person or entity under contract with the County Board or subcontractors of a Business Associate (BA), without a BA agreement or Memorandum of Understanding (MOU) which conforms to requirements applicable to BA relationships unless such disclosure is otherwise permitted under federal or Ohio law. Individuals should generally provide proper authorization prior to disclosure to a BA or subcontractor.

B. Review of Existing Contracts

The County Board shall review all existing contracts and extensions of contracts with any person or entity outside the workforce to determine whether there is a BA relationship under HIPAA.

C. Conformity to Applicable Requirements

1. The County Board shall conform to all requirements applicable to BA relationships:
 - a. If the County Board has a BA relationship with a COG or other governmental entity, the County Board shall enter into an MOU which meets HIPAA requirements applicable to BA relationships as well as applicable Ohio law.
 - b. If there is an existing contract between the BA and the County Board, the requirements of HIPAA may be met by an addendum to the contract.

D. Annual Review

The County Board shall review all 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.

E. Violations

If the County Board knows of a pattern or practice of the BA that amounts to a material violation of the agreement, the County Board shall attempt to cure the breach or end the violation, and if such attempt is unsuccessful, terminate the agreement, if feasible, and, if not, report the problem to the Office of U.S. Secretary of Health and Human Services.

XII. DOCUMENT RETENTION

A. Policies, Procedures and other Documentation required by HIPAA

The County Board shall maintain written or electronic copies of all policies and procedures, communications, actions, or designations as are required to be documented under the County Board policies for a 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 the state or other federal law, or as set forth below.

B. Records with PHI and financial records

1. The County Board shall retain all Medicaid –related record information and fiscal data for a period of seven (7) years from the date of receipt of payment or for six (6) years after any initiated audit is completed and adjudicated, whichever is longer, and said records shall be available for any partial or full review.

2. The County Board shall retain all records and forms, including, but not limited to ISPs, necessary to fully disclose the extent of services provided and related business transactions for a period of seven (7) years from the date of payment or for six (6) years after any initiated audit is completed and adjudicated, whichever is longer.
3. The County Board shall retain financial, statistical; and medical records supporting the cost reports or claims for services rendered to residents of ICF/DD for the greater of seven (7) years after the cost report is filed; if Ohio Department of Human Services (ODHS) issues an audit report in accordance or six (6) years from the date of receipt of payment or until an initiated audit report are exhausted.
4. The County Board shall maintain the records necessary and in such form to disclose fully the extent of HCBS waiver services provided, for a period of six (6) years from the date of receipt of payment or until an initiated audit is resolved, whichever is longer.

XVIII. DOCUMENT DESTRUCTION

The County Board shall notify an eligible individual, the individual's guardian, or if the eligible individual is a minor, the individual's parent or guardian, prior to destroying any record or report regarding the eligible individual.

XIX. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: May 8, 2014
Reviewed: January 8, 2015; January 7, 2016;
Revised: January 5, 2017
Reviewed: January 16, 2018
Revised: September 12, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

HIPAA Privacy/Confidentiality/Security/Procedure

Procedure Number:

1.12.1

I. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) has a moral and ethical obligation to protect the security, privacy, and civil rights of people the County Supports.

II. DEFINITIONS

- A. **Applicable Requirements** means applicable federal and Ohio law and the contracts between the County Board and other persons or entities which conform to federal and Ohio law.
- B. **Breach** is the acquisition, access, use or disclosure of protected health information in an unauthorized manner which compromises the security or privacy of the protected health information. The following types of breaches are expressly excluded from this definition:
 - 1. Any unintentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of covered entity or a Business Associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner prohibited by HIPAA
 - 2. Any inadvertent disclosure by a person who is authorized to access protected health information to another person authorized to access protected health information at the same Covered Entity or Business Associate and the information is not further disclosed in a manner prohibited by HIPAA; or
 - 3. A disclosure of protected health information where a covered entity or Business Associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.
- C. **Business Associate (BA)** is a person or entity which creates, uses, receives or discloses protected health information held by covered entity to perform functions or activities on behalf of the covered entity.

- D. **Covered Entity** means a health plan, a health care clearinghouse or health care provider who transmits any health information in electronic form in connection with a transaction covered by HIPAA rules.
- E. **Council of Government (COG)** is a group of County Boards of Developmental Disability or other governmental entities which have entered into an agreement under Ohio Revised Code Chapter 167 and are operating in accordance with that agreement.
- F. **County Board** means the Muskingum County Board of Developmental Disabilities and its designated administration and staff.
- G. **Designated Record Set** means:
1. A group of records maintained by or for a covered entity that is:
 - a. The medical and billing records about individuals maintained by or for a covered health care provider;
 - b. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
 - c. Used, in whole or in part, by or for the covered entity to make decisions about individuals.
 2. For purposes of this definition, the term *record* means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.
- H. **Disclosure** means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information
- I. **HCBS** means Medicaid- funded home and community –based services waiver program available to individuals with Developmental Disabilities (DD) granted to Ohio Department of Job and Family Services (ODJFS) by CMS as permitted in §1915 c of the Social Security Act, with day-to-day administration performed by Ohio Department of Developmental Disabilities (DODD).
- J. **Health Care Clearinghouse** is a public or private entity, including a billing service, community health management information system or community health information system that does either of the following functions:
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.

2. Receives a standard transaction from another entity and processes or facilitates the processing of health information into non-standard format or non-standard data content for the receiving entity.
- K. **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.
- L. **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:
1. The Medicaid program under title XIX of the Act, 42 U.S.C. § 1396, et seq.
 2. Any other individual or group plan, or combination of individual or group plans, that provides or pays for the cost of medical care.
- M. **HIPAA** means the Health Insurance Portability and Accountability Act of 1996, codified in 42 USC §§ 1320 – 130d- 8 and 45 CFR Parts 160- and 164.
- N. **ICF/IID** is an intermediate care facility for individuals with intellectual disabilities, certified to provide services to individuals with DD or a related condition in accordance with 42 CFR part 483, subpart I, and administered in accordance with Chapter 5101:3-3 of the Ohio Administrative Code
- O. **Individually Identifiable Health Information** – is name, address, driver's license number and dates of birth, death, admission and discharge, telephone and fax numbers, e-mail address, Social Security number, medical record number, Web URL, Finger or voice prints, photographic images and account numbers.
- P. **ISP** means the Individual Service Plan which is document developed by the ISP Team, containing written descriptions of the services and activities to be provided to an individual, which shall conform to the applicable requirements, including, but not limited to Section 5123:2-02, & 5123:2-3-17 and 5123:2-12-03 of the Ohio Administrative Code. Reference to the ISP shall include Individual Plans developed in accordance with Section 5123:2-15-18 of the Ohio Administrative Code.

- Q. **Minimum Necessary** means a covered entity complies with the minimum necessary requirement if the covered entity releases a limited data set or the minimum information necessary to accomplish the purpose of the disclosure.
- R. **MOU** means a Memorandum of Understanding between governmental entities which incorporates elements of a Business Associate contract in accordance with HIPAA rules.
- S. **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 or 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 County Board and the minor. A court appointed guardian is a legal representative as well as someone with custody through an order of Juvenile or Domestic Relations Court. General or health care powers of attorney and designation of representative under Ohio Revised Code 5126.043 are legally recognized documents which do not involve a court. All of these would be sufficient to allow another person to act as a personal representative under HIPAA.
- T. **PHI** means protected health information, that is, individually 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. Protected health information does not include individually identifiable health information in any of the following:
1. Education records subject to FERBA;
 2. Employment records held by a covered entity in its role as employer;
 3. Regarding a person who has been deceased for more than 50 years.
- U. **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.
- V. **Public Health Authority** means 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 responsive for public health matters as part of its official mandate.

W. **TCM Targeted Case Management** means an Ohio State Plan Medicaid service that provides case management, including service coordination, services to eligible individual with DD in accordance with Chapter 5123 of the Ohio Administrative Code.

X. **TPO** means treatment, payment or health care operations under HIPAA rules.

Y. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of technology or methodology specified by the Secretary in the guidance issued and made available at <http://www.hhs.gov/ocr/privacy/>. 45 CFR 164.402; the commentary notes that “unsecured protected health information can include information in any form or medium, including electronic, paper, or oral form.” 74 Fed.Reg.42748. These regulations require this guidance to be updated annually. Protected health information which is secured as specified by the guidance will not be subject to notification in the event there is a breach of the secured protected health information.

Z. **USE** means, with respect to individual identifiable health information, sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

AA. **Workforce Member** means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the County Board, is under the direct control of the County Board, whether or not they are paid by the County Board.

III. Authorizations

A. General

1. In compliance with 45 CFR Part 164 and Ohio Law, all uses and disclosures of protected health information beyond those otherwise permitted or required by law require a signed authorization according to the provisions of this policy. An authorization which conforms to this rule may be used for use provisions of this policy. An authorization which conforms to this rule may be used for use or disclosure of protected health information in any situation where an authorization is required.
2. An authorization is required for each individual or entity that is to receive protected health information except as provided by federal and Ohio law.

Exceptions for requirement for an authorization include the following, as further specified in federal and Ohio law:

- a. those required by law;
 - b. for public health activities;
 - c. about victims of abuse, neglect or domestic violence;
 - d. for health oversight activities;
 - e. for judicial and administrative proceedings ;
 - f. for law enforcement purposes;
 - g. for cadaveric organ, eye, or tissue donation purposes;
 - h. for research purposes;
 - i. to avert a serious threat to health or safety;
 - j. for specialized government functions;
 - k. for worker's compensation;
3. Records of immunization may be disclosed without formal written authorization, but some form of consent, including oral consent, is required.
4. Protected health information of deceased individuals is protected to the same extent as that of living individual. This protection expires 50 years after death of the individual. In the meantime, protected health information may be disclosed to authorized representatives of the decedent, such as an executor or administrator, or to a family member involved in the individual's care or payment for health care prior to the individual's death, if the protected health information is relevant to such person's involvement, unless doing so is inconsistent with any prior expressed preference of the individual that is known to the Covered Entity.

B. Elements for Authorization

1. Content requirements: Each authorization for the use or disclosure of an individual's protected health information shall be written in plain language and shall include at least the following information:
 - a. A specified and meaningful description of the information to be used or disclosed;

- b. The name or identification of the person or class of person(s) authorized to make the use or disclosure;
- c. The name or identification of the person or class of person(s) to whom the requested use or disclosure may be made;
- d. Purpose of the disclosure or statement that disclosure is at request of the individual;
- e. An expiration date or expiration event that relates to the individual or the purpose of the use or disclosure; the statement “end of the research study,” “none,” or similar language is sufficient if the authorization is for a use of disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository.
- f. A statement of the individual’s right to revoke the authorization in writing, and exceptions to the right to revoke, together with a description of how the individual may revoke the authorization or make reference to conditions for revocation in the notice.
- g. A statement regarding permissible conditioning of treatment, payment, enrollment or eligibility for benefits on the authorization, as described in Section III (C) of this procedure.
- h. A statement that the potential for information disclosed pursuant to the authorization may be subject to re-disclosure by the recipient if the recipient is not subject to federal or state confidentiality restrictions. This information may no longer be protected by this subpart;
- i. If the authorization is for marketing purposes and the County Board seeking the authorization will receive either direct or indirect compensation, the authorization must state that the County Board will receive remuneration;
- j. The date signature of the individual, and;
- k. If the authorization is signed by a personal representative of the individual, a description of the representative’s authority to act on behalf of the individual.

C. Conditioning Services on Authorization

1. The County Board may not condition the provision to an individual of treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of an authorization, except:
 - a. The County Board acting as a covered health care provider may condition the provision of a valid authorization;
 - b. The County Board may condition enrollment for County Board services or eligibility for County Board services on provision of an authorization requested by the County Board prior to an individual's enrollment in the County Board, if:
 - c. The authorization sought is for determining eligibility for County Board services or enrollment determinations relating to the individual; and
 - d. The authorization is not for a use or disclosure of psychotherapy notes.
2. A County Board may condition the provision of health care that is solely for the purpose of creating protected health information for disclosure to a third party on provision of an authorization for the disclosure of the protected health information to such third party.
3. A County Board cannot condition treatment or payment on an individual's choice with respect to the receipt of fundraising communications.

D. Combining Authorizations

1. An authorization which has been improperly combined with another authorization or document is invalid.
2. An authorization can permit disclosure more than one purpose except that:
 - a. An authorization for use or disclosure of psychotherapy notes may only be combined with another authorization for use or disclosure of psychotherapy notes, and
 - b. An authorization for use or disclosure of protected health information for research may only be combined with another authorization for use or disclosure of protected health information for research provided there is opportunity to opt out under certain circumstances.
3. An authorization which is required as a condition for treatment, payment, enrollment, or eligibility for benefits cannot be combined with another authorization.

4. An authorization cannot be combined with another document such as a notice or consent for treatment.

E. Right to Revoke

1. An individual may revoke an authorization at any time, provided that the revocation is in writing, except to the extent that:
 - a. The County Board has taken action in reliance thereon; or
 - b. If the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.
2. An authorization which has been revoked is not longer valid.
3. Upon written notice of revocation, further use or disclosure of protected health information shall cease immediately except to the extent that the office, facility, program or employee has acted in reliance upon the authorization or to the extent that use or disclosure is otherwise permitted or required by law;

F. Invalid Authorizations

1. An authorization is not valid if it has any of the following defects:
 - a. The expiration date or event has passed;
 - b. The authorization was not filled out completely;
 - c. The authorization is revoked;
 - d. The authorization lacks a required element; or
 - e. The authorization violates requirements regarding compound authorizations.

G. Verification

1. *Verification of Recipient.* The County Board must take reasonable steps to verify the identity of a person receiving protected health information and the authority of any such person to have access to protected health information. The County Board may rely, if such reliance is reasonable under the circumstances, on documentation, statements, or representation that, on their face, meet the applicable requirements.

2. *Verification of Personal Representative.* In accepting an authorization from a personal representative of an individual, the County Board must document evidence that the individual has designated the personal representative to act on the individual's behalf. The County Board may rely, if such reliance is reasonable under the circumstances, on documentation, statements, or representations that, on their face, meet the applicable requirements.

H. Document Management

1. If the entity is seeking the authorization, a copy of the authorization must be provided to the individual.
2. The County Board must retain the written or electronic copy of the authorization for a period of six (6) years from the later of the date of execution or the last effective date.

V. PROCEDURES ON USES AND DISCLOSURES FOR WHICH NO RELEASE OR AUTHORIZATION IS REQUIRED

The County Board shall conform to the following procedures in making disclosures for which no release or authorization is required:

A. When Required by Law

The County Board may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law, including, but not limited to the requirements summarized in section V. (C, E, &F) of this procedure.

B. For Public Health Purposes

1. Protected health information may be used or disclosed to:
 - a. A public health authority authorized by law to collect or receive information for the purpose of preventing or controlling disease, injury or disability, reporting vital events, conducting public health surveillance, investigations or interventions;
 - b. A public health or other government authority authorized by law to receive reports of child abuse or neglect;
 - c. A person subject to the jurisdiction of the Food and Drug Administration (FDA) regarding his/her responsibility for quality, safety or effectiveness of an FDA regulated product or activity, to

report adverse events, product defects or problems, track products, enable recalls, repairs or replacements, or conduct post marketing surveillance;

- d. A person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

- 2. To the extent that the County Board receives protected health information to carry out its duties.

C. To Protect Victims of Abuse, Neglect, or Domestic Violence

1. Reports of child abuse

- a. Reports of child abuse shall be made in accordance with Ohio Law.
- b. The County Board may disclose protected health information related to the report of abuse to the extent required by applicable law. Such reports shall be made to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect.

D. Reports of Abuse and Neglect Other than Reports of Child Abuse or Neglect

- 1. The County Board may disclose protected health information about an individual believed to be a victim of abuse, neglect, or domestic violence to a governmental authority to receive such reports if:
 - a. The individual agrees; or
 - b. The County Board believes, in the exercise of professional judgment, that the disclosure is necessary to prevent serious physical harm.
 - c. If the individual lacks the capacity to agree, disclosure may be made if not intended for use against the individual and delaying disclosure would materially hinder law enforcement activity.
- 2. The individual whose protected health information has been released must be promptly informed that the report was or will be made unless:
 - a. Doing so would place the individual at risk of serious harm; or
 - b. The County Board would be informing a personal representative, and the County Board reasonably believes the personal representative is responsible for the abuse, neglect, or other injury and that informing such person would not be in the best interests of the individual as

determined by the County Board, in the exercise of professional judgment.

E. For Health Oversight Activities such as Investigations, Audits, and Inspections

1. Protected health information may be used or disclosed for activities related to oversight of the health care system, government health benefits programs, and entities subject to government regulations, as authorized by law, including activities such as audits, civil and criminal investigations and proceedings, inspections, and licensure and certification actions.
2. Specifically excluded from this category are investigations of an individual that are not related to receipt of health care, or the qualification for, receipt of, or claim for public benefits.
3. To the extent that the County Board receives protected health information disclosed under this section in its role as MLAA, the County Board may use the protected health information to carry out its duties.

F. For Judicial and Administrative Proceedings

1. The County Board must always comply with a lawful order, but only in accordance with the express terms of the order.
2. Subpoena, discovery request or other lawful process: the County Board may comply with such legal requests only if:
 - a. The County Board receives satisfactory assurance from the party seeking the information that reasonable efforts have been made by such party to ensure that the individual who is the subject of the protected health information that has been requested has been given notice of the request; or
 - b. The County Board receives satisfactory assurance from the party seeking the information that reasonable efforts have been made by such party to secure a qualified protective order.
3. The County Board shall not respond to a subpoena without review by an attorney to ensure compliance with applicable requirements.

G. For Law Enforcement Purposes

1. Protected health information may be disclosed for the following law enforcement purposes and under the specified conditions:

- a. Pursuant to court order or as otherwise required by law, i.e., laws requiring the reporting of certain types of wounds or injuries, or commission of a felony, subject to any exceptions set forth in the applicable law.
 - b. Decedent's protected health information may be disclosed to alert law enforcement to the death if entity suspects that death resulted from criminal conduct.
 - c. The County Board may disclose to a law enforcement official protected health information that the County Board believes in good faith constitutes evidence of criminal conduct that occurred on the premises of the County Board.
 - d. The County Board providing emergency health care in response to a medical emergency, other than such emergency on the premises of the County Board, may disclose protected health information to a law enforcement official if such disclosure appears necessary to alert law enforcement to:
 - i. The commission and nature of a crime;
 - ii. The location of such crime or the victim(s) of such crime; and
 - iii. The identity, description, and location of the perpetrator of such crime.
 - e. If the County Board believes that a medical emergency is the result of abuse, neglect, or domestic violence of the individual in need of emergency health care, the limitations in section V (G) does not apply and any disclosure to a law enforcement official for law enforcement purposes is subject to V (G) (1) (a) does not apply and any disclosure to a law enforcement official for law enforcement purposes is subject to V (C).
 - f. Compliance/Enforcement of privacy regulations: PHI must be disclosed as requested, to the Secretary of Health and Human Services related to compliance and enforcement efforts.
2. The County Board shall not respond to a court order, subpoena, or request for information from law enforcement without review by an attorney to ensure compliance with applicable requirements.

H. Fundraising

1. The County Board may use, or disclose to a Business Associate or to an institutionally related foundation, the following protected health information for the purpose of raising funds for its own benefit, without an authorization:
 - a. Demographic information relating to an individual, including name, address, or other contact information, age, gender, and date of birth;
 - b. Dates of health care provided to an individual;
 - c. Department of service information;
 - d. Treating physician
 - e. Outcome information; and
 - f. Health insurance status.
2. With each fundraising communication made to an individual, the County Board shall provide the individual with a clear and conspicuous opportunity to elect not to receive any further fundraising communications.
3. The notice of Privacy Practices shall include statements that the County Board may contact the individual to raise funds for the Covered Entity and the individual has a right to opt out of receiving such communications.

I. Record of Immunization

The County Board may provide proof of immunization without a formal written authorization, but some form of consent, including oral consent, is required.

J. To Coroners, Medical Examiners, and Funeral Directors

Protected health information may be disclosed to coroners, medical examiners and funeral directors, as necessary for carrying out their duties.

K. Organ, Eye or Tissue Donation

Protected health information of potential organ/tissue donors may disclose to the designated organ procurement organization and tissue and eye banks.

L. To Reduce or Prevent a Serious Threats to Public Health and Safety

1. The County Board may disclose protected health information as follows, to the extent permitted by applicable law and ethical standards:
 - a. Protected health information may be used or disclosed if the entity believes in good faith
 - i. That the use or disclosure is necessary to prevent or lessen a serious and imminent threat to a person or the public, and disclosure is to someone reasonably able to prevent or lessen the threat, or
 - ii. The disclosure is to law enforcement authorities to identify or apprehend an individual who has admitted to violent criminal activity that likely caused serious harm to the victim or who appears to have escaped from lawful custody.
2. Disclosures of admitted participation in a violent crime are limited to the individual's statement of participation and the following protected health information: name, address, date and place of birth, social security number, blood type, type of injury, date and time of treatment, date and time of death, if applicable, and a description of distinguishing physical characteristics.
3. Disclosure of admitted participation in a violent crime are not permitted when the information is learned in the course of treatment entered into by the individual to affect his/her propensity to commit the subject crime, or through counseling, or therapy or a request to initiate the same.

M. Specialized Government Functions

1. National Security and Intelligence: protected health information may be disclosed to authorize federal officials for the conduct of lawful intelligence, counterintelligence, and other activities authorized by the National Security Act.
2. Protective services: protected health information may be disclosed to authorize federal officials for the provision of protective services to the President, foreign heads of state, and other designated by Law, and for the conduct of criminal investigations of threats against such persons.
3. The County Board may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual protected health information about such inmate or individual, if the correctional institution or such law enforcement official represents that such protected health information is necessary for:

- a. The provision of health care to such individuals;
 - b. The health and safety of such individual or other inmates;
 - c. The health and safety of the officers or employees of or others at the correctional institution;
 - d. The health and safety of such individual and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;
 - e. Law enforcement on the premises of the correctional institution; and
 - f. The administration and maintenance of the safety, security, and good order of the correctional institution. The provisions of V (M) (3) (c) do not apply after the individual is released from custody.
4. Public Benefits: protected health information relevant to administration of a government program providing public benefits may be disclosed to another governmental program providing public benefits service the same or similar populations as necessary to coordinate program functions or improve administration and management of program functions.

N. For Worker's Compensation or other similar programs if applicable

Protected health information may be disclosed as authorized and to the extent necessary to comply with laws relating to workers' compensation and other similar programs.

VI. PROCEDURES FOR NOTICES

A. General

An individual has a right to adequate notice of the uses and disclosures of the individual's protected health information that may be made by or on behalf of the County Board, and of the individual's rights and the County Board's legal duties with respect to the individual's protected health information.

B. When Notice is Required

- 1. The County Board must provide notice:
 - a. To individuals enrolled in County Board services;

- b. Thereafter, at the time of enrollment, to individuals who are new enrollees;
 - c. In an emergency treatment situation, as soon as reasonably practicable after the emergency treatment situation;
 - d. Within 60 days of a material revision to the notice, to individuals enrolled in the County Board services.
- 2. Once every three (3) years, the County Board shall notify individuals enrolled in the County Board services of the availability of notice and how to obtain notice.

C. Acknowledgement of Notice

- 1. Except in an emergency treatment situation, the County Board shall make a good faith effort to obtain a written acknowledgement of receipt of the initial notice provided, and if not obtained, document its good faith efforts to obtain such acknowledgement and the reason why the acknowledgement was not obtained.
- 2. An acknowledgement is not required for:
 - a. Revised notices; or
 - b. Periodic notice on availability of notice and how to obtain notice.

D. Making Notice Available

- 1. The notice shall be available at all sites operated by the County Board for individuals to request to take with them.
- 2. The County Board shall post the notice in a clear and prominent location where it is reasonable to expect individuals seeking service from the County Board to be able to read the notice.
- 3. Whenever the notice is revised, the County Board shall make the notice available upon request on or after the effective date of the revision and shall promptly post as required in this paragraph.

E. Required Content of Notice

- 1. The notice of privacy practices must be written in plain language and must contain the following:

- a. The following statement is a header or otherwise prominently displayed: “This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.”
- b. A description, including at least one example, of the types of uses and disclosures that the County Board is permitted to make for purposes of treatment, with sufficient detail to place an individual on notice of the uses and disclosures permitted or required. The description should clarify that any disclosure outside of the County Board requires prior authorization;
- c. A description, including at least one example, of the types of uses and disclosures that the County Board is permitted to make for purposes of payment and health care operations, with sufficient detail to place an individual on notice of the uses and disclosures permitted or required;
- d. A description of each of the other purposes for which the County Board is permitted or required to use or disclose protected health information without an individual’s consent or authorization, with sufficient detail to place an individual on notice of the uses and disclosures permitted or required;
- e. A statement of each of the other uses and disclosures will be made only with the individual’s written authorization, and that the authorization may be revoked in accordance with policy on authorizations;
- f. Those uses or purposes which are subject to more restrictive state requirements.
- g. If applicable, a separate statement that:
 - i. A separate authorization is required for:
 - 01. Most uses and disclosures of psychotherapy notes;
 - 02. All uses and disclosures for marketing purposes;
 - 03. Disclosures that constitute a sale of protected health information.
 - ii. The covered entity may contact the individual to raise funds for the covered entity with clear language allowing the individual to opt out; or

- iii. A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.
- h. A statement of the individual's rights with respect to protected health information and a brief description of how the individual may exercise these rights, as follows:
 - i. To receive notifications of breaches of unsecured protected health information and those notifications will be sent if any occur;
 - ii. To request restrictions on certain uses and disclosures of protected health information as provided in the rules including a statement that the covered entity is not required to agree to a requested restriction;
 - iii. To require restrictions on certain disclosures of protected health information to a health plan when the individual has paid out of pocket in full for the health care item or service;
 - iv. To receive confidential communications of protected health information as applicable;
 - v. To request that the County Board uses a specific telephone number or address to communicate with the individual;
 - vi. To inspect and copy protected health information;
 - vii. To amend protected health information;
 - viii. To receive an accounting of disclosures of protected health information; and
 - ix. To exercise the right of an individual, including an individual who has agreed to receive the notice electronically to obtain a paper copy of the notice from the covered entity upon request.
- i. If the County Board intends to contact the individual for appointment reminders, treatment alternatives or other health related benefits, a separate statement describing such contacts;
- j. A statement of the County Board's duties with respect to protected health information, including statements: that the County Board is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy

policies; that the County Board is required to abide by the terms of the currently effective privacy notice;

- k. A statement that the County Board reserves the right to change the terms of the notice and make the new notice provisions effective for all protected health information maintained, along with a description of how the County Board will provide individuals with the revised notice;
- l. A statement that individual may complain to the County Board and to the Secretary of the U.S. Department of Health and Human Services about privacy rights violations, including a brief statement about how a complaint may be filed and an assurance that the individual will not be retaliated against for filing a complaint;
- m. The name, or title, and telephone number of the person or office to contact for further information;
- n. The effective date of the notice, which may not be earlier than the date printed or published.

F. Optional Content of Notice

If the County Board chooses to impose additional restrictions which are consistent with HIPAA requirements, the policy/procedure manual must require that these be included in the notice.

G. Notice of Revisions

- 1. When there is material change to the uses or disclosures, the individual's rights, the County Board's legal duties, or other privacy practices described in the notice, the County Board shall provide notice of such change.
- 2. Notice of material changes shall be made no later than 60 days after the change is effective.
- 3. The notice shall incorporate all material changes and shall be distributed in accordance with this policy within the time period required in this policy.
- 4. 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.
- 5. The County Board is not required to obtain acknowledgment of a revised notice.

H. Requirements for Electronic Notice

1. If the County Board maintains a website, the notice must be posted on the website and be made available electronically through the website.
2. The County Board 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 County Board 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.
3. The individual who is the recipient of electronic notice retains the right to obtain a paper copy of the notice from the County Board upon request.

I. Documentation

The County Board shall retain copies of the notices issued by the County Board and any written acknowledgements of receipt of the notice or documentation of good faith efforts to obtain such written acknowledgment. Copies of such notices 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. Acknowledgements or documentation of good faith efforts to obtain acknowledgment shall be retained for a period of at least six years from the date of receipt.

VII. PROCEDURES ON INDIVIDUAL'S ACCESS TO PROTECTED HEALTH INFORMATION

A. General

At the request of an eligible person or the person's guardian or, if the eligible individual is a minor, the individual's parent or guardian, a County Board or entity under contract with a County Board shall provide the person who made the request access to records and reports regarding the eligible individual. On written request, the County Board or entity shall provide copies of the records and reports to the eligible person, guardian, or parent.

B. Form of Access

The County Board shall provide the individual with access to the protected health information in the form or format requested by the individual, if it is readily producible in such form or format; or, if not, in a readable hard copy

form or such other form or format as agreed to by the County Board and the individual.

If an individual requests an electronic copy of the protected health information that is maintained electronically in one or more designated record sets, the County Board shall provide the individual with access to the electronic information in the electronic form and format requested by the individual, if it is readily producible, or , if not, in a readable electronic form and format as agreed to by the covered entity and the individual, with the expectation that there would be at least a machine readable form of the record. The Department of Health and Human Services considers machine readable data to mean digital information stored in a standard format enabling the information to be processed and analyzed by computer. For example, this would include providing the individual with an electronic copy of the protected health information in the format of MS Word or Excel, text, HTML, or text-based PDF, among other formats, 78 Fed. Reg. 5631.

A hard copy may be provided if the individual decides not to accept any of the electronic formats offered by the County Board.

An individual may instruct the County Board to convey electronic versions of protected health information to third parties. The request must be made in writing, signed by the individual, and clearly identify the designated person and where to send the copy of the protected health information.

The County Board may allow the individual to inspect the protected health information without copies, if the individual agrees to an inspection only.

C. Summary

The County Board may provide the individual with a summary of the protected health information requested, in lieu of providing access to the protected health information or may provide an explanation of the protected health information to which access has been provided, if both of the following apply:

1. The individual agrees in advance to such a summary or explanation; and
2. The individual agrees in advance to the fees imposed, if any, by the County Board for such summary of explanation.

D. Time for Response to Request for Access

The County Board shall respond to an individual's request for access not later than 30 days from the date of request.

E. Fees for Copying

The County Board or entity may charge a reasonable fee to cover the costs of copying. The County Board or entity may waive the fee in cases of hardship.

F. Other Responsibilities

If the County Board does not maintain the protected health information that is the subject of the individual's request for access, and the County Board knows where the requested information is maintained, the County Board must inform the individual where to direct the request for access.

VIII. PROCEDURES ON INDIVIDUAL'S RIGHT TO REQUEST RESTRICTIONS

A. Form of Request

Any request for restriction shall be in writing. Such request shall be construed as an objection to disclosure when applicable law gives the individual the opportunity to object to disclosure.

B. Consideration of Request

The County Board is not obligated to agree to any requests for restriction except that the County Board must agree to a request to restrict disclosure of protected health information to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which the individual has paid out of pocket in full.

C. Procedure upon Agreement

If such an agreement is made, the County Board shall document the agreement and give notice of such restriction to all employees with access to the individual's protected health information and to all Business Associates or other persons or entities under contract with the County Board who have access to the individual's protected health information.

D. Limitations on Restrictions

No restriction on use of information shall apply in any of the following circumstances:

1. Emergencies where disclosure is necessary to prevent serious injury to the individual or others.

2. When required for investigations by entities with authority to investigate compliance with applicable requirements.

3. When applicable requirements do not require an authorization or an opportunity to object.

E. Confidential Communication Requests

1. The County Board shall permit individuals to request in writing and must accommodate reasonable requests by individuals to receive communications of protected health information from County Board by alternative means or at alternative locations.

2. The County Board may condition the provision of a reasonable accommodation on:

a. When appropriate, information as to how payment, if any, will be handled, and

b. Specification of an alternative address or other method of contact.

F. Terminating a Restriction

The County Board may terminate its agreement to a restriction, if:

a. The individual agrees to or requests the termination in writing;

b. The individual orally agrees to termination and the oral agreement is documented; or

c. The County Board informs the individual that it is terminating its agreement to a restriction, except that such termination is only effective with respect to protected health information created or received after it has so informed the individual.

IX. PROCEDURES ON INDIVIDUAL'S RIGHT TO REQUEST AMENDMENT OF RECORDS OF PHI

A. Request for Amendment

An individual may request amendment of protected health information about the individual held by the County Board or a person or entity with which the County Board has a Business Association relationship.

Such request shall be in writing and shall be subject to the requirements set forth in these procedures.

B. Time for Action on Request for Amendment

The County Board must act on a request for amendment no later than 60 days after the date of the request. The County Board may extend the time by not more than 30 days if the County Board gives the individual written notice of the extension and the reason for the extension.

C. Acceptance of Amendment

If the County Board accepts the requested amendment, in whole or in part, the County Board must make the appropriate amendment, and inform the individual and other persons or entities who have had access to the information.

D. Refusal of Amendment

1. Notice

If the amendment is denied, the County Board must give written notice in plain language which includes the following:

- a. The basis for denial;
- b. The individual's right to submit a written statement disagreeing with the denial and how the individual may file such a statement;
- c. A statement that, if the individual does not submit a statement of disagreement, the individual may request that the County Board provide the individual's request for amendment and the denial with any future disclosures of the protected health information that is the subject of the amendment; and
- d. A description of how the individual may complain to the County Board, or the Secretary of Health and Human Services. The description must include the name, or title, and telephone number of the contact person or office.

2. Statement of Disagreement or Correction

The County Board must permit the individual to submit to the County Board a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement. The County Board may reasonably limit the length of a statement of disagreement.

- a. Rebuttal statement

The County Board may prepare a written rebuttal to the individual's statement of disagreement. Whenever such a rebuttal is prepared, the County Board must provide a copy to the individual who submitted the statement of disagreement.

3. Future Disclosures

- a. Records must allow review of the statements of disagreement and rebuttals.
- b. Future disclosures of covered records must include relevant amendments and rebuttals.
- c. If an individual has not submitted a statement of disagreement, the County Board must include the following with all subsequent disclosures:
 - i. The individual's request for an amendment; and
 - ii. The County Board's notice of denial.
- d. If the disclosure which was the subject of amendment was transmitted using a standard EDI format and the format does not permit including the amendment or notice of denial, the County Board may separately transmit the information to the recipient of the transaction in a standard EDI format.

4. Actions on Notices of Amendment from another County Board

The County Board that is informed by another County Board of an amendment to an individual's protected health information must amend the protected health information in designated record sets.

5. Designation and Documentation

The Privacy Officer of the County Board shall be the person responsible for receiving and processing requests for amendments by individuals and retain the documentation as required by applicable requirements and County Board procedures.

X. PROCEDURES ON ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. General

If the County Board discloses an individual's identity or releases a record or report regarding an eligible individual, and there is no authorization for such disclosure, the County Board shall maintain a record of when and to whom the disclosure or release was made.

B. Request for Accounting Fees

An individual requesting an accounting shall do so in writing. The individual's request must state the period of time desired for the accounting, which must be within the six years prior to the individual's request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.

C. Content of Accounting

The accounting must be in writing and include the following for disclosure.

1. The date of the disclosure;
2. The name of the entity or person who received the protected health information and, if known, the address of such entity or person;
3. A brief description of the protected health information disclosed; and
4. A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure; or, in lieu of such statement:
 - a. A copy of the individual's written authorization under the rules; or
 - b. A copy of a written request for disclosure, if any.

D. Accounting for Multiple Disclosures to Same Recipient

If, during the period covered by the accounting, the County Board has made multiple disclosures of PHI to the same person or entity for monitoring purposes or for disclosures required by law, the accounting may be limited, with respect to such multiple disclosures, and include:

1. The information required by section 7.10.3 for the first disclosure during the accounting period;
2. The frequency, periodicity, or number of the disclosures made during the accounting period; and
3. The date of the last such disclosure during the accounting period.

E. Time for Action on Request for Accounting

The County Board must act on an individual's request for accounting no later than 60 days after the date of the individual's request. The County Board may extend the time by not more than 30 days if the County Board gives the individual written notice of the extension and the reason for the extension.

F. Designation and Documentation

The Privacy Officer of the County Board shall be the person responsible for receiving and processing requests for accountings by individuals and ensure that the County Board retains documentation relating to disclosures for at least six years or as otherwise required by applicable requirements and County Board procedures.

G. Exceptions for Accounting Requirement

The County Board will not provide accounting for the following disclosures:

1. To carry out treatment, payment and health care operations, except that protected health information maintained electronically is subject to accounting for three years, prior to the request;
2. To individuals of protected health information about them;
3. Incident to a use or disclosure otherwise permitted or required by the HIPAA Privacy Rules;
4. Pursuant to an authorization;
5. For the facility's directory or to persons involved in the individual's care or other notification purposes;
6. For national security or intelligence purposes;
7. To correctional institutions or law enforcement officials;
8. As part of a limited data set; or
9. That occurred prior to the compliance date for the County Board.

XI. PROCEDURES

A. Presumption

Any impermissible use or disclosure of protected health information is presumed to be a breach unless the County Board or Business Associate, as applicable, demonstrates by a risk assessment that there is a low probability that the protected health information has been compromised.

B. Definition of a Breach

A breach is the acquisition, access, use, or disclosure of protected health information in an unauthorized manner which compromises the security or privacy of the protected health information. Compromise of security or privacy means that there is a significant risk of financial, reputational, or other harm to the individual. The following types of breaches are expressly excluded from this definition.

1. Protected health information which is secured as specified by the guidance.
2. Any unintentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of a covered entity or a Business Associate, if such acquisition, access, or use was made in good faith and within scope of authority and does not result in further use or disclosure in a manner prohibited by HIPAA;
3. Any inadvertent disclosure by a person who is authorized to access protected health information to another person authorized to access protected health information at the same Covered Entity or Business Associate and the information is not further disclosed in a manner prohibited by HIPAA; or
4. A disclosure of protected health information where a covered entity or Business Associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

C. Definition of Unsecured Protected Health Information

Unsecured protected health information means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of technology or methodology specified by the Secretary of Health and Human Services in the guidance issued and made available at <http://www.hhs.gov/ocr/privacy/>.

D. Risk Assessment

The County Board or Business Associate shall conduct a risk assessment to determine whether there is a low probability that data has been compromised. A risk assessment shall document that the following areas have been considered.

1. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
2. The unauthorized person who used the protected health information or to whom the disclosure was made;
3. Whether the protected health information was actually acquired or viewed; and
4. The extent to which the risk to the protected health information has been mitigated.

E. Notice of Breach to Individuals

The County Board shall, following the discovery of a breach of unsecured protected health information, notify each individual whose unsecured protected health information has been, or is reasonably believed by the County Board to have been, accessed, acquired, used or disclosed as a result of such breach. The notice must be written in plain language and to the extent possible, must include all of the following:

1. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
2. A description of the types of unsecured protected health information involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
3. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
4. A brief description of what the County Board involved is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and

5. Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, website, or postal address.

F. Method of Notice

The County Board shall provide the notice in one of the following three formats, depending on circumstances:

1. Written notice.

- a. Written notification by first-class mail to the individual at the last known address of the individual or, if the individual agrees to electronic notice and such agreement has not been withdrawn, by electronic mail.
- b. If the County Board knows the individual is deceased and has the address of the next of kin or personal representative of the individual, written notification by first class mail to either the next of kin or personal representative of the individual.

2. Substitute notice.

In the case that contact information is not available, a substitute form of notice reasonably calculated to reach the individual shall be provided. Substitute notice needs to be provided in the case where the individual is deceased.

- a. In the case in which contact information is not available for fewer than 10 individuals, then such substitute notice may be provided by an alternative form of written notice, telephone, or other means.
- b. In the case in which contact information is not available for 10 or more individuals, then such substitute notice shall:
 - i. Be in the form of either a conspicuous posting for a period of 90 days on the homepage of the website of the County Board involved, or conspicuous notice in major print or broadcast media in geographic areas where the individuals affected by the breach likely reside; and
 - ii. Include a toll-free phone number that remains active for at least 90 days that an individual can call to learn whether the individual's unsecured protected health information may be included in the breach.

3. Additional notice in urgent situations

In any case deemed by the County Board to require urgency because of possible imminent misuse of unsecured protected health information, the County Board may, in addition to providing written notice, contact individuals by telephone or other means, as appropriate.

4. Notice to Secretary of Health and Human Services.

For breach of unsecured protected health information involving more than 500 residents, the County Board shall, notify the Secretary of Health and Human Services in the manner specified on the Health and Human Services website. For breaches of unsecured protected health information involving less than 500 individuals, the County Board shall maintain a log or other documentation of such breaches and, not later than 60 days after the end of each calendar year, provide notice to the Secretary of Health and Human Services of breaches occurring during the preceding calendar year, in the manner specified on the Health and Human Services website.

5. Notice to Media

For a breach of unsecured protected health information involving more than 500 residents, the County Board shall notify prominent media outlets serving the county. The content of the notice shall be the same as the notice provided to the individual.

6. Timeliness of Notice

The County Board shall provide required notices without unreasonable delay and in no case later than 60 calendar days after discovery of a breach.

The County Board shall delay providing notice if a law enforcement official states to the County Board or its Business Associate that providing notice would impede a criminal investigation or cause damage to national security. If such statement is in writing and specifies the time for which a delay is required, the County Board or its Business Associate shall delay such notice for the time period specified by the official. If the statement is made orally, the County Board or its Business Associate shall document the statement, including the identity of the official making the statement, and delay the notice temporarily and no longer than 30 days from the date of the oral statement, unless the law enforcement official submits a written statement during that time.

7. Determination of Time of Discovery of Breach

A breach shall be treated as discovered by the County Board or Business Associate as of the first day on which such breach is known to the County Board or, by exercising reasonable diligence would have been known to the County Board. The County Board shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is a workforce member or agent of the County Board.

When a Business Associate who is not acting as an agent, discovers the breach, the date of discovery for County Board is the date when the Business Associate notified the County Board of the breach.

XII. PROCEDURES ON SAFEGUARDS

A. Administrative Procedures

The County Board established policies and procedures for granting different levels of access to health care information. Refer to *Confidentiality of Individual's Records* procedures Sections VIII, IX., and X.

B. Physical Safeguards

The County Board established policies and procedures for verifying access authorizations for County Board Staff and other entity's. Refer to *Confidentiality of Individual's Records* Section VIII, IX, and X.

C. Personnel Security

The County Board established policy and procedures for all personnel that have the required authorities as well as all appropriate clearances to access any sensitive information. Refer to *Confidentiality of Individual's Records* Section VIII, IX, and X.

D. Technical Security Services

The County Board must maintain a mechanism for access control that limits access to health information to those employees who have a business need to access it. Types of access control include, among others, mandatory access control, discretionary access control, time-of-day, classification, and subject object separation. In addition, a mechanism to enable emergency access is required.

The County Board must develop the following:

1. A procedure for emergency access, which includes documented instructions for obtaining necessary information during a crisis; and

2. At least one of the following three implementation features:

- a. Context-based access;
- b. Role-based access process; or
- c. User-based access.

The use of the encryption implementation feature, as a means of assuring the confidentiality of data, would be optional.

E. Technical Security Mechanisms

If the County Board uses communications networks, its security standards must include access controls which provide protection of sensitive communications transmissions over open or private networks so that they cannot be easily intercepted and interpreted by parties other than the intended recipient. If the provider chooses to use the Internet (an open network) to transmit or receive health information, some form of encryption must be used to limit access.

XIII. PROCEDURES ON INDIVIDUAL COMPLAINTS AND GRIEVANCES

- A. The County Board shall follow Resolution of Complaints and Appeal of Adverse Action Policy and Procedures ROC/AAA 1.00 and 1.01 to assist individuals to make complaints about the County Board's policies and procedures or use of disclosure of protected health information and/or the County Board's compliance with those policies and procedures.
- B. The Privacy Officer and other persons designated to receive such complaints shall be notified of each such complaint and shall participate in the review of such complaints.
- C. The County Board shall inform individuals who have made a complaint under this section of their right to file a complaint with the Secretary of Health and Human Services and/or the Ohio Attorney General. Upon request, the Privacy Officer shall assist the individual in filing a complaint with the Secretary of Health and Human Services and/or the Ohio Attorney General.
- D. The County Board shall document all complaints received and the disposition of each complaint, if any.

XIV. PROCEDURES ON DISCIPLINARY ACTION

- A. Sanctions

The County Board will follow Discipline Personnel Policy 13.01 against workforce members who fail to comply with the privacy policies and procedures of the County Board or applicable requirements.

The type of discipline shall 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. Discipline could range from Level I – Informal warning to Level 6 - termination.

Training will be provided and expectations made clear so individuals are not disciplined for doing things that they did not know were inappropriate or wrong.

B. Exception for Whistleblowers

The County Board shall not impose sanctions against workforce member or Business Associate who believes in good faith that the County Board has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by the County Board potentially endangers one or more patients, workers, or the public; and the disclosure is to:

1. A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of the County Board or to an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the County Board; or
2. An attorney retained by or on behalf of the workforce member or Business Associate for the purpose of determining legal options of the workforce member or Business Associate.

C. Exception for Victims of Crime

The County Board may not impose sanctions for disclosure of protected health information against a member of its workforce, who is the victim of a criminal act if the victim discloses protected health information 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.

D. Other Exception

Discipline Process may not be applied in a manner which would be reasonably construed as intimidation or retaliation.

E. Documentation

The County Board shall document the Disciplinary actions which have been applied, if any.

XV. PROCEDURE ON BUSINESS ASSOCIATES

A. Review of Existing Contracts

- 1. The County Board shall review all current contracts with any person or entity outside the workforce at least annually to determine whether there is a Business Associate relationship.
- 2. If the relationship meets the requirements for Business Associate, the County Board shall determine whether the existing contract with the person or entity meets the requirements for a Business Associate Agreement set forth in these procedures.
- 3. The County Board shall require Business Associate's to demonstrate that any contracts between the Business Associate and subcontractor meet requirements of HIPAA rules if the contract involves protected health information and Business Associate functions.

B. Establishing Business Associate Agreements

1. The County Board shall ensure that all contracts with Business Associate's and contracts between Business Associate's and subcontractors involving protected health information, meet requirements set forth in these procedures.
2. All new contracts with Business Associate s or subcontractors shall incorporate the elements set forth in these procedures.
3. If there is an existing contract, the Business Associate Agreement requirements may be met through either:
 - a. An addendum which incorporates Business Associate Agreement elements; or
 - b. An Memorandum of Understanding which incorporates Business Associate Agreement elements, in the event that the other party to the contract is a COG or another governmental entity.
4. Only one Business Associate Agreement is required for each Business Associate, regardless of the number of functions which the Business Associate performs on behalf of the County Board.

C. Annual Reviews

1. Each contract between the County Board and any person or entity shall be reviewed annually to determine whether Business Associate requirements apply. If there has been a change and a Business Associate Agreement is required, the County Board shall not disclose protected health information to such person or entity until the Business Associate Agreement requirements are met through revision to the contract or an addendum.
2. When a contract extends into multiple years or automatically renews, the contract must be reviewed each year to evaluate compliance with requirements for Business Associate Agreements. If the contract is with a Business Associate and does not meet Business Associate requirements the contract shall be amended to conform to Business Associate requirements or a Business Associate addendum shall be added.

D. Required Elements for Business Associate Agreements

Each Business Associate Agreement, including Business Associate agreements between a Business Associate and a subcontractor which involves protected health information, shall include at least the following elements as applicable. The Business Associate agreement or Memorandum of

Understanding should specify the degree to which the County Board has control over the implementation of the Business Associate functions:

1. Establish permitted and required uses or disclosures of protected health information that are consistent with those authorized for the entity, except that the agreement:
 - a. May permit the Business Associate to use or disclose protected health information for its own management and administration if such use or disclosure is required by applicable requirements or the Business Associate obtains reasonable assurance that the confidentiality of the protected health information will be maintained; and
 - b. May permit the Business Associate to use protected health information to provide data aggregation services to the County Board relating the County Board's health care operations in accordance with applicable requirements.
2. Provide that the Business Associate shall:
 - a. Conform to all HIPAA requirements which apply to the County Board.
 - b. Not use or disclose the protected health information except as authorized under the agreement or required by applicable requirements.
 - c. Use appropriate safeguards to prevent unauthorized use or disclosure.
 - d. Report unauthorized uses, disclosures or other breaches of which the Business Associate is aware to the County Board without unreasonable delay but not later than 30 days after discovery of the breach.
 - e. Pass on the same obligations relating to protection of protected health information created, used or disclosed on behalf of the County Board to any subcontractors or agents of the Business Associate.
 - f. Make protected health information available for access by the individual or his/her personal representative, in accordance with applicable requirements.
 - g. Make protected health information available for amendment, and incorporate any approved amendments to protected health information, in accordance with applicable requirements.
 - h. Make information available for the provision of an accounting of uses and disclosures in accordance with applicable requirements.

- i. Make its internal practices, books and records relating to protected health information created, used or disclosed on behalf of the County Board available to the Office of the U.S. Secretary of Health and Human Services for purposes of determining the County Board's compliance with HIPAA regulations.
- j. If feasible, return or destroy all protected health information created, used or disclosed on behalf of the County Board upon termination of contract; if any such protected health information is retained, continue to extend full protections specified herein as long as the protected health information is maintained.
- k. Authorize termination of the agreement by the entity upon a material breach by the Business Associate.

E. Permissive Elements of Business Associate Agreement

- 1. The Business Associate Agreement may permit the Business Associate to use the information received by the Business Associate in its capacity as a Business Associate to the County Board, if necessary:
 - a. For the proper management and administration of the Business Associate; or
 - b. To carry out the legal responsibilities of the Business Associate.
- 2. The Business Associate Agreement may permit the Business Associate to disclose the information received by the Business Associate as its capacity as a Business Associate for the purposes described in section 12.5.5a, if the disclosure is required by law; or
 - a. The Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person; and
 - b. The person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

F. Elements for MOUs

- 1. Any agreement between the County Board and another governmental entity which meets the requirements of a Business Associate relationship shall be subject to a Memorandum of Understanding.

2. The Memorandum of Understanding shall include all the contract elements set forth in the 12.5.4 and may include elements in section 12.5.5, except that termination requirements may be omitted if the Business Associate is another governmental entity and the termination would be inconsistent with the statutory obligations of the entity or the Business Associate under applicable state law.

G. Violations

If the County Board knows of a pattern or practice of the Business Associate that amounts to a material violation of the agreement, the County Board shall attempt to cure the breach or end the violation, and if such attempt is unsuccessful, terminate the agreement, if feasible, and, if not, report the problem to the Office of U.S. Secretary of Health and Human Services.

H. Penalties

1. Civil penalties may be imposed in cases of noncompliance where the covered entity does not satisfactorily resolve the matter. The penalty for HIPAA violations are determined based on a tiered civil penalty structure by the Office for Civil Rights.

Violation category	Each violation	Identical violations
Did Not Know....	\$100 - \$50,000	\$1,500,000
Reasonable Cause	\$1,000 - \$50,000	\$1,500,000
Willful Neglect - Corrected	\$10,000 - \$50,000	\$1,500,000
Willful Neglect – Not Corrected	Less than \$50,000	\$1,500,000

2. Criminal violations of HIPAA are handled by the Department Of Justice. As with the HIPAA civil penalties, there are different levels of severity for criminal violations. Criminal penalties may be imposed if any person knowingly, and in violation of HIPAA requirements:
 - a. Uses or causes to be used a unique health identifier;
 - b. Obtains individually identifiable health information relating to an individual; or

- c. Discloses individually identifiable health information to another person.

Covered entities and specified individuals who obtain or disclose individually identifiable health information, in violation of the Administrative Simplification Regulations, face a fine of up to \$50,000, as well as imprisonment up to 1 year.

Offenses committed under false pretenses allow penalties to be increased to a \$100,000 fine, with up to 5 years in prison.

Finally, offenses committed with the intent to sell, transfer or use individually identifiable health information for commercial advantage, personal gain or malicious harm permit fines of \$250,000 and imprisonment up to 10 years.

Appendix used with this procedure:

Appendix – Sample Business Associate Agreement

Appendix – Sample of Memorandum of Understanding for Governmental Entities

Appendix – Notice of Privacy Practices

Approved: August 11, 2014

Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: July 16, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Resolution Of Complaints And Appeals Of Adverse Action Proposed Or Initiated By The County Board

Policy Number:

1.13

Federal Reference:

34 C.F.R. 303

Ohio Revised Code Reference:

Chapter 5123; Chapter 5126; Chapter 332; 5123.42; 5126.45; 5126.043; Section 1.59

Ohio Administrative Code Reference:

Chapter 5123:2-6; 5123:2-17-01; 512:2-7-01

I. PURPOSE

The purpose of this policy is to establish the process for resolution of complaints involving the programs, services, policies, or administrative practices of the Muskingum County Board of Developmental Disabilities (County Board) or any entity under contract with the County Board; set forth the process for individuals to appeal adverse actions proposed or initiated by the County Board; and set forth the requirement for the County Board to give notice of the process to be followed for resolution of complaints and appeals of adverse actions.

II. SCOPE

- A. Any individual or person, other than an employee of the County Board, may file a complaint using the resolution of complaints and/or an appeal of adverse action process established under 5123:2-1-12 of the Ohio Administrative Code. The individual or person filing the complaint or appeal of an adverse action shall use this process prior to commencing a civil action regarding the complaint.
- B. This rule shall not be applicable to the following:
 - 1. When the County Board is a vendor or subcontractor for service delivery;
 - 2. Education services arranged by the local education agency. Complaints or appeals concerning such services shall follow rules adopted by the Ohio Department of Education.
 - 3. Services provided under Part C of the Individual with Disabilities Education Act, 34.C.F.R. 303. Complaints or appeals concerning such services shall follow rules

adopted by the lead agency responsible for administration of Part C of the individuals with Disabilities Education Act.

4. Medicaid services including home and community-based services waiver and Targeted Case Management services. Complaints or appeals concerning such services shall follow rules adopted by the Ohio Department of Medicaid.
 5. Administration of prescribed medication, performance of health-related activities, and performance of tube feedings by developmental disabilities personnel pursuant to Section 5123.42 of the Ohio Revised Code or compliance with Chapter 5123:2-6 of the Ohio Revised Code. Complaints or appeals concerning such matters shall be made to the Ohio Department of Developmental Disability using the process established in 5123:2-17-01 of the Ohio Administrative Code; and
 6. Services provided to a resident of an intermediate care facility (ICF) by the ICF, or provided on behalf of or through a contract with an ICF. Complaints or appeals concerning such services shall follow regulations governing ICF.
- C. If the County Board determines that a complaint or appeal of adverse action filed with the County Board is not subject to this policy the County Board shall provide information to the individual or person filing the complaint or appeal including the name and telephone number if available, of the appropriate entity with which to file the complaint or appeal of adverse action.
- D. An individual receiving non-Medicaid supported living services shall follow the terms of the contract of the service provider, as required by Section 5126.45 of the Ohio Revised Code, prior to beginning the process for resolution of complaints or appeals of adverse action established in this policy.

III. INFORMAL GRIEVANCE PROCEDURE

In lieu of the formal administrative resolution procedures an informal process for the resolution of disputes with complainants or individuals is encouraged. This policy shall authorize the Superintendent to appoint one or more persons to conduct an informal hearing of such disputes seeking to resolve the issue within a timeframe of no more than thirty (30) days. Filing of such a grievance under this policy shall not affect the rights of individuals to file an appeal through the administrative resolution procedures under II (A) of this policy.

IV. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with the Board policy and applicable rules, regulations and statutes.

Board Adopted: April 3, 2014

Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Resolution Of Complaints And Appeals Of Adverse Action Proposed Or Initiated By The County Board

Procedure Number:

1.13.1

I. PURPOSE

The purpose of this procedure is to establish a process for resolution of complaints involving the programs, services, policies, or administrative practices of the Muskingum County Board of Developmental Disabilities (County Board) or any entity under contract with the County Board; to establish procedures for individuals to appeal adverse actions proposed or initiated by the County Board; and establish procedures to give notice to individuals of the process to be followed for resolution of complaints and appeals of adverse action.

II. DEFINITIONS

A. **Adverse action** means any of the following:

1. Denial of a request for a non-medicaid service,
2. Reduction in frequency and/or duration of a non-medicaid service,
3. Suspension of a non-medicaid service,
4. Termination of a non-medicaid service (except when the recipient of that service is deceased),
5. The outcome of an eligibility determination.

B. **Advocate** means any person selected by an individual to act and/or communicate as authorized by the individual.

C. **Contracting Entity** means an entity under contract with a County Board for the provision of services to individuals with developmental disabilities.

D. **County Board** means The Muskingum County Board of Developmental Disabilities including MEORC, council of governments.

E. **DODD** means the Ohio Department of Developmental Disabilities.

F. **Director** means the director of DODD or his or her designee.

- G. **Hearing** means the opportunity to present one's case regarding a complaint or appeal of adverse action.
- H. **Individual** means a person with a developmental disability (DD) who is eligible for services or purports to be eligible pursuant to Chapters 5123 and 5126. of the Ohio Revised Code and includes a parent of a minor child, and individual's guardian, or an adult authorized in writing by the individual pursuant to Section 5126.043 of the Ohio Revised Code to make a decision regarding receipt of a service or participation in a program.
- I. **Intermediate Care Facility** (ICF) means an intermediate care facility for individuals with intellectual disabilities as defined in Section 5123-2-07 of the Ohio Administrative Code.
- J. **MEORC** – Mid East Ohio Regional Council, a council of governments.
- K. **Notice** means and is deemed to have occurred upon:
1. For an individual who has selected email as his or her preferred method of communication, electronic confirmation that the individual has read the email;
 2. Personal delivery to an individual; or
 3. The date of certified mailing to an individual unless:
 - a. The original certified mailing is refused, in which case notice is deemed to have occurred on the date the notice is resent by ordinary mail to the individual; or
 - b. The original certified mailing is unclaimed; in which case the notice is deemed to have occurred on the date the notice is resent by ordinary mail to the individual unless within thirty (30) days after the date the notice is recent, the recent notice is returned for failure of delivery.
- L. **Person** has the same meaning as in Section 1.59 of the Ohio Revised Code.

III. GENERAL PROVISIONS

- A. Complaints and appeals of adverse action shall be filed in writing. When an individual or person expresses dissatisfaction with an outcome subject to complaint or appeal in accordance with this procedure, the Service Coordinator shall, to the extent necessary, assist the individual or person in filing a complaint or appeal.

- B. At all times throughout the resolution of complaints and appeals of adverse action processes, the County Board shall maintain the confidentiality of the identities of individuals unless an individual gives written permission to share information.
- C. An advocate may assist an individual at any time during the resolution of complaints and appeals of adverse action processes.
- D. The County Board shall make all reasonable efforts to ensure that information regarding resolution of complaints and appeals of adverse action, including all notices and responses made per this procedure, is presented using language and in a format understandable to individuals and persons. All notices and responses made shall include an explanation of the individual's or person's opportunity to file a complaint with or appeal to a higher authority, as applicable.
- E. The timelines set forth in this procedure may be extended if mutually agreed upon in writing by all parties involved.
- F. Initiation of the formal process does not preclude the resolution of a complaint or an appeal of adverse action at any point, as long as the outcome is mutually agreed upon in writing by all parties involved.

IV. REQUIREMENTS FOR COUNTY BOARDS TO PROVIDE INFORMATION ABOUT THE PROCESS FOR RESOLUTION OF COMPLAINTS AND APPEALS OF ADVERSE ACTION AND TO GIVE NOTICE OF ADVERSE ACTION

- A. General information about the process for resolution of complaints and appeals of adverse action.
 - 1. The Service Coordinator shall give and review the "Complaint or Appeal of Adverse Action Explanation Form" contained in Appendix A of this procedure to an individual at the time of the initial request for services, at least annually to each individual receiving non-Medicaid services, or on a waiting list for non-Medicaid services, and at the time a complaint is received.
 - 2. The Program Manager shall give and review with the individual the "Complaint or Appeal of Adverse Action Explanation Form" contained in Appendix A at the time a complaint is received, within the scope of this procedure, or if the County Board Program proposes an adverse action.
 - 3. Upon request, County Board staff or contracting entity shall provide a copy of this procedure.

4. The County Board shall publicly post the “Complaint or Appeal of Adverse Action Explanation Form” obtained in Appendix A to this procedure.

B. Specific notice of adverse action,

1. Except when it is necessary to suspend an individual’s services without delay to ensure the health and safety of the individual or other individuals in accordance with paragraph (IV) (C) of this procedure, the Program Manager shall provide written notice to the individual of the County Board’s decision to deny, reduce, suspend, or terminate services at least fifteen (15) calendar days prior to the effective date of such action. The notice form Appendix B – 1 shall include the following:
 - a. An explanation of the County Board’s policy and/or authority for taking the adverse action;
 - b. A description of the specific adverse action being proposed or initiated by the County Board;
 - c. The effective date for the adverse action;
 - d. A clear statement of the reasons for the adverse action including a description of the specific assessments and/or documents that are the basis for the adverse action;
 - e. An explanation of the individual’s right to appeal the adverse action;
 - f. An explanation of the steps the individual must take to appeal the adverse action;
 - g. A statement that the individual has ninety (90) calendar days to appeal the adverse action;
 - h. A statement that the individual must file his or her appeal prior to the effective date for the adverse action to keep his or her services in place during the appeal process;
 - i. The name and contact information for the Service Coordinator who can assist the individual with his or her appeal; and
 - j. The “Complaint or Appeal of Adverse Action Explanation Form” contained in Appendix A to this procedure.
2. The Program Manager shall retain written evidence of the date the notice is personally delivered or sent by certified mail to the individual or for an

individual who has selected email as his or her preferred method of communication, the date of electronic confirmation that the individual has read the email. The written evidence will be documented on “Evidence Written Notice Occurred” the Appendix B-2.

3. The Program Manager or designee will copy the “Written Notice of Adverse Action For Non-Medicaid Services” Appendix B-1 and “Evidence Written Notice Occurred” Appendix B-2 of this procedure and send to the Service Coordinator to put in the individual’s official file located at the Administrative Office.
- C. Specific notice of adverse action when it is necessary to suspend an individual’s services without delay to ensure the health and safety of the individual or other individuals.
1. When it is necessary to suspend an individual’s services without delay to ensure the health and safety of the individual or other individuals, the Program Manager shall;
 - a. Determine what immediate steps are necessary to ensure the health and safety of the individual and other individuals; and
 - b. Provide written notice immediately (Appendix C - 1) to the individual. The notice shall include:
 - i. An explanation of the County Board’s policy and/or authority for suspending the individual’s services;
 - ii. A description of the specific services being suspended;
 - iii. The effective date for the suspension of services;
 - iv. A clear statement of the reasons for the suspension of services including a description of the specific circumstances that jeopardize the health and safety of the individual or other individuals;
 - v. An explanation that the County Board shall arrange for appropriate alternative services and a description of the specific alternative services available to the individual;
 - vi. An explanation of the steps the County Board shall take in accordance with paragraphs (IV) (C) (3) and (IV) (C)(4)(a-d) of this procedure;
 - vii. The name and contact information for the Program Manager who can answer questions about the suspension of services; and

viii. The “Complaint or Appeal of Adverse Action Explanation Form” contained in Appendix A of this procedure.

2. The Program Manager shall retain written evidence of the date the notice is personally delivered or sent by certified mail to the individual or for an individual who has selected email as his or her preferred method of communication, the date of electronic confirmation that the individual has read the email. The written evidence will be documented “Evidence Written Notice Occurred” Form Appendix C -2 of this procedure.
3. The Service Coordinator within five (5) calendar days of the notice of suspension of services shall facilitate a team meeting to identify measures that may be implemented to eliminate circumstances that jeopardize the health and safety of the individual or other individuals.
4. The Program Manager and /or Service Coordinator within five (5) calendar days of the team meeting shall:
 - a. The Program Manager or designee, with the consent of the individual shall implement measures to eliminate the circumstances that jeopardize the health and safety of the individual or other individuals as necessary and restore the suspended services; or
 - b. With the consent of the individual, the Service Coordinator will continue to arrange for appropriate alternative services; or
 - c. The Program Manager shall provide written notice in accordance with (IV) (C) (1) (b) of this procedure to the individual of the County Board’s decision to terminate the individual’s services at least fifteen (15) calendar days prior to the effective date of such action. If the individual files an appeal prior to the effective date of the termination of services, the County Board shall keep the individual’s alternative services in place until the appeal process is completed.
 - d. The Program Manager or designee will copy the “Written Notice of Adverse Action – Suspension of Non-Medicaid Services” Appendix C-1 and “Evidence Written Notice Occurred” Appendix C-2 of this procedure and send to Service Coordinator to put in the individual’s official file located at the Administrative Office.

V. INFORMAL PROCESS FOR RESOLUTION OF COMPLAINTS AND APPEALS OF ADVERSE ACTION

In lieu of the formal resolution of complaints procedures an informal process for the resolution of disputes with complainants or individuals is encouraged. The

Superintendent will appoint one or more persons to conduct an informal hearing of such disputes seeking to resolve the issue within a timeframe of no more than thirty (30) days. Filing of such a grievance under this procedure shall not affect the rights of an individual to file an appeal through the resolution of complaints procedures under Section VI.

VI. FORMAL PROCESS FOR RESOLUTION OF COMPLAINTS AND APPEALS OF ADVERSE ACTION

- A. **Step one:** filing a complaint or appeal of adverse action with the supervisor or manager responsible for the program, service, policy or administrative practice of the County Board.
1. An individual or person must file a complaint with the supervisor or manager of the County Board within ninety (90) calendar days of becoming aware of the program, service, policy, or administrative practice that is the subject of the complaint.
 2. An individual must file an appeal of adverse action with the supervisor or manager of the County Board within ninety (90) calendar days of notice of the adverse action or within ninety (90) calendar days of conclusion of the informal process set forth in paragraph (V) of this procedure. If the individual appeals an adverse action within the prior notice period (i.e. the period of time between notice of the intended adverse action and the effective date of the adverse action), the individual's services shall not be reduced, suspended, or terminated until the appeal process is completed or the appeal is withdrawn by the individual. An individual who appeals during the prior notice period may voluntarily consent in writing to the reduction, suspension, or termination of services during the appeal process.
 3. The supervisor or manager of the County Board shall conduct an investigation of the complaint or appeal which shall include meeting with the individual or person who filed the complaint or appeal.
 4. Within fifteen (15) calendar days of receipt of complaint or appeal, the supervisor or manager of the County Board shall provide and thereafter be available to discuss a written report and decision with the individual or person who filed the complaint or appeal. The written report and decision shall include the rationale for the decision and a description of the next step in the process of the individual or person is not satisfied with the decision of the supervisor or manager.
- B. **Step two:** filing a complaint or appeal of adverse action with the Superintendent of the County Board.

1. If the individual or person filing the complaint or appeal of adverse action is not satisfied with the outcome of the process set forth in paragraph (VI) (A) (1-4) of this procedure, the individual or person may file a complaint or appeal with the Superintendent of the County Board.
 2. The complaint or appeal of adverse action must be filed with the Superintendent of the County Board within ten (10) calendar days of notice of the decision of the supervisor or manager of the County Board. If no decision is provided by the supervisor or manager of the County Board within fifteen (15) calendar days in accordance with paragraph (VI)(A) of this procedure, the complaint or appeal of adverse action must be filed with the Superintendent within twenty-five (25) calendar days of filing the complaint or appeal with the supervisor or manager.
 3. The Superintendent or his or her designee shall, within ten (10) calendar days of receipt of the complaint or appeal, meet with the individual or person and conduct an administrative review.
 4. As part of the administrative review, the Superintendent or his or her designee may ask questions to clarify and review the circumstances and facts related to the supervisor's or manager's decision and shall provide the individual or person the opportunity to present reasons why the supervisor's or manager's decision should be reconsidered.
 5. Within fifteen (15) calendar days of receipt of the complaint or appeal, the Superintendent or his or her designee shall send by certified mail, a copy of his or her decision to the individual or person who submitted the complaint or appeal. Such a decision shall include the rationale for the decision and a description of the next step in the process if the individual or person is not satisfied with the decision of the Superintendent or his or her designee.
- C. **Step three:** filing a complaint or appeal of adverse action with the President of the Board.
1. If the individual or person filing the complaint or appeal of adverse action is not satisfied with the outcome of the process set forth in paragraph (VI) (B) of this procedure, the individual or person may file a complaint or appeal with the President of the Board.
 2. The complaint or appeal of adverse action must be filed with the President of the Board within ten (10) calendar days of notice of the decision of the Superintendent or his or her designee. If no decision is provided by the Superintendent or his or her designee within fifteen (15) calendar days in accordance with paragraph (VI)(B)(5) of this procedure, the complaint or appeal of adverse action must be filed with the President of the Board

within twenty-five (25) calendar days of filing the complaint or appeal with the Superintendent.

3. The President of the Board shall ensure that a hearing is conducted within twenty (20) calendar days of receipt of the complaint or appeal at a time and place convenient to all parties. At such hearing:
 - a. The Board may hear the complaint or appeal;
 - b. A committee of two (2) or more Board members appointed by the President of the Board with agreement of the Board may hear the complaint or appeal. The committee shall issue a report and recommendation to the Board within ten (10) calendar days of the conclusion of the hearing; or
 - c. A hearing officer appointed by the Board may hear the complaint or appeal. The hearing officer shall have the same powers and authority in conducting the hearing as granted to the Board. The hearing officer shall not be an employee or contractor of the county providing any service other than that of hearing officer. The hearing officer need not be an attorney, but shall possess qualifications to be able to make neutral and informed decisions about the complaint or appeal. The Board may ask DODD to decide if a person is qualified to be a hearing officer. The hearing officer shall issue a report and recommendation to the Board within ten (10) calendar days of the conclusion of the hearing.
4. Upon request, the individual or person filing the complaint or appeal shall be provided access to all records and materials related to the complaint or appeal no less than ten (10) calendar days before the hearing.
5. To the extent permitted by law, the hearing shall be private unless the individual or person requesting the hearing wants it open to the public.
6. During the hearing, both parties may present evidence to support their positions.
7. The individual or person requesting the hearing and the Board has the right to be represented by an attorney.
8. The individual or person requesting the hearing shall have the right to have an attendance at the hearing and question any official, employee or agent of the County Board who may have evidence upon which the complaint or appeal is based.

9. Evidence presented at the hearing shall be recorded by stenographic means or by use of an audio recorder at the option of the County Board. The record shall be made at the expense of the County Board and, upon request, one copy of a written transcript shall be provided, at no cost, to the individual or person requesting the hearing.
10. In making its decision, the County Board may request or consider additional information with notice to all affected parties, may request a presentation in writing and/or in person from each party, or take other action necessary to make a determination.
11. Within fifteen (15) calendar days of conclusion of a Board hearing or the Board's receipt of the report and recommendation from a Board-appointed committee or a hearing officer, the President of the Board shall send by certified mail, a copy of the Board's decision to the individual or person who requested the hearing. Such a decision shall include the rationale for the decision and a description of the next step in the process if the individual or person is not satisfied with the decision of the Board.

D. **Step four:** filing a complaint or appeal of adverse action with the Director.

1. If the individual filing the complaint or appeal of adverse action is not satisfied with the outcome of the process set forth in paragraph (VI) (C) of this procedure, the individual may file a complaint or appeal with the Director.
2. The complaint or appeal of adverse action must be filed with the Director within fifteen (15) calendar days of notice of the decision of the Board. If no decision is provided by the President of the Board within fifteen (15) calendar days in accordance with paragraph (VI)(C)(11) of this procedure, the complaint or appeal of adverse action must be filed with the Director within fifty-five (55) days of filing the complaint with the President of the Board.
3. The Director shall send a copy of the complaint or appeal of adverse action to the Superintendent and President of the Board.
4. The President of the Board shall send the Director the written transcript of the Board hearing copies of any exhibits, and a copy of the Board's decision within twenty (20) calendar days of receiving the copy of the complaint or appeal of adverse action from the Director.
5. Upon request by an affected party or at the Director's initiation, the Director may request or consider additional information with notice to all affected parties, may request a presentation in writing and/or in person from each party, or take other action necessary to make a determination.

6. Within forty-five (45) calendar days of receipt of the written transcript of the Board hearing, copies of any exhibits and a copy of the Board's decision from the President of the Boards, the Director shall send by certified mail, a copy of his or her decision to all affected parties. The Director shall uphold the decision of the Board if the Director determines that the decision is in accordance with applicable statute and administrative rule. The Director's decision shall include the rationale for the decision.

VII. OTHER REMEDIES

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

Appendix used for the implementation of this procedure:

Appendix – Resolution of Complaints and Appeals of Adverse Action

Approved: April 3, 2014

Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: July 17, 2024, December 5, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Document Management, Retention, And Destruction Of Administrative Public Records

Policy Number:

1.14

Federal Reference:

*29 CFR 516, 34 CFR 99.31, 34 CFR 99.32, 34 CFR 99.33,
42 CFR 482.24, 45 CFR 164.316, 45 CFR 164.530*

Ohio Revised Code Reference:

*9.01, 121.22, 149.31, 149.38, 149.40, 149.43, 149.011, 149.351,
149.381, 1306.01, 4111.08, 5123.11, 5126.044, 149.43*

Administrative Code Reference:

149-1-01, 149-1-02, 5123-4-01

I. SUBJECT

Document Management, Retention, and Destruction of Administrative Public Records

II. PURPOSE

The purpose of this policy is to establish an operational system to manage retention and destruction of documents and to respond timely and appropriately to all public records requests received by Muskingum County Board of Developmental Disabilities (County Board) records.

The Director of Human resources will serve as the Records Officer and is responsible for implementing the provisions of this policy with active support from each component director.

III. DOCUMENT MANAGEMENT, RETENTION, DESTRUCTION & CONFIDENTIALITY OF ADMINISTRATIVE RECORDS

In accordance with Section 149.43 of the Ohio Revised Code, records are defined as any document, paper, electronic or other format that is created or received by, or comes under the jurisdiction of the County Board and serves to document the organization, functions, policies, decisions, procedures, operations, or other activities of the County Board. Files may be stored electronically in accordance with Ohio Historical Society – State Archives – Ohio Local Government Records Program (LGRP) Electronic Records Management Guidelines.

The County Board shall maintain records in accordance with the County Board Records Retention Schedule (RC-2), as approved by the Ohio Historical Society, and ORC 149.31 and ORC 149.38.

The County Board shall safeguard each individual's right to privacy and confidentiality of records in the receipt of services and support from the County Board. The County Board shall conform to all requirements for privacy and confidentiality set forth in Health Insurance Portability and Accountability Act (HIPAA) and other applicable law. The County Board shall not use or disclose Protected Health Information (PHI) except in accordance with applicable requirements. This policy shall apply whether the County Board is acting as a covered health care provider or a health plan under HIPAA. If the County Board is acting in more than one capacity, the County Board 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.

IV. PUBLIC RECORDS

As required by Ohio Law the Board's records will be organized and maintained so they are readily available for inspection and copying. The Board's records retention schedule (RC-2) is available upon request.

Public records generated by the Board will be maintained and destroyed consistent with the County Board's RC-2 approved by the County Records Commission and the Ohio Historical Society. It is the responsibility of the Records Officer to periodically update the Board's RC-2 and submit it for approval. Retention schedules for records that have administrative, legal, fiscal and historical value will be developed, maintained and periodically updated consistent with applicable rules, regulations and guidelines.

Public records will be available for inspection during regular business hours, with the exception of holidays. In processing a request for inspection of a public record, a Board employee will accompany the requester during inspection to make certain original records are not taken or altered.

V. RECORDS THAT ARE NOT PUBLIC

The Ohio Revised Code contains certain exemptions from disclosure. With respect to each request, the Board will determine whether an exemption applies to prohibit disclosure or permit non-disclosure of the requested records. If a record contains information that does not constitute a public record in accordance with federal or state law, such information will be redacted. The Board will make the redaction plainly visible or notify the requester of the redaction. When a redaction is required or authorized by state or federal law, it is not considered a

denial of a request. A denial of public records in response to a valid request will be accompanied by an explanation, including legal authority, as required by the Ohio Revised Code. If the request is in writing, the explanation must also be in writing.

Consistent with ORC 149.43 the following are NOT considered a public record.

- A. Reports including facility reports, records and investigative materials submitted or gathered pursuant to reports made under Section 5123.61, 5126.31 of the Ohio Revised Code, 5123:2-17-02 (MUI Rule) of the Administrative Code as well as Chapter 2903 of the Revised Code will not be deemed to be public records per OCR 149.43. They will be deemed investigative work products and not subject to disclosure/release in accordance with Ohio Revised Code 5126.044.
- B. Records of applicants for enrollment and people supported are not considered Public Records. These records will only be released in accordance with Board Administrative Policy on Confidentiality of Person Specific Information. Any personally identifying information related to a specific person supported will be deleted from any record before it is released to the public in accordance with confidentiality requirements.
- C. Infrastructure records, meaning any record that discloses the configuration of the Board's critical systems including, but not limited to, communication, computer, electrical, mechanical, ventilation, water, and plumbing systems, security codes or the infrastructure or structural configuration of any Board buildings are not considered public records. Infrastructure record does not mean a simple floor plan that discloses only the spatial relationship of components of a public office or the building in which a public office is located.
- D. Security Records meaning either of the following:
 - 1. Any record that contains information directly used for protecting or maintaining the security of any of the Board's buildings against attack, interference or sabotage
 - 2. Any record assembled, prepared, or maintained by the Board to prevent, mitigate, or respond to acts of terrorism.
- E. Insurance records
- F. Records containing mediation, communication & unlawful discrimination practice conferences

- G. DNA records
- H. Worker's Compensation records
- I. Immigration status forms (I-9)
- J. Social Security Number
- K. Medical records
- L. Records pertaining to adoption, probation or parole proceeding
- M. Trial preparation records
- N. Confidential law enforcement investigatory records
- O. Records which do not serve to document official functions or activities
- P. Home addresses, which include home telephone numbers
- Q. Work email addresses
- R. Other records the release of which is prohibited by the State or Federal law including criminal record check and staff member's social security number
- S. Driver's Abstract

VI. RECORDS REQUEST

All public records requests must be filtered through the County Board's Records Officer and the County Prosecutor's Office prior to release of the records.

The requestor is not obligated to provide a written request and may decline to reveal their identity or intended use of the records being requested. However, it is preferred that requests are in writing in order to enhance the County Board's ability to identify, locate, or deliver the public records that have been requested. No specific language is required to make a request for public records, however, the requester must at least identify the records requested with sufficient clarity to allow the office to identify, retrieve, and review the records. If it is not clear what records are being sought the County Board may deny a request but will provide the requester an opportunity to revise the request by informing the requester of the manner in which records are maintained by the County Board and accessed in the ordinary course of the County Board's business.

Each request will be evaluated for an estimated length of time required to gather the records. Requests for public records must be made available within a prompt and reasonable period of time; taking into account the volume of records requested; the proximity of the location where the records are stored; the necessity for any legal review of the records requested, and time needed to prepare them for delivery.

Routine requests will either be acknowledged in writing or satisfied within five business days following receipt of the request, if feasible to do so. If a request is deemed significantly beyond “routine,” such as seeking a voluminous number of copies or requiring extensive research, the written acknowledgement must include the following:

- A. An estimated number of business days it will take to satisfy the request.
- B. An estimated cost if paper copies are requested.
- C. Any items within the request that may be exempt from disclosure.

In processing the request, the County Board does not have an obligation to create new records or perform a search or research for information in the office’s records. An electronic record is deemed to exist so long as a computer is already programmed to produce the record through the County Board’s standard use of sorting, filtering, or querying features. Although not required by law, the County Board may consider generating new records when it makes sense and is practical under the circumstances.

Any denial of public records requested must include a written explanation, including legal authority for the denial. If portions of a record are public and portions are exempt, the exempt portions are to be redacted and the remaining information released. If there are redactions, they must be plainly visible and must be accompanied by a supporting explanation, including legal authority.

The County Board recognizes the legal and non-legal consequences of failure to properly respond to a public records request. In addition to the distrust in government that failure to comply may cause, the County Board’s failure to comply with the law may result in a court ordering the County Board to comply and to pay the requester’s attorney fees and damages.

VII. COSTS OF PUBLIC RECORDS

The requesting party may choose to have the records duplicated (1) upon paper, (2) upon the same medium upon which the Boards keeps the record, and (3) upon

any other medium in which the Board determines that the record reasonably can be duplicated as part of normal operation.

There will be no charge for the inspection of records. The charge for making copies of records will be \$0.05 per page. There is no charge for documents that are emailed. The Superintendent or designee reserves the right to require pre-payment of copy charges. If requested, public records will be mailed to the party that requested them. The Superintendent or designee reserves the right to require prepayment of the cost of postage and other supplies used in the mailing. There is no limit on the number of records a party may request.

VIII. Electronic Communications

Documents in electronic mail format are records as defined by the Ohio Revised Code when their content documents the organization's functions, policies, decisions, procedures, operations or other activities of the Board. Email and other electronic records maintained by the County Board are to be treated in the same fashion as records in other formats and should be maintained according to the records retention schedule. The only exceptions to this requirement are records that are specifically exempt from disclosure under the Ohio Revised Code.

IX. Miscellaneous Provisions

When a staff member's personnel file has been requested for review by a member of the public, the Board will make reasonable efforts to notify the staff member.

This policy will be posted and maintained in a conspicuous place for the public's review and reference.

X. DEVELOPMENT OF PROCEDURES

The County Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Adopted: 11/5/2015

Reviewed: January 7, 2016; January 5, 2017; January 16, 2018

Revised September 12, 2024, February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Document Management, Retention, And Destruction Of Administrative Records

Procedure Number:

1.14.1

I. PURPOSE OF RECORD RETENTION AND DESTRUCTION PROCEDURE

The purpose of this procedure is to establish procedures to manage all documents regardless of form or characteristics and retention, and destruction of all records which the County Board creates or accumulates on behalf of the people supported by the County Board.

II. DEFINITIONS

- A. **Certificate for One-Time Records Disposal (RC-1)** is used to request permission to destroy obsolete records that are no longer created or maintained.
- B. **Records Retention Schedule (RC-2)** specifies the period of time each record series will be retained by the County Board, and provides continuing authority for destruction of the records at the expiration of the stated period.
- C. **Certificate of Records Disposal Form (RC-3)** is used to list the records to be destroyed, the inclusive dates of the records as well as the date of destruction and the method of destruction. Certificate of Records Disposal Form serves as the Official Records of the actual disposal of records and should correspond with the Records Retention Schedule.
- D. **County Board** means the Muskingum County Board of Developmental Disabilities.
- E. **County Records Commission** adopts rules for retention and disposal of records of the county, reviews applications for one-time disposal of obsolete records, and schedules of records retention and disposition submitted by the County Board. The Records Commission is composed of a member of the County Commissioners as chairperson, the prosecuting attorney, the auditor, recorder, and the clerk of the court of common pleas.
- F. **Disclosure** means permitting access or the release, transfer, or other communication of records of the individual or the personally identifiable information contained therein, orally or in writing, or by electronic means, or by any other means to a party.

- G. **Individual** means an eligible person receiving services and supports from the County Board or a contracted entity or person under the County Board's authority.
- H. **Records** includes any document, device, or item, regardless of physical form or characteristic, including an electronic record as defined in Section 136.01 of the Ohio Revised Code, created or received by or coming under the jurisdiction of the County Board which serves to document the organization, functions, policies, decisions, procedures, operations, or other activities of the County Board.
- I. **Record Destruction** means the physical destruction of a record or removal of personal identifiers from information so that the information is no longer personally identifiable.
- J. **Records Inventory Form** is a list with all the County Board records including record titles, descriptions, and retention periods.
- L. **The State Records Commission** consists of the Auditor of State, Attorney General, Secretary of State, Director of the Department of Administrative Services, Superintendent of Public Instruction, and the Director of the Ohio History Connection, or their authorized representative.

III. RECORDS MANAGEMENT AND RETENTION

- A. The Superintendent or his designee, shall cause to be made only such records as are necessary for the adequate and proper documentation of the organization, functions, policies, decisions, procedures, and essential transactions of the agency and for the protection of the legal and financial rights of the state and persons directly affected by the agency's activities
- B. All records are the property of the County Board and shall not be removed, destroyed, mutilated, transferred, or otherwise damaged or disposed of, in whole or in part, except as provided by law or under the policies and procedures adopted by the Muskingum County Records Commissions per Section 149.351 of the Ohio Revised Code.
- C. The County Board Leadership Team Members will be designated as Records Officers for their department. The Records Officer must be familiar with all the responsibilities of the department and the records created to document the organization, functions, policies, decisions, procedures, operations, or other activities of the County Board.
- D. A Records Inventory list will be compiled of all County Board records which serves to document the organization, functions, policies, decisions, procedures,

operations, or other activities of the County Board and will include the record title, description, and retention period.

- E. The Record Inventory List will be reviewed and updated annually by each Leadership Team Member.
- F. If the Records Inventory List does not list a particular type of record, the record must be kept until the schedule is amended to address that category of records.
- G. All records, not just public records, are subject to the retention schedule.
- H. If a public record is retained beyond its properly approved destruction date, it keeps its public record status until it is destroyed and is thus subject to public records request.
- I. Every individual receiving services and or supports shall have access to their records maintained by the County Board. All information shall be treated as confidential and shall be directly accessible only to the County Board employees pursuant to these policies and procedures.
- J. An individual's record is removed from the County Board's jurisdiction and safekeeping only in accordance with a court order, subpoena, or statute. Individual's records shall not be removed from the County Board's jurisdiction for any other reason.
- K. The County Board shall develop a list at each service delivery site of the types and locations of records collected, maintained, or used, and shall provide this list to individuals on request.
- L. Records shall be kept on file in a secure location to assure permanence of the records for the time during which the services are provided and for transmittal to an alternative program when alternate placement occurs.
- M. Reports made under Section 5123.61 of the Ohio Revised Code and 4757-5-10 of the Ohio Administrative Code (Major Unusual Incidents) are not public records as defined in Section 149.43 of the Ohio Revised Code and may not be deemed accessible.

IV. DESTRUCTION OF RECORDS

- A. County Board records that are continuously being created and accumulated may be destroyed after the following procedures have been completed:
 - 1. The Records Retention Form Schedule (RC-2) shall be completed using the Records Inventory List for records that are continuously being created and accumulated by the County Board.

2. The RC-2 Form shall be updated by the Records Officers for each department to include new records being created as needed or at least annually.
 3. The Superintendent or designee will send the completed RC-2 to the County Records Commission for approval of retention periods. The County Records Commission will forward the RC-2 to the State Records Commission for approval of retention periods and the Ohio History Connection to select and maintain any records that have historical value to the State of Ohio and their citizens per Section 149.31 of the Ohio Revised Code. The History Connection shall review the application or schedule within a period of not more than 60 days after its receipt. During the 60-day review period, the Ohio History Connection may select for its custody from the application for one-time disposal of obsolete records any record it considers to be of continuing historical value.
 4. Upon completion of its review, the Ohio History Connection shall forward the application for one-time disposal of obsolete records or the schedule of records retention and disposition to the Ohio Auditor of State for approval or disapproval. The Ohio Auditor of State shall approve or disapprove the application or schedule within a period of not more than 60 days after receipt.
 5. Once the retention periods have been approved by all authorities and the RC-2 has been returned to the County Board any records beyond the approved retention periods may be disposed of without having a County Records Commission meeting.
 6. The Certificate of Records Disposal Form (RC-3) is completed and lists of the records that are to be destroyed, the inclusive dates of records as well as the date of destruction and the method of destruction. The RC-3 serves as the official records of the actual disposal of records and should correspond with RC-2 Form.
- B. The Certificate of Records Disposal Form (RC-1) is used to request permission to destroy or transfer particular records covering specified dates. The County Board will use this form to dispose of obsolete records that are no longer created or maintained.
1. The RC-1 will be completed listing all of the records that are to be destroyed, the inclusive dates of records as well as the date of destruction and the method of destruction.
 2. The Superintendent or his designee will submit the completed RC-1 to the County Records Committee for approval of destruction of obsolete records.

3. The County Records Commission shall inform the Ohio History Connection of the disposal through the submission of a certificate of records disposal for only the records required by the schedule to be disposed and shall give the Ohio History Connection the opportunity over a period of 15 days to select for custody those records, from the certificate submitted, that considers it to be of historical value.
4. The RC-3 will be completed and will serve as the official records of the actual disposal of records and should correspond with RC-1 Form.
5. Per 149.381, the Ohio History Connection are prohibited from reviewing or selecting for its Custody any of the following records:
 - a. Records containing personally identifiable information concerning any pupil attending the Muskingum County Board of DD Starlight School other than directory information, as defined in 3319.321 of the Ohio Revised Code, without the written consent of the parent, guardian, or custodian of each such person who is less than eighteen years of age, or without the written consent of each pupil who is eighteen years of age or older;
 - b. Records that release of which would, according to the “Family Educational Rights and Privacy Act of 1974”, disqualify the school from receiving federal funds.
- C. Once a record is no longer needed for retention, the County Board will notify an eligible person, the person’s guardian, or, if the eligible person is a minor, the person’s parents or guardian, prior to destroying any record or report regarding the eligible person. Per 5126.044 of the Ohio Revised Code the County Board does not have to have written permission prior to destruction of individual record information.
- D. When an eligible person who receiving County Board services dies, the county Board shall, on written request, provide to the following persons any reports and records created by the County Board concerning the eligible person under the following circumstances:
 1. If the report or records are necessary to administer the estate of the person who is the subject of the reports or records, to the executor or administrator of the person’s estate;
 2. To the guardian of the person who is the subject of the reports or records, if the individual had no guardian at the time of death, to a person in the first applicable of the following categories:

- a. The person's spouse;
- b. The person's children;
- c. The person's parents;
- d. The person's brothers or sisters;
- e. The person's uncles or aunts;
- f. The person's closest relative by blood or adoption;
- g. The person's closest relative by marriage.

The County Board shall provide the reports and records as required not later than thirty days after receipt of the written record.

- E. Records pertaining to a Major Unusual Incident will not be released to anyone who was investigated in the incident.

V. PROHIBITING DESTRUCTION OR DAMAGE OF RECORDS

- A. Records are the property of the County Board and shall not be removed, destroyed, mutilated, transferred, or otherwise damaged or disposed of, in whole or in part, except as provided by law or under rules adopted by the County Records Commission per Section 149.38 to 149.42 of the Ohio Revised Code.
- B. Any person who is aggrieved by the removal, destruction, mutilation, or transfer of, or by other damage to or disposition of a record in violation of V (A) of this procedure, or by threat of such removal destruction, mutilation, or transfer of, or by other damage to or disposition of such record may commence either both of the following in the court of common pleas in which V (A) of this procedure allegedly was violated or is threatened to be violated:
 - 1. A civil action for injunctive relief to compel compliance with V (A) of this procedure, and to obtain an award of the reasonable attorney's fees incurred by the person in the civil action;
 - 2. A civil action to recover a forfeiture in the amount of one thousand dollars for each violation, but not to exceed a cumulative total of ten thousand dollars, regardless of the number of violations, but obtain an award of the reasonable attorney's fees incurred by the person in the civil action not exceed the forfeiture amount recovered.

- C. A person is not aggrieved by a violation of section V (A) of this procedure if clear and convincing evidence shows that the request for a record was contrived as a pretext to create potential liability under this procedure. The commencement of a civil action under section V (B) of this procedure waives any right under this procedure to decline to divulge the purpose for requesting the record, but only to the extent needed to evaluate whether the request was contrived as a pretext to create potential liability.
- D. In a civil action under section V (B) of this procedure, if clear and convincing evidence shows that the request for a record was a pretext to create potential liability, the court may award reasonable attorney's fee to any defendant or defendants in the action.
 - 1. Once a person recovers forfeiture in a civil action commenced per V (B) of this procedure, no other person may recover a forfeiture under section V (B) (2) of this procedure for a violation of section (A) of this procedure involving the same record, regardless of the number of persons aggrieved by a violation of V (A) of this procedure was allegedly violated or was threatened to be violated.
 - 2. A civil action for injunctive relief under V (B) (1) of this procedure or a civil action to recover a forfeiture under V (B) (2) of this procedure shall be commenced within five years after the day in which V (A) was allegedly violated or was threatened to be violated.

Forms used with this procedure:

RC-1
RC-2
RC-3

Approved: 11/6/2015

Reviewed: January 7, 2016; January 5, 2017; January 16, 2018

Revised: February 18, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Use Of Electronic Signatures Policy

Policy Number:

1.15

Ohio Revised Code Reference:

5160.46

Ohio Administrative Code Reference:

123:3-1-01

I. SUBJECT

Use of Electronic Signatures

II. PURPOSE

The purpose of this policy is to define the method of documentation of user signatures on County Board documents Targeted Case Management (TCM) case notes sent to the Ohio Department of Developmental Disabilities (DODD) by the Service Coordinators of the Muskingum County Board of Developmental Disabilities (County Board).

III. POLICY

The County Board authorizes the use of electronic signatures as a method to document user signatures of Service Coordinators on case notes required for the submission to DODD. Electronic signature, an automated function that replaces a handwritten signature with a system –generated signature statement, will be utilized for records as a means for authentication of transcribed documents, computer generated documents and/or electronic entries. System generated electronic signatures are considered legally binding as a means to identify the author of record entries’ and confirm that the contents are what the author intended. Authenticity of electronic signatures shall be ensured through generally accepted security methods.

The County Board further authorizes the use of electronic signatures for other purposes specified by the Superintendent. Specific authorization will be given when the following criteria are met:

1. A system is in place to confirm the validity of each electronic signature. If the procedures are not followed by affected staff, the electronic signature is not recognized as valid.

2. A process is identified that ensures electronic signatures are effectively secured against tampering or misuse and are backed up by documentation maintained by the County Board on the initial representation process and the means to prove the identity of the person registering.

IV. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: April 3, 2008

Reviewed: January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Volunteer, Intern, And Practicum Student Policy

Policy Number

1.16

Ohio Administrative Code Reference:

5123-4-01 (N)

I. SUBJECT

Volunteer Policy

II. PURPOSE

- A. The Muskingum County Board of Developmental Disabilities (County Board) recognizes that volunteers, interns, and practicum students provide a valuable service to enrich the lives of individuals with developmental disabilities. Individuals with developmental disabilities typically require and benefit from repetition to acquire knowledge and essential interpersonal, social development, and educational skills required to transition from the classroom to the workforce and/or community. A volunteer, intern, or practicum student can provide additional time and one-on-one assistance needed to ensure the success and positive self-esteem of those served by the County Board.
- B. Volunteer, intern, and practicum student opportunities fosters community awareness and provides opportunities for community members, parents and family members to exercise both rights and responsibilities to actively participate in the services and supports offered to individuals and families by the County Board. Additionally, hosting volunteer, intern, and practicum opportunities aides in the recruitment and retention of County Board staff.

III. POLICY

- A. The County Board will establish and coordinate an agency-wide comprehensive volunteer interns, and practicum students program that will include, but not be limited to volunteer onboarding, assignment, and termination.
- B. Volunteers, intern, and practicum students shall provide services that are based on the needs of individuals served by the County Board, staff requests and County Board needs in conjunction with the volunteers, intern, and practicum students skills, abilities and experiences. Volunteers, interns, and practicum students shall not be used to displace any paid staff from their position.

- C. Volunteers, interns, and practicum students are not authorized to act as representatives of the County Board.

IV. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: November 6, 2003

Reviewed with approval: January 8, 2004; February 3, 2005;

Revised with approval: January 14, 2005

Reviewed with approval: January 5, 2006; January 4, 2007; January 3, 2008; January 1, 2009; January 14, 2010; January 6, 2011

Revised: May 5, 2011;

Reviewed: January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: September 12, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Volunteer, Intern And Practicum Student Procedure

Procedure Number:

1.16.1

Ohio Administrative Code:

5123-4-01; 5123-2-02; 5123-17-02

Ohio Revised Code:

5123.62; 109.572

I. PURPOSE

- A. The Muskingum County Board of Developmental Disabilities (Board) recognizes that volunteers provide a valuable service to enrich the lives of individuals with developmental disabilities by providing additional time and one-on-one assistance.
- B. A volunteer is anyone, including but not limited to, visitors, family members, community members, job shadowers, interns, and practicum students; who without compensation or expectation of compensation, performs a task at the direction or on behalf of the Board.
- C. Volunteering fosters community awareness and provides opportunities for community members and family members to actively participate in the services and supports offered to individuals and families by the Board.

II. BOARD REQUIREMENTS

- A. Volunteers must be at least 16 (sixteen) years of age, with the exception of peer groups that may meet during or after hours participating in social and/or recreational activities.
- B. If under the age of 18 (eighteen), written parental permission is required.
- C. Volunteers are at all times under supervision of paid supervisory staff of the Board.
 - 1. The supervisor of the volunteer is responsible for ensuring that they receive information relevant to their volunteer assignment, monitor activities and provide feedback to the volunteer as needed.
- D. Those volunteers who provide more than forty hours of service working directly with individuals served by the Board during a calendar year will:

Complete Required Training Including:

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

2. The rights of individuals set forth in ORC 5123.62.
3. The requirements of OAC 5123-17-02; including a review of health and welfare alerts issued by the Department of Developmental Disabilities (DODD).
4. An overview of emergency procedures.

Undergo Background Investigations Including:

1. Requiring the volunteer to submit a statement to the Board with their signature attesting that they have not been convicted of or pleaded guilty to any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of ORC 109.572.
2. Requiring the volunteer to sign an agreement under which the volunteer agrees to notify the Board within three (3) calendar days if the volunteer is formally charged with, is convicted of, or pleads guilty to, or is found eligible for intervention in lieu of conviction for any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of ORC 109.572. The agreement will provide that failure to make the notification may result in termination of the volunteer's services.
3. Checking each of the databases described in paragraph (C)(2) of OAC 5123-2-02 to determine if the volunteer is included.
4. Obtaining a criminal records check conducted by the Ohio Bureau of Criminal Identification and Investigation (BCII).
5. If the volunteer does not present proof that the volunteer has been a resident of Ohio for the five-year period immediately prior to the date upon which the criminal records check is requested, the criminal records check will include information from the Federal Bureau of Investigation (FBI).
6. Upon receipt of satisfactory BCII, the volunteer will be enrolled in the Ohio Attorney General iRAP (Rapback).

III. VOLUNTEER EXPECTATIONS

- A. Volunteers shall provide services, which are based on the needs of individuals served, on staff requests, and on the volunteer's skills, abilities, experiences and interests. Persons providing volunteer services will do so under the supervision of professional staff. At no time will a volunteer act in lieu of staff.
- B. Persons desiring to volunteer are to apply through the Administrative Office and are to be formally accepted and oriented as a volunteer prior to beginning their volunteer experience. Any person acting without such recognition will be considered a "visitor" and as such will be subject to the policies and procedures of the Board regarding "visitors."
- C. Volunteers shall comply with all Board Personnel Policies as they pertain to staff conduct.
- D. The Board Administration Office shall maintain a file for each volunteer, including but not limited to, all prerequisite and onboarding documentation.
- E. The Board will no longer engage or continue to engage a volunteer who:

1. Has an unacceptable background check
2. Is included in one or more of the databases described in paragraphs (C)(2)(a) to (C)(2)(f) of OAC 5123-2-02.
3. Has a conviction for, pleads guilty to, or is found eligible for intervention in lieu of conviction for any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of ORC 109.572 if the corresponding exclusionary period as specified in paragraph (E) of OAC 5123-2-02 has not elapsed.
4. Or for any other reason that includes, but is not limited to:
 - i. Breach of confidentiality, abuse or mistreatment of individuals served or coworkers, gross misconduct or insubordination, being under the influence of alcohol or drugs, theft of property, or misuse of Board equipment or materials, failure to abide by Board policies and procedures, failure to meet standards of performance, and failure to perform assigned activities.

IV. STAFF VOLUNTEERS

- A. Staff volunteers are those board personnel who voluntarily sign up to help with events and/or activities that are separate and different from their paid position (outside of typical job duties and outside of normal working hours).
- B. Staff are considered a volunteer only if they make a free choice to volunteer; they may not be assigned to a volunteer activity by a supervisor.
- C. Staff wanting to volunteer in other areas of the Board must have their supervisor's approval.
- D. Staff may be asked to complete a waiver releasing the Board's liability for workers compensation benefits for a recreational or fitness activity.
- E. Staff will follow volunteer procedures while serving as a volunteer for the Board.

Forms used with this procedure:

Volunteer, Intern, Practicum Student Acknowledgement

Approved: March 9, 2006

Reviewed: December 12, 2006; January 3 2007; January 4, 2008; January 1, 2009; January 14, 2010;

Reviewed: January 6, 2011

Revised: April 5, 2011

Reviewed: January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016

Revised: April 28, 2016

Reviewed: January 5, 2017; January 5, 2017; January 16, 2018

Revised: October 23, 2024

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MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Local Professional Development Committee

Policy Number:
1.21

I. PURPOSE

The Muskingum County Board of Developmental Disabilities (MCBDD) is committed to the belief that excellence in training and education is brought about by employees who are continually engaged in sustained, high quality professional development, which is aligned with the goals and needs of the students, employees and the MCBDD.

II. DEFINITIONS

Professional development is defined as any course, training, activity or experience, which enhances the educational expertise of staff members, which will ultimately lead to improved student performance.

Based upon the passage of legislation, the purpose of the Local Professional Development Committee (hereafter referred to as the LPDC) is to review the coursework and other professional development activities proposed and completed by Intervention Specialist (teachers) of the MCBDD for credential renewal.

The LPDC shall be, by statute, the official licensing body for the MCBDD for staff who hold ODE certification/license. The duties of this committee will include the following:

- A. Foster continuous improvement
- B. Promote alignment of professional
- C. Promote the acquisition and delivery of best practices
- D. Emphasize increased student training, learning and achievement as a professional development priority
- E. Guide the development of the Individual Professional Development Plans (hereafter referred to as IPDP)
- F. Support the inquiry into and study of effective teaching

- G. Validate application/use of learning gained through professional development rather than merely attendance, time spent, and completion of required work

III. Membership, Selection of Members and Terms in Office

The membership of the LPDC shall consist of six members, including four teachers, the Director of Education (Principal) and the Director of Human Resources.

The teachers shall be elected via a slate of candidates through self-nomination or nomination by a peer. Each committee member must have a minimum of two years experience and demonstrate a commitment to a lifelong journey through professional development. Term shall run from July 1st to June 30th. Elections will be held in the Spring. Teachers will serve a three-year term. Consecutive terms are permitted. If a member leaves the Professional Development Committee due to not working for MCBDD; another teacher will be appointed to finish out the term.

Board Adopted: January 9, 2020

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Local Professional Development Committee

Procedure Number:

1.21.1

I. OPERATIONAL PROCEDURES

The Muskingum County Board of DD (MCBDD) Local Professional Development Committee (LPDC) shall hold an annual organization meeting following elections and will generally meet once per month during each school year. The committee chair schedules additional meetings with a ten day prior notice. All LPDC meetings will be held at the school (or virtually if required). Teacher members will receive compensation with one-half of the amount being paid in December and the other in June. If a teacher does not fulfill their term, or attend all scheduled meetings, they will not receive a full stipend; the amount will be prorated based on time served. A teacher member shall miss no more than one (1) scheduled meeting per school year in order to remain on the committee for the following school year. A teacher member will be considered absent if they are more than ten (10) minutes late to a meeting.

Members of the committee shall elect the chairperson and recorder. The duties of the chair and recorders are as follow:

The chairperson shall:

- A. Call all meetings and set agendas in collaboration with the membership
- B. Preside at all LPDC meetings
- C. Ensure adherence to the IPDP review process and procedures
- D. Provide notification to staff of approval or rejection of IPDP's
- E. Serve as the appeals process contact and liaison
- F. Serve as a reviewer of IPDP's certification/license
- G. Suggest professional growth needs for members of the LPDC

The recorder shall:

- A. Keep accurate minutes for all official meeting of the LPDC
- B. Send minutes to LPDC members prior to each meeting

- C. Assist the chair with all communications
- D. Appoint another member as recorder in case of absence
- E. Serve as a reviewer of IPDP's license renewal

The remaining LPDC members shall:

- A. Elect one of the members by voice vote to act in the absence of the chair or recorder
- B. Serve as a staff information contact person
- C. Serve as a reviewer of IPDP's license renewal
 - 1. This can be done by phone conference or face to face

II. STANDARDS FOR COURSEWORK AND EQUIVALENT ACTIVITIES

Based upon the staff development standards created by the National Staff Development Council and the five models of staff development, the MCBDD has established the following professional development standards and criteria for accepting course work and equivalent activities contained within an IPDP.

- A. All professional growth will relate to the MCBDD Mission Statement: "Working in Partnership with individuals and developmental disabilities and their families, providing opportunities utilizing public and private supports, to live, learn, work, and play in the community."
- B. All professional development will address the needs of students, staff and the community as determined by available data.
- C. Each staff member developing an IPDP will address how the plan enhances self, other staff, students, school, and community, and the organization through appropriate goal setting and documentation.
- D. One CEU equals 10 contact hours or, in the case of equivalent activities, see attached chart.
- E. Activities listed in the "Activities...that are automatically accepted" must pertain to those goals established in an IPDP.
- F. Hours accumulated through MCBDD mandated programs will be accepted regardless of IPDP goals, i.e. professional day, CPR, etc.

Activities Which Can Be Included in the Plan

- A. Activities pertaining to goals established in an IPDP that are automatically accepted:
 - 1. Graduate course work accomplished at an accredited college or university that relates to the DD field.
 - 2. MCBDD Projects and/or curriculum related activities.
 - 3. Collaborative projects with LEA's or other DD programs.
 - 4. MCBDD sponsored training.
 - 5. Training sponsored by other educational/professional organizations.
- B. Activities that need the prior approval of the LPDC before initiation
 - 1. Individually-guided professional development: The staff person designs activities in which he/she believes will promote teaching, training and learning.
 - a. National Board for Professional Teaching Standard Certification
 - b. Professional Teaching Portfolio
 - c. Publication of Original Work
 - d. Grant Writing
 - e. Internships or scholarships with accredited professional organization i.e. Fullbright
 - 2. Observations/Assessments: The staff person engages in training and learning opportunities specially designed to improve teaching, training and learning.
 - a. Peer coaching
 - b. Mentoring
 - c. Cooperating Teacher for Student Teaching

3. Involvement in a Development/Improvement Process: The staff person is involved in assessing current practices/programs and determining a problem whose solution will improve enrollees/Program.
 - a. Curriculum unit development and/or revision
 - b. Course study development and/or revisions
 - c. School improvement initiative, i.e. continuous
 - d. Improvement/strategic planning
 - e. Professional reading study-discussion group
4. Training: The staff person is engaged in training opportunities, which include exploration of theory, demonstration of practices, supervised trials of new skills with feedback on performance, and coaching within the workplace.
 - a. Professional Development Presenter at local, state or national conference or workshops
 - b. Teaching college course/Adult education classes
 - c. Trainer of trainers-becoming a qualified teacher of national recognized training program i.e. TESA, Cooperative Learning Dimensions of Learning
5. Inquiry: The staff person forms questions about their own practice and pursues objective answers to those questions which involve the identification of problems, data collection (from research literature and classroom data), data analysis, and changes in practice with additional data collection.
 - a. Action research
 - b. Educational/training projects
 - c. Education travel

III. IPDP SUBMISSION TIMELINE, DECISION MAKING, APPEALS PROCESS AND RECIPROCITY

On the first staff meeting day, or on another designated day early in the program year, the Starlight LPDC members will present the IPDP guidelines. Each staff member, whose certification or license is to be renewed, will receive a folder at the beginning of the five year cycle. The folder will contain guidelines, IPDP development instructions, and all related documentation forms.

All IPDP's shall be submitted within 6 months from the issued date of license. Notification of the Starlight LPDC's actions on IPDP's shall occur within 60 days. A checklist/rubric outlined in Organizing for High Quality Professional Development will be used to monitor the progress of all submitted IPDP's from submission to implementation and completion.

Staff members are encouraged to submit required paperwork within a short time after completion of the workshop/in-service, for approval from the Starlight LPDC. Training occurring over the summer must be submitted in the fall for approval. All activities should be submitted as contact hours rather than CEU's, graduated hours or a combination of various time units.

Any decision to approve or reject a submitted IPDP for certification/license renewal purposes must receive a majority vote of the full LPDC. A staff person dissatisfied with a decision made by the Starlight LPDC may ask for reconsideration of its decision. The request for reconsideration must be in writing, addressed to the Starlight LPDC, and made within ten (10) working days after the denial. All written request for reconsideration will be reviewed at the next scheduled Starlight LPDC meeting.

After reconsideration, if the Starlight LPDC and the staff person are still unable to come to an agreement, the staff person may submit an appeal to the Superintendent for final resolution.

Decisions made by the Superintendent will be final and binding except for a recommendation of non-renewal of a certificate or license, which may be appealed only to the Ohio Department of Education.

The Starlight LPDC shall accept approved IPDP's for any staff person fired by the MCBDD from another CBDD program or school district or other agency as fulfilling all necessary requirements for the renewal process. Hours accumulated in the setting of the previous employment shall be honored. All remaining hours will be completed under the rules of the Starlight LPDC. IPDP's will be requested as part of the application process from candidates for employment.

The successful completion of course work, contact hours and locally approved professional development activities must be verified by the authorized signature

of the Starlight LPDC chair on the staff person's application for renewal. Verification of full-time teaching/work experience, remains the responsibility of the MCBDD Superintendent or official designee on the renewal application form. The signature verifies that the employment information given by the applicant on the application form is true and correct.

Credit Conversion Chart

Credits Required for Renewing Ohio Credentials

To renew your teaching credentials in the state of Ohio, you must earn 6 semester hours, 18 CEUs, 180 contact hours, or a combination of these after the ISSUE DATE of your expiring certificate/license and after the APPROVAL DATE of your IPDP.

Semester Hours (s)	CEU (s)	Credit Hours
6	18	180
5	15	150
4	12	120
3	9	90
2	6	60
1	3	30
	1	10

Semester hours must be earned through an accredited university or institution. Official transcripts are required documentation. Check the Ohio Department of Education website for the link to verify accreditation of a university or institution.

Approved: 1/13/22

Revised: 11/17/22

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MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Social Media Policy

Policy Number:

1.23

Ohio Revised Code Reference:

149.43

I. SUBJECT

Social Media

II. PURPOSE

- A. The Muskingum County Board of Developmental Disabilities (MCBDD) uses 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, taxpayers, government peers, and employees. MCBDD has a vested interest in engaging with the community and in providing useful and accurate information to the public, and social media platforms offer an opportunity to engage in a direct and timely fashion with its stakeholders.
- B. The Board's participation in social media must be driven by its strategic plan, and its representation in social media must be managed in a manner that ensures consistency and adherence with the organization's mission, vision and goals. To ensure such an approach, standards and expectations must also be established for site content and employee conduct.

III. APPROVAL AND REGISTRATION

- A. All Board social media sites shall be (1) approved by the Superintendent or Designee (2) published using approved social networking platforms and tools; (3) all posts must have prior approval by the Community Relations/Special Projects Coordinator; (4) administered by the contact or their designee.

IV. EMPLOYEE OVERSIGHT AND ENFORCEMENT

- A. Employees representing the Board through social media outlets or participating in social media features on Board websites must maintain a high level of ethical conduct and professional decorum. Failure to do so is grounds for revoking the privilege to participate in agency social media sites,

blogs, or other social media features. Information must be presented following professional standards for good grammar, spelling, brevity, clarity and accuracy, and avoid jargon, obscure terminology, or acronyms.

- B. Board employees recognize that the content and messages they post on social media websites are public and may be cited as official Board statements. Social media should not be used to circumvent other agency communication policies, including news media policy requirements.
- C. Board employees and/or the general public may not publish information on agency social media sites that includes:
 - 1. Confidential information
 - 2. Copyright violations
 - 3. Profanity, racist, sexist, or derogatory content or comments
 - 4. Partisan political views
 - 5. Commercial endorsements or SPAM

V. NOTICE OF MONITORING

- A. Social media accounts may only be monitored during business hours or according to our agency's discretion. If messages are received during non-business hours, they may not receive a response until the next business day. If you are a person supported by the Muskingum County Board of Developmental Disabilities, and need immediate assistance after hours, please call our Emergency On-Call at 1-888-905-0787.

Adopted: August 13, 2020

Revised: September 12, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

General Health And Well Being Of All Individuals Receiving Services Policy

Policy Number:

2.00

Ohio Revised Code Reference:

5126.05

Ohio Administrative Code Reference:

5123-6

I. SUBJECT

General Health and Well Being of all Individuals Receiving Services

II. PURPOSE

The purpose of this health services policy is to adhere to the Administrative Code requirements that the Muskingum County Board of Developmental Disabilities (County Board) adopt policies and develop procedures related to health services for the protection of all persons in all programs operated by the authority of the County Board.

III. POLICY

- A. The County Board fully recognizes the challenges in meeting the complex health care needs of persons with developmental disabilities. The County Board acknowledges that services should be provided to meet these needs according to the consumer's capabilities and to encourage them to achieve maximum functioning in the least restrictive environment(s). However, by so doing, the health of individuals, and families receiving services should not be compromised. This policy shall require the establishment of procedures that clearly state the processes by which this policy shall be implemented.
- B. The County Board shall address the Ohio Board of Nursing, Ohio Department of Developmental Disabilities (DODD), and Ohio Department of Education requirements specific to administration of medication, designation, and delegation of nursing tasks in a stand-alone policy with corresponding procedures to promote safe and accessible nursing care for all program participants.
- C. It is the practice of the County Board to report all accidents and incidents to the parents of a minor, guardian, residential providers, and maintain a record

of any such incident on file. The accident or incident record shall be initiated according to procedures specific to Major Unusual and Unusual Incidents.

IV. ANNUAL REVIEW AND ADOPTION OF POLICIES

This policy shall be maintained on file in the administrative offices of the County Board and shall be reviewed and updated annually.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: June 6, 2002

Reviewed: January 8, 2004; February 3, 2005; January 5, 2006;

January 4, 2007; January 3, 2008

Revised: January 1, 2009

Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: August 9, 2018, August 12, 2021

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

General Health And Well Being Of All Individuals Receiving Services Procedure

Procedure Number:

2.00.1

I. REPORTING OF ALL ACCIDENTS AND INCIDENTS

All accidents and incidents shall be documented and reported within four hours of the occurrence. Such report shall include recommendations for prevention at a future time. Information concerning health and special job considerations shall be communicated to appropriate supervisory personnel. All accidents and incidents shall be reported to the individual's parent(s)/guardian(s)/provider(s). A record shall be maintained in the individual's file. Accidents and incidents shall be treated as Unusual Incidents (UIs) and shall be reported as outlined in the County Board's policy and procedures specific to "Incidents Adversely Affecting Health and Safety." Major Unusual Incident/Unusual Incident (MUI/UI) Report Forms shall be submitted to the Program Director or designee.

A. Illness Reports

Illnesses occurring at Starlight School shall be reported to a nurse. Applicable reports will be initiated according to procedures specific to Incidents Adversely Affecting Health and Safety with copies forwarded to parent(s)/guardian(s)/provider(s) when complete.

B. Seizure Reports

Individual seizure logs will be used at Starlight School for documentation of apparent seizures. Parent(s)/ guardian(s) will be given a copy of the seizure log at the intervals they require or request. Unusual or prolonged seizure activity will be reported to a nurse. Parent(s)/guardian(s) will be notified of such seizure activity as soon as possible.

C. Major Unusual and Unusual Incident Reports

Recording of all MUI/UI reports by staff shall conform to the policies and procedures specific to Incidents Adversely Affecting Health and Safety Policy 2.02.

II. PROVIDING ROUTINE FIRST AID TREATMENT

Staff trained to administer first aid and Cardio Pulmonary Resuscitation (CPR) shall provide care for ill or injured individuals, as appropriate, within the scope of

their training. A nurse or other medical professional shall be consulted for any situation outside the scope of the staff person's training.

III. EMERGENCY TREATMENT, SECURING EMERGENCY SQUAD AND AMBULANCE SERVICE OR PERSONAL PHYSICIAN

- A. If transport for emergency care is warranted the procedures for emergency treatment will be followed. In the event of an emergency the following guidelines apply:
1. Check the scene and the individual.
 2. Call for assistance and/or the nurse as needed.
 3. Once it is determined Emergency Medical Services (EMS) is needed, have a staff person knowledgeable of the situation make the 911 call to request an ambulance and indicate to the 911 operator which building and entrance to use.
 4. Have staff that has been trained in first aid/CPR care for the ill/injured.
 5. The individual's emergency medical authorization will be sent to the hospital with them.
 6. As soon as time permits staff responding to the situation should begin the appropriate report forms per program procedures.
- B. Emergency building procedures at the Starlight School, Community Services, Bus Garage, and the Administrative Building outline procedures for emergency treatment.

IV. MANAGEMENT OF SEVERE ALLERGIC REACTIONS

All direct care staff shall receive information and training and will follow guidelines for management of severe allergic reactions. See Appendix A for this procedure.

V. FIRST AID AND CPR TRAINING TO APPROPRIATE CERTIFIED, REGISTERED, AND LICENSED STAFF

Appropriate registered, certified, and licensed staff designated by the Superintendent or designee shall receive first aid and CPR training by a certified instructor.

VI. FIRST AID FACILITIES, EQUIPMENT, AND SUPPLIES

The County Board program shall designate an area in each facility for First Aid treatment. Appropriate first aid supplies and equipment will be maintained in all facilities and vehicles operated by the County Board. First aid supplies and equipment shall be adequate to address all routine and initial emergency situations until professional help arrives. A Program Director or designee shall conduct regular audits of the first aid supplies and equipment.

A. Posting of Emergency Numbers by Phones.

Emergency telephone numbers are posted by each phone in County Board operated facilities.

II. MANAGEMENT OF COMMUNICABLE DISEASES

Individuals receiving services and employees of the County Board may be at risk of contracting communicable diseases as a condition of their enrollment or employment. The following practices have been established to reduce that risk:

- A. All County Board staff will receive initial and annual training on the County Board's Exposure Control Plan, per Federal Occupational Safety and Health Administration (OSHA) Regulations, as well as training on the management of communicable diseases. This includes routine use of universal precautions to control the spread of communicable diseases, temporary exclusion from the program for health reasons, handling of illness on site and return to program after an illness or other health condition subsides. See Exposure Control Plan Appendixes B/forms and Management Communicable Diseases Appendix C/forms of this procedure.
- B. All training materials will be tailored to the educational level of staff and/or enrollees. Training will be offered during program hours and at a convenient location. Training will include any new information as soon as it is made available.
- C. Sign in sheets are kept as verification of staff training and will be kept in the Employee's Personnel File.
- D. Temporary exclusion of individuals with suspected or diagnosed communicable diseases will be based on guidelines established by the Ohio Department of Health.
- E. Strategies and response to outbreaks, epidemics, or pandemics of influenza or other contagious diseases will be based on local information from local and state public health authorities.

Decisions on appropriate responses will be based on the following key indicators:

1. Disease severity in the community
 2. Extent of disease in the community
 3. Amount of absenteeism in the organization
 4. Impact of disease on workforce populations that are vulnerable and at higher risk
 5. Other factors that may affect employee's ability to get to work
- F. Information about hygiene practices to prevent any type of flu will be communicated to staff, students and parents/guardians.
- G. Every effort will be made to isolate ill individuals until parent(s)/guardian(s) can be contacted for transport from the school.
- H. Education for Students with specific chronic communicable diseases or medical conditions will be considered on an individual basis in conjunction with the individual and their parent(s)/guardian(s) School District. All changes in service delivery will be based on the needs of the student as a result of the disease or condition.
- I. In the event the infectious disease status of a staff member or student is revealed, that information must remain strictly confidential in accordance with applicable laws and regulations concerning disclosure of the identity and infectious status of an individual.

VIII. HAZARD COMMUNICATION

The County Board will comply with OSHA Hazard Communication Standard. All staff shall receive information and training and shall follow guidelines for Hazard Communication. See Appendix D for this procedure.

IX. IMMUNIZATION

- A. The County Board shall adhere to the minimum requirements established by the Ohio Department of Health and the Ohio Department of Education regarding immunizations. Students shall meet the minimum requirements by age established by the said agencies with documentation on file prior to admission. Students who do not meet or exceed minimum immunization requirements shall be considered inadequately immunized. The following exemptions/exceptions are allowed under Ohio law:
1. A Student is in compliance if his/her guardian submits written evidence, signed by a physician, that immunization is medically contraindicated.

2. A Student is also in compliance if his/her parent(s)/guardian(s) submit a statement that immunization is objectionable on religious or other grounds.
- B. Should an epidemic of the subject disease occur, the student will be excluded from attendance until the epidemic resolves. With written documented evidence showing that one of the above exemptions/exceptions is in order, the student shall be considered in compliance.
- C. The County Board is required to enforce these procedures and guidelines.

X. EXTENDED ABSENCES, SURGERY, OR HOSPITALIZATION

- A. Students at the school who are absent for extended periods of time may be requested to provide a doctor's release to return to program attendance, as determined by nursing service.
- B. Students at the school who have surgery or are seen for treatment at a hospital may be requested to provide a doctor's release to return to school. Activity restrictions must be specified. Renewal of authorization/permission for physical or occupational therapy may also be requested, as determined by therapy staff.

XI. HEALTH CARE RECORDS, EMERGENCY MEDICAL TREATMENT AUTHORIZATION AND HEALTH CARE PLANS

- A. Current health information shall be on file for each individual receiving services as required by rules and regulations specific to each program. A County Board Medical Exam Form, or the equivalent (as determined by nursing service), completed by a physician or nurse practitioner and current within 6 months, shall be on file within thirty days of enrollment for each individual served. Health information will include, but not be limited to, diagnosis, allergies, immunizations, medications, treatments, and restrictions. An update of this form shall be completed every 3 years for school age enrollees; every year for early childhood enrollees.
- B. Personal/ Emergency Information Forms shall be completed on each enrollee before admission to the school and updated annually. Forms include authorization for emergency medical treatment, phone number and address of primary contact for emergencies, phone number and address of at least 2 alternate contacts, student's physician, dentist and preferred hospital. Forms are kept on file at the school with copies distributed to transportation. Copies shall accompany students during off-site County Board activities.

1. Students, parents/guardians who refuse to give consent for emergency medical treatment must have a written plan of action for program authorities to follow in case of a medical emergency.
 2. The written plan of action must be documented on part II of the Emergency Medical Authorization section of the Personal/Emergency Care Form;
 3. The written action plan must have the approval of the student's physician, on part II of the Emergency Medical Authorization section of the Personal/Emergency Care Form.
- C. A Registered Nurse will develop and implement procedures and guidelines for care regarding students with certain diagnosed medical conditions, specific health care needs, and for general health issues concerning all enrollees. Individualized health care plans will be developed as indicated. Appropriate County Board staff will be instructed by the nursing staff on these health care plans, procedures, and guidelines. See Health Related Guidelines for Care Appendix E and forms/guidelines.

XII. NOTICE OF WRITTEN POLICIES AND PROCEDURES TO ALL PERSONNEL, PERSONS SERVED, PARENTS, GUARDIANS AND PROVIDERS

These written policies and procedures shall be made available to all personnel, persons served, parents/guardians and in each program facility upon request.

Appendixes and Forms used with this procedure:

Muskingum County Board of DD MUI/UI Report Form
Illness / Nurse Report
Seizure Log – 2 Samples-Modified
Individualized Health Care Plan – Sample
Emergency Medical Authorization / Enrollee Personal Information Form
Medical Exam Form
Standing Physician's Order for Automatic External Defibrillator (AED)
Nurse Notified Information Form Protocol

Appendix A

Procedures for Severe Allergic Reaction

Appendix B

Exposure Control Plan

Guidelines/Forms used with Appendix B

Definitions

Guidelines for Universal Precautions
Information on Voluntary Authorization of Hepatitis B (HBV) Vaccine
HBV Vaccination Consent Form
HBV Vaccination Declination Form
Infectious Waste Spill/Accident Log
Contaminated or Infectious Waste Spills – Clean Up Procedures
Informed Consent to HIV Antibody Test

Appendix C

Management of Communicable Diseases

Appendix D

Hazard Communication Program

Appendix E

Health Related Guidelines for Care used with this procedure

Guidelines/Forms used with Appendix E

First Aid for Epileptic Seizures
Gastrostomy Tubes or Buttons
Warning signs of Diabetic Reactions
Guidelines for Splinter Removal
Guidelines for application of Sunscreen
Open wounds and lesions
Knocked Out Permanent Tooth (Avulsed Tooth)
Heat Related Illnesses

Guidelines & Letters to Families for Pests and Parasitic Infestations

Will provide information and resources.

Approved: August 30, 2002

Revised: December 14, 2006

Reviewed: January 4, 2007; January 3, 2008

Revised: January 1, 2009

Reviewed: January 14, 2010; January 6, 2011

Revised: May 20, 2011

Reviewed: January 5, 2012

Revised: December 3, 2012

Reviewed: January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: July 30, 2018, March 25, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Safety And Building Emergency Plans Policy

Policy Number:

2.01

Ohio Administrative Code Reference:

5123-4-01; 1301:7-7-04

I. SUBJECT

Safety and Building Emergency Plans

II. POLICY

Safety is the first priority in the delivery of services and supports of every staff employed by the Muskingum County Board of Developmental Disabilities (County Board). During the decision making process of each day, safety must guide and rule every action. Each staff person is responsible to account for the safety and whereabouts of each individual under their supervision. This responsibility does not end until another authorized person assumes that obligation.

III. STAFFING QUALIFICATIONS AND TRAINING

- A. All County Board staff shall be credentialed as required by the appropriate state agency or licensing board before providing services or supports to individual and/or their families.
- B. All staff shall successfully complete background checks, driver's abstracts (initial employment and annually) and random drug testing for all safety sensitive positions. Staff shall receive training in specialized areas such as recognition and reporting of abuse and neglect, reporting of Major Unusual Incidents/Unusual Incidents (MUI/UI's), delegated nursing training for applicable staff and any other specialized training required to ensure the safety of those receiving services and supports.
- C. Staff shall be trained in techniques of fire suppression annually.

IV. PRACTICING SAFETY

- A. The County Board shall have systems in place to increase the likelihood of successful evacuations of the facilities in the event of emergencies or natural disasters and lessen the risks to all persons being served including staff.

Building evacuation drills will be conducted as required by the Ohio Administrative Code and be conducted as outlined in building emergency plans.

- B. Practices of tracking and analyzing MUI/UI to identify patterns and trends for the purpose of recommending corrective action/preventive measures shall be initiated by the County Board and providers.
- C. Management Team shall meet regularly for the purpose of addressing safety needs in the program. Special attention shall be directed to the review of any accidents reports for the purposes of initiating recommendations to prevent future re-occurrence.

V. WEAPONS AND THREATS OF VIOLENCE

The MCBDD is committed to providing a safe and secure environment for its employees, visitors and individuals we serve. Pursuant to Ohio law, the MCBDD is required to take certain actions and post certain notices with respect to the carrying of concealed weapons.

It is the policy of MCBDD that no person, including employees, volunteers, individuals, or visitors, shall carry, convey, or possess a deadly weapon or dangerous ordnance while on MCBDD premises or while engaged in business for MCBDD except for persons falling within an exception set forth in this policy.

A. Other Buildings

No person, except law enforcement officers acting in the scope of their official duty and those given specific approval by the Superintendent, shall possess, have under their control, convey, or attempt to convey a deadly weapon or dangerous ordnance into any building owned, leased, or controlled by MCBDD.

In accordance with ORC §2923.1212, the following language or substantially equivalent language shall be posted at the entrance of every MCBDD owned building and at the entrance to the portion of any building which is not owned by MCBDD but is leased by MCBDD: “Unless otherwise authorized by law, 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 these premises.”

No person shall have a deadly weapon or dangerous ordnance in any vehicle leased or owned by MCBDD.

No employee, contractor, or agent of MCBDD shall violate any part of this policy.

Non-employees who violate any part of this policy shall be asked to leave. Failure to comply with these policies by non-employees will be subject to criminal prosecution.

Employees who violate any part of this policy are subject to criminal prosecution and may be subject to discipline, up to and including termination of their employment.

Any person witnessing a violation or potential violation of any part of this policy is encouraged to report the violation to the Superintendent and/or to notify appropriate law enforcement personnel. Employees are required to report violations or potential violations to their immediate supervisor.

B. Exceptions

Law enforcement officers who are acting in the scope of their official duty are permitted to carry weapons onto MCBDD premises, property, buildings, and within school safety zones.

In compliance with ORC §2923.1210, employees and persons who have a lawfully obtained and valid license to carry a concealed weapon in Ohio and active-duty military members carrying a valid military ID and proof of equivalent small arms training, as well as any employees and persons who satisfy the criteria necessary to be a “qualifying adult” as defined in ORC 2923.111, may transport and store their firearms and ammunition in their personal motor vehicle so long as the following two conditions are met:

1. Each firearm and all of the ammunition remains inside the person’s privately owned motor vehicle while the person is physically present inside the motor vehicle, or each firearm and all of the ammunition is locked within the trunk, glove box, or other enclosed compartment or container within or on the person’s privately owned motor vehicle when the person is away from their motor vehicle;
2. The vehicle is in a location where it is otherwise permitted to be.

This exception does not apply to MCBDD owned or operated motor vehicles. Further, an employee or person with a valid license to carry a concealed weapon, as well as an employee or person who satisfies the criteria necessary to be a “qualifying adult” as defined in ORC 2923.111, is prohibited from removing the weapon from their personal

motor vehicle and from carrying the weapon into MCBDD-owned or leased property, premises, buildings, school safety zones or otherwise while engaged in business for MCBDD.

If an employee is transporting individuals or other employees in the employee's privately owned motor vehicle, firearms and ammunition must remain locked within the trunk, glove box or other enclosed compartment as if they were not in the vehicle.

VI. FACILITIES

Each facility operated by the County Board shall be inspected in accordance with applicable local and state entity rules and regulations. Facilities shall conform to the design and be equipped in conformance with all applicable laws including the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

VII. DEVELOPMENT AND COMMUNICATION OF EMERGENCY BUILDING PLANS AND SAFETY PROCEDURES

Procedures outlining emergency building plans shall be developed and be communicated and available to County Board staff. All prescribed sections in the Ohio Administrative Code Section 1301:7-7-04 shall be addressed in the procedures.

VIII. ANNUAL REVIEW AND ADOPTION OF POLICIES

This policy shall be maintained on file in the administrative offices and reviewed and updated annually or as needed.

IX. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: June 6, 2002;

Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006; January 4, 2007

Revised with approval: February 1, 2007

Reviewed with approval: January 3, 2008

Revised: January 1, 2009

Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013;
January 9, 2014;
Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Safety And Building Emergency Plans Procedures

Procedure Number:

2.01.1

I. INSPECTIONS OF FACILITIES AND VEHICLES

- A. Annual fire inspections of all Muskingum County Board of Developmental Disabilities (County Board) operated facilities shall be conducted by the local Fire Marshal or designee.
- B. The Muskingum County Health Department shall annually inspect the kitchen and food prep areas. Successful documentation of these inspections results in the issuance of a certificate for operation that should be visibly displayed in the kitchen area.
- C. In accordance with transportation policies and procedures the Ohio State Highway Patrol inspects all buses annually.
- D. All inspections shall be documented and any recommendations implemented upon receipt of written or verbal reports received from the inspector or surveyor.
- E. All fire extinguishers, fire gongs, and alarms shall be kept in good working order and inspected no less than once per year by the Transportation and Maintenance Supervisor or designee.
- F. Storage of combustibles or flammable materials shall effectively be separated from all rooms or work areas in such a manner to inhibit the spread of fire. At the fire inspections, the Fire Marshal or designee shall be asked to review the storage areas to ensure they are safe and adequate.
- G. The Facilities Manager is responsible to ensure all hallways, entrances, ramps and corridors are kept clear and unobstructed at all times.
- H. Power equipment, fixed or portable, should include operating guards as required by the operator's manuals or in compliance with Occupational Safety and Health Administration (OSHA) and the Division of Safety and Hygiene, Bureau of Workers' Compensation standards for safety.
- I. The Superintendent or designee has the authority to conduct periodic safety audits of facilities and notify the Building Supervisor to correct any potential safety issues. The Building Supervisor shall keep the Superintendent apprised of any potential safety issues.

- J. At any time a County Board staff member or enrollee of a County Board Program suspects there may be a safety issue of any type, they are encouraged to contact the Superintendent/designee or Building Supervisor to notify them of the concern.

II. FACILITY DRILLS

- A. At all County Board operated facilities, fire drills shall be conducted at least once per month. Results of the drills shall be documented by a designated staff member and submitted to the Superintendent's Administrative Assistant to be reviewed at the Management Team meeting.
- B. At all County Board facilities, tornado drills shall be conducted at least four times per year. A drill shall be conducted in the months of April, May, June and July. Results of the drills shall be documented by a designated County Board staff member and be submitted to the Superintendent's Administrative Assistant to be reviewed at the Management Team meeting.
- C. Evacuation plans for fire and tornado drills and other emergencies shall be posted in each room in the facilities operated by the County Board.

II. SECURED DOOR ACCESS SYSTEM

- A. All full time employees will be given a key card or fob to access the main door of the building(s) they are assigned to work. Substitutes and Transportation staff will gain access to the building by using the call box.
- B. If staff loses their key card or fob they need to immediately notify the IT Specialist. Staff may pay for any lost key or fob in accordance with MCBDD Personnel Policy. This includes any Non Board Employee who is issued a key or fob.
- C. Human Resources will notify the IT Specialist if they change jobs within the program, the building they will be working in, and/or new work hours.
- D. If staff resigns from their position, the key card or fob must be given to their supervisor/manager on their last day of work.
- E. If staff is terminated from their position, the Superintendent/Human Resources will request the key card or fob at the time of termination.
- F. When a guest is with you for business reasons (i.e. intern, Phone Company, business representatives) you may allow this person access to the building and escort them while in the facility.

- G. When more than one staff is entering the building they may enter at the same time.
- H. When there is a visitor at the entrance and needs to access the building you may allow them access and escort them to the office or area where they sign in as a visitor.
- I. Staff are not permitted to loan key cards or fobs to anyone.

III. WRITTEN EMERGENCY BUILDING PLANS

- A. The County Board utilizes the Emergency Procedures Booklet located by each phone in all County Board facilities that outline critical phone numbers and procedures for addressing fire, explosions, hazardous materials, tornados, bomb threats, earthquakes, how to read a safety data sheet, MUI reporting, active shooter/lockout & Lockdown.

IV. REPORTING OF ACCIDENTS AND INJURIES⁵

- A. Reporting of accidents and injuries shall be in accordance with MCBDD Personnel and Board Policies and Procedures.

VI. THREATS

- A. Any threat shall be reported immediately to the Building Supervisor and refer to the Emergency Procedures Booklet.

VII. COMMUNICATION OF EMERGENCY BUILDING PLANS AND SAFETY PROCEDURES

- A. Building Emergency Plans and Safety Policies and Procedures shall be available to and communicated to all members of the County Board staff including volunteers.
- B. Emergency Procedures Booklets are located near each phone at all facilities operated by the County Board outlining plans to address all emergencies.
- C. County Board Staff is encouraged to become familiar with the content of the Emergency Procedures Booklet and the County Board Policies and Procedures specific to safety.
- D. Emergency Procedures and Safety Policies and Procedures are reviewed with new employees or non board employees at orientation and annually thereafter.
- E. Any revision to the Emergency Building Plans or Policies and Procedures are communicated to staff via the Intranet and email.

Approved: August 30, 2002
Reviewed: December 27, 2006; January 4, 2007
Revised: February 1, 2007
Reviewed: January 4, 2008; January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012; Reviewed: January 10, 2013
Revised: October 10, 2013
Reviewed: January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
Revised: November 20, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Safety And Building Emergency Plans Procedures

Procedure Number:

2.01.2

**CONTINUITY OF OPERATIONS
(COOP) and CONTINUITY OF
GOVERNMENT**

**MUSKINGUM COUNTY
BOARD OF DEVELOPMENTAL
DISABILITIES**

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

1304 Newark Road

Zanesville, Ohio 43701

Telephone 740-453-4829; Fax 740-455-4183

Executive Summary

Governments have the duty and responsibility to continue to provide their essential functions during incidents or events that interrupt normal operations. Incidents such as severe summer or winter storms, chemical or biological events or terrorist incidents could affect our ability to operate and provide essential services.

Continuity of Operations (COOP) planning is the effort to ensure the continued operation of essential government functions during a wide range of potential emergencies. Whether the hazard is the result of a natural or human-induced event, an ‘all-hazard’ approach coupled with catastrophic event preparedness and training assures that regardless of the emergency, essential functions will continue.

County offices have the duty and responsibility to continue operating and providing essential functions following incidents or events that interrupt their normal operations. In order to be able to continue these functions the various county agencies must plan their response to the worst case scenarios.

The Muskingum County Board of Developmental Disabilities (MCBDD) mission is to work in partnership with individuals with developmental disabilities and their families, providing opportunities utilizing public and private supports, to live, learn, work, and play in the community.

Three methods shall be provided even in the event of a natural disaster or other act that disrupts the normal business of this agency and that of other agencies that also provide services to the individuals we support. Those services include Service Coordination, In-take & Eligibility and oversight of the health and safety of individuals through the Major Unusual Incidents (MUI) process. MUIs are occurrences where the welfare of an individual is jeopardized and some action is necessary to eliminate the potential harm and/or to minimize its impact on the individual.

I. INTRODUCTION

MCBDD provides vital services to the people of the county and cessation of these services can have a devastating effect on individuals and families. In the absence of a COOP Plan, this agency cannot fulfill its mission when a crisis of any scale disrupts essential operations.

COOP planning allows the MCBDD leadership to pre-plan the actions that will be necessary if our normal operating facilities are rendered unusable. COOP planning is different from other emergency operating procedures as COOP planning focuses on the continuation of *essential functions* following an emergency – specifically an emergency that makes our agency’s normal place of business unusable.

Development of COOP plans permits appropriate pre-planning that will ensure timely and orderly performance of essential functions during and after an emergency. The planning will reduce or mitigate lengthy disruptions of essential operations and permit necessary employee familiarization and training prior to a COOP event.

II. GENERAL

In the event of a major emergency or disaster situation the MCBDD staff may have to relocate to other facilities in order to continue to provide our *essential functions* to the public. These relocations may be for a period of from three to ten days or longer depending on the severity of the event and that should be the basis of the relocation planning.

III. PURPOSE

The development of the COOP plan during a non-emergency period allows the staff time to carefully consider each of the tasks that the MCBDD would be required to handle or coordinate during the emergency.

The plan considers continuity of operations including; determine the *essential functions*, selecting relocation sites, identifying emergency roles and responsibilities, establish orders of succession and pre-delegation of authority, consider vital records, databases and information other systems needed to support essential functions and finally return to normal operations.

IV. APPLICABILITY AND SCOPE

This COOP plan would be implemented by the MCBDD staff in the event of an emergency that may include localized acts of nature, accidents, pandemic emergencies, technological emergencies, and military or terrorist attack-related incidents.

These types of emergencies would cause implementation of the COOP because of:

- Physical damage, chemical damage or any other incident that would cause the MCBDD's present location to be inaccessible.
- Staff personnel become sick, or are injured or killed and are not therefore available to make decisions or complete essential functions necessary to the operation of the Board.

The scope of the COOP plan is to ensure the MCBDD staff's ability to continue performing essential functions and activities during emergencies while providing the necessary essential functions to the other county agencies and the public.

The following are specific planning objectives which are reflected in this document:

- Maintain a high level of organizational readiness at all times.
- Able of implementation of the COOP plan with or without warning.
- Achieve operational status for the Board no later than 12 hours after activation.
- Able to sustain operations at Relocation Site(s) for up to 30 days.

V. ESSENTIAL FUNCTIONS

The Board of Developmental Disabilities performs many functions during normal operations. When emergency situations occur there is a possibility that the staff will be unable to utilize its primary facility and will need to re-locate to other facilities to continue limited operations.

Planning for possible relocation of the MCBDD offices and the actual implementation of the COOP plan in the event of a major emergency or disaster will force the Superintendent to consider what is required in order to conduct essential functions of the office at another location.

Time will be critical – the MCBDD COOP Team will consider the amount of time that may lapse before the essential functions must be resumed. Relocation of the office records, materials and communications due to emergency conditions and re-establishment of a workable office as soon as possible.

The Superintendent must consider what actions and activities will be necessary in order to relocate office files, equipment and other necessary items in order to conduct essential office functions at the relocation site.

Therefore, consideration has been given to each of the Board's many functions as listed below, and a determination made as to which ones should be considered as *essential functions*.

The table below provides a listing of all the Board's functions with the *Essential Functions* noted.

Board of Developmental Disabilities Functions

LIST OF DEPARTMENT FUNCTIONS	ESSENTIAL (Yes or No)
Service coordination	Yes
Investigation of Major Unusual Incidents (reports of abuse and neglect, etc.)	Yes
Transportation via buses, vans, and passenger vehicles	No
Children Services (Early Intervention, pre-school, school age)	No
Administrative support (payroll, information technology support, fiscal, personnel, etc.)	Yes
In-take, eligibility	No
Provider support- payment authorization	No
Quality Assurance (QA, Provider Compliance, etc.)	No
Maintenance Support	Yes

The table below indicates the *essential functions*, the critical process or service, its priority, key personnel positions and personnel named as successors to the various functions/positions:

Essential Functions, Critical Processes and Services and Key Personnel

Essential Function	Critical Service	Priority	Key Position(s)	Successor 1 Limitations -None
Administrative Support	Oversees the operations within the organization, engages in planning during crises.	1	Superintendent Human Resources Administration	Co – Directors Human Resources Administration
Maintenance Support	Repair and maintain machines, mechanical equipment, and buildings.	2	Facilities Manager	Custodial & Maintenance Supervisor
Service Coordination (Crisis Calls)	Respond to urgent health and safety issues of individuals served	3	SSA Director SSA Supervisors (2)	Director of Administrative Services
Investigation of major unusual incidents	Investigate	4	UI/MUI Coordinator Investigator	SSA's
In-take & Eligibility	Determine eligibility	5	Customer Guide	SSA's

VI. CONCEPT OF OPERATIONS

The MCBDD COOP Team has used the “all hazards approach” to emergencies and disasters as the best way to approach continuity of operations planning. Consideration has been given to events that would require the implementation of the COOP Plan to include localized acts of nature, accidents, pandemic emergencies, technological emergencies, or terrorist related incidents.

Essential Functions and mission critical systems are labor intensive activities that must be completed to meet the needs of continuity of operations. MCBDD has a limited number of employees and consideration may have to be given to requesting personnel assistance from non-affected county agencies or hiring replacement personnel to fill staff positions vacated by sick or injured personnel.

Plans for COOP operations will be conducted in three phases:

- Phase I – Activation and Relocation
- Phase II – Alternate Facility Operations
- Phase III – Reconstruction

A. Phase I – Activation and Relocation

The extent to which an orderly alert and notification is possible depends on the amount of warning received, if the office personnel are on duty at their work locations or off duty at home or elsewhere, and, possibly, the extent of risk for county personnel or locations.

1. Decision Process

Execution of the MCBDD COOP plan focuses on continuing the identified essential functions whenever possible by relocation of selected personnel, equipment and material to a pre-designated Emergency Relocation Site (ERS).

An emergency event, whether natural, manmade, or technological, that adversely affects the MCBDD staff's ability to perform its essential functions will require activation of this plan.

2. Alert, Notification and Implementation Process

The agency has personnel located at the following work locations:

Community Services 1401 Bussemer Lane Zanesville	Starlight School 1330 Newark Road Zanesville	Administration / Early Intervention 1304 Newark Road Zanesville	Bus Garage 1304 Newark Road Zanesville

Upon determination that emergency events have caused the MCBDD COOP Team, and possibly other agencies and offices to activate their COOP plans which will require relocation of the essential functions of the office to predetermined Emergency Relocation Sites (ERS).

MCBDD - COOP Team

The MCBDD's Superintendent will serve as the COOP Team Leader.
See the table below:

Muskingum County Board of Developmental Disabilities - COOP Team

Department	COOP Assignment	Employee's Name	Contact Numbers
Administration	Team Leader	Kellie Brown, Superintendent	Office: 740-453-4829 ext. 1212 Cell: 740-584-9338 E-mail: kbrown@muskingumdd.org
Service and Support Administration	Team Member	Ryan Weaver, SSA Director	Office: 740-453-4829 ext. 1210 Cell: 740-517-0078 E-mail: rweaver@muskingumdd.org
Human Resources	Team Member	Melinda Russell, Director of Human Resources	Office: 740-453-4829 ext. 1213 Cell: 740-683-1031 E-mail: mrussell@muskingumdd.org

Education	Team Member	Brent Brannon, Director of Educational Services	Office: 740-455-4176 ext. 1680 Cell: 740-252-0952 E-mail: bbrannon@muskingumdd.org
Maintenance	Team Member	Josh Emmert, Facilities Manager	Office: 740-453-4829 ext. 1407 Cell: 740-252-9769 E-mail: joshua.emmert@muskingumdd.org
Information Technology	Team Member	Kyle Ledford, Information Technology Specialist	Office: 740-453-4829 ext. 1225 Cell: 740-607-0292 E-mail: kledford@muskingumdd.org
Business Management	Team Member	Stephanie Neuhart, Business Manager	Office: 740-453-4829 ext. 1413 Cell: 740-260-1385 E-mail: sneuhart@muskingumdd.org

3. Leadership

If an emergency or disaster situation causes the activation of the MCBDD COOP plan and in order to provide for continuity of leadership and to ensure the office's ability to manage and direct its essential functions an order of succession will be identified for the office.

The following Order of Succession is hereby designated for the MCBDD:

Leadership Position	Position Title	Successor
Agency Administrator	Superintendent	Co - Director of Human Resources
Department Director-Services and Supports	SSA Director	SSA Supervisors
Department Director-School and Transportation	Director of Educational Services	Program Coordinator
Maintenance	Facilities Manager	Custodial & Maintenance Supervisor

At a minimum the following will be considered:

- Transferring office functions from a specific location to the relocation site. If the designated relocation site is also affected a second alternate must be found.
- The staff will temporarily utilize the designated relocation site as the alternate site for the Board's vital files and equipment will be relocated to that location.
- The Superintendent will specify how and when that the office operations will be transferred to the alternate site. Reliable sources for procurement of contract equipment and personnel to continue

essential functions and sustain operations for extended periods must be identified.

B. Phase II – ALTERNATE FACILITY OPERATIONS

Phase II of the MCBDD COOP plan identifies initial arrival at the alternate facility as well as the operational procedures needed for the continuation of essential functions at the alternate site(s). Systems to support office operations and vital files, records and databases must be addressed.

The staff will be involved in the coordination and direction of the actions that must be taken in the case of a COOP event to ensure the appropriate actions are being taken to coordinate movement to the selected alternate facility and other support as necessary.

1. Mission Critical Systems

Pre-event identification of a desirable location that already has sufficient office and communications equipment to permit swift establishment for this critical office is very important.

MCBDD COOP Team has determined:

- That electronic data stored at alternate sites will be sufficient to permit the staff to provide essential functions of the office at the relocation site.
- That the relocation site selected will have sufficient office and other equipment available to permit the staff to conduct operations as needed.

Mission Critical Systems

Critical System	Relocate? Priority	Current Location	Other Locations Used	Temporary Relocation Site
Paper and electronic files	No	Community Services 1401 Bussemer Lane Zanesville	None	Administration / Early Intervention 1304 Newark Road Zanesville
Paper and electronic files	No	Administration / Early Intervention 1304 Newark Road Zanesville	None	Community Services 1401 Busseman Lane Zanesville
Paper and electronic files	No	Starlight School 1330 Newark Road Zanesville	None	TBD based upon emergency
Paper and Electronic files	No	Bus Garage 1304 Newark Road Zanesville	None	TBN based on emergency

2. Vital Files, Records and Databases

The MCBDD COOP Team has identified all the vital files, records and databases that will be needed to support essential functions work at the alternate location and determine how these will be relocated to the relocation site.

There are two categories of records to be reviewed and prioritized, then transferred (either hard copy or via electronic media) to an alternate work location:

- Emergency operations records;
- Legal/financial records

Vital Files, Records and Database Form

Critical Process or Service	Form of Record (e.g. Hardcopy, electronic)	Pre-Positioned at Alternate Facility	Hand Carried to Alternate Facility	Backed up at Third Location
Service Coordination & Crisis Intervention Files	Electronic & Hardcopies	No	As needed carry to other sites	Administration & Community Services
Personnel Files	Electronic & Hardcopies	No	As needed carry to other sites	Administration & Community Services
County Board Administration Files	Electronic & Hardcopies	No	As needed carry to other sites	Administration & Community Services
School Records	Electronic & Hardcopies	No	As needed carry to other sites	Administration & Community Services

C. Phase III – Reconstitution

Definition: The process by which the surviving and/or replacement agency personnel resume normal agency operations from the original or replacement primary operating facility.

The MCBDD COOP Team must consider an executable plan to transition from a relocated status back to an efficient normal operations status once the threat has passed.

The MCBDD COOP Team will consider the following when planning for reconstitution:

- Verify that all systems, communications, and other required capabilities are available and operational and that the staff should be able to resume normal operations once again.
- Conduct an after-action review of MCBDD COOP operations and effectiveness of plans and procedures, identify areas for correction, and develop a remedial action plan as soon as possible after the reconstitution.

VII. COOP PLANNING RESPONSIBILITIES

The MCBDD COOP planners need to consider those actions and activities that should be completed following the re-location back to the primary facility and what follow-up activities that must be conducted in order to ensure the MCBDD COOP plan is in a proper state of readiness at all times.

Ensure an *After Action Report (AAR)* is completed to record the incident to include:

- Appropriate comments regarding the staff's experience during the relocation and return to the current office location.
- Consider the pros and cons of actions that were taken. A portion of the after-action report should include comments and recommendations for the County Emergency Relocation Group's consideration.
- Address the corrective actions the staff should consider to improve the MCBDD COOP plan.

The Superintendent must ensure that, at a minimum, the following actions are accomplished:

Responsibility	Position
MCBDD COOP plan is updated annually.	Administrative Assistant
Telephone rosters are updated monthly.	Administrative Assistant
Review status of vital files, records, and databases quarterly.	Service & Support Administration, Information Technology Specialist, Director of Human Resources
Develop and lead COOP training.	COOP Team or Designees
Plan COOP exercises.	COOP Team or Designees
IT Disaster Recovery Plan updated annually.	IT Specialist

IX. LOGISTICS

A. Alternate Work Location

MCBDD COOP planners will consider the best available alternate location for our employees that includes minimum requirements (space, power, equipment, personnel, etc) in order to conduct the identified essential functions. Wherever possible the alternate facilities will provide:

- Sufficient space and equipment
- Capability to perform essential functions within 12 hours, up to 30 days
- Reliable logistical support, services, and infrastructure systems
- Consideration for health, safety, and emotional well-being of personnel

- Inoperable communications
- Computer equipment and software

B. Interoperable Communications

Interoperable communications systems will provide capabilities commensurate with MCBDD's essential functions; have the ability to communicate with essential personnel and other agencies and customers; provide access to data and systems.

See the communications table below:

Board of Developmental Disabilities - Communications

Communications System	Current Provider	Services Provided
Voice Lines (Including TTY)	Spectrum	Local & LD Service/Voicemail
Fax Lines	Spectrum	Transfer Documents
Fiber	Spectrum	Communication & Information
Cell Phones (Office)	FirstNET (AT&T)	Communication & Information
E Mail	Google	Communication & Information
Internet Access	Spectrum	Communication & Information
Radio	Buses & Maintenance have 2-way radios	Communication & Information
MARCS Radios	Multi-Agency Radio Communications System	Communication & Information

XII. COOP PLAN MAINTENANCE

The MCBDD COOP Team or Designees will review the COOP Plan not less than annually to ensure that the plan is maintained and updated with current information when necessary.

The following items need to be developed and regularly maintained:

- Authorities and References, Definitions and Acronyms
- Operational Charts and Checklists that are included in this plan will be updated as needed and not less than annually.
- Alternate Work Location/Facility Information
- Maps and Evacuation Routes: Develop alternate facility floor plans and evacuation maps, as needed.

COUNTY EMERGENCY CONTACT LIST

Purpose: This list of personnel in leadership positions that should be notified in the event of major emergencies.

The names provided will be consolidated by the County Emergency Management Agency and maintained by that office as a ***CONFIDENTIAL*** list to be used only during emergency situations. The EMA Director will establish a ***Reverse 911*** listing for the leadership and key personnel identified.

COUNTY EMERGENCY CONTACT LIST

The following is a listing of this organizations leadership and includes those personnel that should be contacted in case of an emergency situation:

Name	Leadership Position	<u>Contact Phone Numbers</u>		
		Office	Cell	Home
Kellie Brown	Superintendent	740-453-4829 Ext. 1212	740-584-9338	740-439-1798
Melinda Russell	Human Resources Director	740-453-4829 Ext. 1213	740-683-1031	
Ryan Weaver	Director of Service & Support Administration	740-453-4829 Ext. 1210	740-517-0078	
Josh Emmert	Maintenance Supervisor	740-453-4829 Ext. 1407	740-252-9769	
Brent Brannon	Director of Educational Services	740-455-4176 Ext. 1680	740-252-0952	
Kyle Ledford	Information Technology Specialist	740-487-4422	740-607-0292	
Stephanie Neuhart	Business Manager	740-453-4829 Ext. 1413	740-260-1385	

Note: The list will be updated and submitted annually when MCBDD COOP plan is updated.

Approved: August 09, 2018

Revised: October 10, 2019; July 19, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Addressing Major Unusual Incidents and Unusual Incidents to Ensure Health, Welfare, and Continuous Quality Improvement

Policy Number:

2.02

Ohio Revised Code Reference:

1.14; 149.43; 167; 2151.03; 2151.031; 2151.421; 2903.16; 2907; 2907.01;
2911; 2913; 313.12; 5123.19; 5123.51; 5123.61; 5123.613; 5123.62; 5124.01;
5126; 5126.044; 5126.058; 5126.221; 5126.25; 5126.31; 5126.33; 5126.61

Ohio Administrative Code Reference:

5123:2-2-01; 5123:2-2-06; 5123:2-5-07; 5123:2-9-32; 5123:2-17-01;
5123:2-17-03; 5123-17-02

Code of Federal Regulations (CFR) Citations:

42 CFR 483.420; 42 CFR 483.430; 42 CFR 483.440

I. PURPOSE

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.

II. APPLICATION

This policy shall apply to Muskingum County Board of Developmental Disabilities (MCBDD), Mid-East Ohio Regional Council (MEORC), and all providers that contract with MCBDD 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.

III. POLICY

- A. MCBDD shall enter into a participatory agreement with the MEORC-MUI for the provision of investigation services, reporting systems coordination services, and review of incidents to be completed in accordance with ORC 5123.221 and other applicable federal and

state statutes, rules, and regulations, and MEORC-MUI and MCBDD policy.

1. MEORC-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 MCBDD 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 MEORC-MUI and MCBDD policy.
 2. MEORC-MUI shall employ personnel to provide reporting systems coordination services to the MCBDD.
 - a. The MCBDD shall designate personnel to work in conjunction with MEORC-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, regulations, and MEORC-MUI and MCBDD policy.
- B. Information relating to major unusual incident reports and unusual incident reports is considered to be confidential, and is not a matter or public record.
1. Any information contained within the reports or related to the reports shall not be shared or discussed with any unauthorized personnel or entity.
- C. The MCBDD 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 5123-7-02.
1. On an annual basis, this policy and associated procedures shall be reviewed by MCBDD and revised as necessary to assure that systems and processes are in place to ensure the health and welfare of individuals.

Board Adopted: June 6, 2002

Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006

Revised with approval: January 1, 2007
Reviewed with approval: January 3, 2008
Revised: January 1, 2009
Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013

Revised: September 5, 2013;
Reviewed: January 9, 2014; January 8, 2015
New Policy Adopted 2/5/2015
Reviewed: January 7, 2016
Revised: February 13, 2025, May 7, 2025

MUSKINGUM COUNTY BOARD OF DD

Addressing Major Unusual Incidents And Unusual Incidents To Ensure Health, Welfare, And Continuous Quality Improvement

Procedure Number

2.02.1

Ohio Revised Code Reference:

*1.14; 149.43; 167; 2151.03; 2151.031; 2151.421; 2903.16; 2907; 2907.01; 2911; 2913;
313.12; 5123.19; 5123.51; 5123.61; 5123.613; 5123.62; 5124.01; 5126; 5126.044;
5126.058; 5126.221; 5126.25; 5126.31; 5126.33; 5126.61*

Ohio Administrative Code Reference:

*5123:2-2-01; 5123:2-2-06; 5123:2-5-07; 5123:2-9-32; 5123:2-17-01; 5123:2-17-03;
5123-17-02*

Code of Federal Regulations Reference:

42 CFR 483.420; 42 CFR 483.430; 42 CFR 483.440

I. PURPOSE

This procedure establishes the requirements for addressing major unusual incidents and unusual incidents in accordance with OAC 5123-17-02, MEORC MUI and Muskingum County Board policy and implements a continuous quality improvement process in order to prevent or reduce the risk of harm to individuals.

II. APPLICATION

This procedure will apply to county boards, councils of government, developmental centers, and providers of services to individuals with developmental disabilities. Information contained in this procedure 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.

III. 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. Further information is included in Section XX of this procedure.

- B. **“Administrative Investigation”** means the gathering and analysis of information related to a major unusual incident so that appropriate action can be taken to address any harm or risk of harm, and prevent recurrence.
1. There are three administrative investigation procedures that correspond with the three major unusual incident categories delineated in the definition section of this procedure:
 - a. Category A – for allegations of unexplained or unanticipated death , exploitation, failure to report, misappropriation, neglect, physical abuse, prohibited sexual relations, rights code violation, sexual abuse, and emotional abuse. Further information regarding Category A investigation procedures is included in Appendix A of this procedure;
 - b. Category B – for allegations of attempted suicide, death other than unexplained or unanticipated death, medical emergency, missing individual, peer to peer act, and significant injury. Further information regarding Category B investigation procedures is included in Appendix B of this procedure; and
- C. **“Administrative Review”** means the gathering and analysis of information related to a major unusual incident in category C as described in paragraph (C)(15)(c) of this rule, using an administrative review form submitted by an individual’s provider and completed by an investigative agent in collaboration with the individual's team, so that a prevention plan can be developed and implemented.
1. There is one administrative investigation procedure that corresponds with the major unusual incident categories delineated in the definition section of this procedure.
 - a. Category C – for allegations of law enforcement involvement, unanticipated hospitalization, and unapproved behavior support. Further information regarding Category C investigation procedures is included in Appendix C of this procedure.
- D. **“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 or services. “Agency provider” also includes a county board while providing specialized services.

- E. **“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.
- F. **“Common law employee”** has the same meaning as in OAC 5123:2-9-32.
- G. **“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.
- H. **“Department”** means the Ohio Department of Developmental Disabilities and referred to as **“DODD”** in this procedure.
- I. **“Developmental Center”** means an intermediate care facility for individuals with intellectual disabilities under the managing responsibility of the DODD.
- J. **“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.
- K. **“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;
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;
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 by rule but would recommend as best practice)
17. Follow up information; and (not required by rule but would recommend as best practice)
18. Prevention Plan. (not required by rule but would recommend as best practice)

- L. **“Ohio Incident Tracking & Monitoring System (OITMS)”** means DODD’s web-based system for reporting major unusual incidents.

- M. **“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.
- N. **“Individual”** means a person with a developmental disability.
- O. **“Individual Service Plan”** means the written description of services, supports, and activities to be provided to an individual and includes an “individual program plan” as that term is used in 42 C.F.R. 483.440 as in effect on the effective date of this rule.
- P. **“Intermediate Care Facility for Individuals with Intellectual Disabilities (ICFDD)”** has the same meaning as in ORC 5124.01.
- Q. **“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.
- R. **“Mid-East Ohio Regional Council (MEORC)”** 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.
- S. **“Major Unusual Incident (MUI)”** means the alleged, suspected, or actual occurrence of an incident described in OAC 5123-2-17 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 that correspond to three administrative investigation procedures delineated in Appendix A, Appendix B, and Appendix C of this procedure:
1. **Category A**
 - a. **“Unexplained or Unanticipated Death”** means the death of an individual 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 developmental disabilities employee does not immediately report the alleged, suspected, or actual occurrence of an individual suffering or facing a substantial

risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate emotional abuse, exploitation, misappropriation, neglect, physical abuse, or sexual abuse to the agency provider, county board, or department.

- d. **“Misappropriation”** means depriving, defrauding, or otherwise obtaining the real or personal property of an individual by any means prohibited by the ORC or the Administrative Code.
- 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. **“Emotional Abuse”** means the use of actions, words, gestures or other communicative means to purposefully threaten, coerce, intimidate, harass, or humiliate an individual, or a pattern of behavior that creates a hostile environment.

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 Unexplained or Unanticipated Death”** means the death of an individual by natural cause.
- c. **“Medical Emergency”** means an incident where emergency medical intervention by a developmental disabilities employee is required to save an individual’s life (e.g. choking relief techniques, cardiopulmonary resuscitation, use of an automated external defibrillator, administration of overdose reversal medication such as Narcan).
- d. **“Missing Individual”** means law enforcement has been contacted because an individual's of harm to self or others.
- 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:
 - Results in examination or treatment by a physician, physician assistant, or nurse practitioner; or
 - Involves strangulation, a bloody nose, a bloody lip, a black eye, a concussion, or biting which causes breaking of the skin; or
 - 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;

- f. **“Significant Injury”** means an injury to an individual of known cause or unknown cause that results in a dental injury that requires treatment by a dentist, concussion, broken bone, dislocation, or second or third degree burns or that requires immobilization, casting, or five or more sutures. A significant injury will be designated in the Ohio incident tracking and monitoring system as either known cause or unknown cause.

3. **Category C**

- a. **“Law Enforcement”** means any incident that results in an individual being tased, arrested, charged or incarcerated.
- b. **“Unanticipated Hospitalization”** means:
 - i. A hospital admission lasting forty-eight hours or longer that:
 - a) Is not associated with planned evaluations, scheduled procedures, or routine diagnostic tests that are part of ongoing medical care, including the diagnosis of conditions; and
 - b) Is due to one or more of the following diagnoses:
 - A) Aspiration pneumonia;
 - B) Bowel obstruction;
 - C) Dehydration;
 - D) Medication error;
 - E) Seizure; or
 - F) Sepsis.
 - ii. A hospital re-admission lasting forty-eight hours or longer that:
 - a) Is not associated with planned evaluations, scheduled procedures, or routine diagnostic tests that are part of ongoing medical care, including the diagnosis of conditions; and

- b) Is due to any diagnosis that is the same diagnosis as a prior hospital admission lasting forty-eight hours or longer within the past thirty calendar days.
 - c. **“Unapproved Behavioral Support”** means the use by a developmental disabilities employee 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 will be investigated as an unusual incident.
- T. **“Ohio Administrative Code (OAC)”** means rules passed by the various State of Ohio administrative agencies.
- U. **“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.
- V. **“Ohio Department of Medicaid Services (ODM)”** means the entity within the State of Ohio that is responsible for administering the Medicaid Program.
- W. **“Ohio Revised Code (ORC)”** means statutes/laws passed by the legislature of the State of Ohio.
- X. **“Physical Harm”** means any injury, illness, or other physiological impairment, regardless of its gravity or duration.
- Y. **“Primary Person Involved (PPI)”** means the person alleged to have committed, or to have been responsible for, exploitation, failure to report, misappropriation, neglect, physical abuse, prohibited sexual relations, rights code violation, sexual abuse, and/or emotional abuse.
- Z. **“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, or an individual's whereabouts are unknown for longer than the period of time specified in the individual service plan that does not result in imminent risk of harm to self or others, and self-reported incidents with minimal risk.

- AA. **“Provider”** means an agency provider or independent provider.
- BB. **“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.
- CC. **“Service and Support Administrator”** means a person, regardless of title, employed by or under contract with a county board to perform the functions of service and support administration and who holds the appropriate certification in accordance with rule 5123-5-02 of the Administrative Code.
- DD. **“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.
- EE. **“Systems Issue”** means underlying circumstances (such as the physical environment, staffing levels, training provided to staff or supervisors, supervisory support for staff, previous awareness of a potential event, adequacy of processes and procedures, or availability of resources and equipment) beyond the action or inaction of the primary person involved in a substantiated major unusual incident of neglect, that contributed to the situation or outcome.
- FF. **“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 that person's 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.
- GG. **“Unusual Incident (UI)”** means an event or occurrence involving an individual that is not consistent with routine operations, policies and

procedures, or the individual service plan, but is not a major unusual incident (MUI). Unusual incident includes but is not limited to the events and occurrences described in appendix f to this rule.

HH. **“Working Day”** means Monday, Tuesday, Wednesday, Thursday, or Friday, except when that day is a holiday as defined in ORC 1.14.

IV. REPORTING REQUIREMENTS FOR MAJOR UNUSUAL INCIDENTS

- A. Developmental disabilities employee will immediately report the alleged, suspected, or actual occurrence of a major unusual incident to the designated person at the agency provider (if employed by an agency provider), the county board system described in paragraph (D)(10) of this rule, or the department's abuse and neglect hotline.
- B. Reports regarding all major unusual incidents involving an individual who resides in an intermediate care facility or who receives round-the-clock waiver services will be filed and the requirements of this procedure followed regardless of where the incident occurred.
- C. Reports regarding the following major unusual incidents will be filed and the requirements of this procedure followed regardless of where the incident occurred:
 - 1. Attempted suicide;
 - 2. Death other than unexplained or unanticipated death;
 - 3. Exploitation;
 - 4. Failure to report;
 - 5. Law enforcement;
 - 6. Misappropriation;
 - 7. Missing individual;
 - 8. Neglect;
 - 9. Peer-to-peer act;
 - 10. Physical abuse;

11. Prohibited sexual relations;
 12. Sexual abuse; and
 13. Emotional abuse.
 14. Unexplained or Unanticipated Death
- D. Reports regarding the following major unusual incidents will 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 provider at the time of the incident:
1. Medical emergency;
 2. Rights code violation;
 3. Significant injury;
 4. Unanticipated hospitalization; and
 5. Unapproved behavioral support.
- E. Immediately upon identification or notification of a major unusual incident, a provider will take all reasonable measures to ensure the health and welfare of at-risk individuals. Reasonable measures include, but are not limited to, securing immediate and ongoing medical attention and removal of a developmental disabilities employee from direct contact with any individual when the developmental disabilities employee is alleged to have been involved in physical abuse or sexual abuse. The provider will document reasonable measures taken and by whom in the incident report. The provider and county board will discuss any disagreements regarding reasonable measures in order to resolve them. If the provider and county board are unable to agree on reasonable measures to ensure the health and welfare of at-risk individuals, the department will make the determination.
- F. Immediately upon receipt of a report or notification of an allegation, the county board will:
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 (J)(1) of this procedure that requires a DODD-directed administrative investigation are present. Such notification will take place on the first working day the county board becomes aware of the incident.
- G. A provider other than a developmental center will as soon as possible but no later than four hours following 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. Unexplained or Unanticipated death;
 2. Exploitation;
 3. Misappropriation;
 4. Neglect;
 5. Peer-to-peer act;
 6. Physical abuse;
 7. Prohibited sexual relations;
 8. Sexual abuse;
 9. Emotional abuse; and
 10. When the provider has received an inquiry from the media regarding a major unusual incident.
- H. For all major unusual incidents, a provider other than a developmental center will submit an 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 incident report will be submitted in a format prescribed by DODD.
1. For a major unusual incident in category C, the provider will also submit the applicable administrative review form contained in appendix

C, appendix D, or appendix E to this rule. The provider will submit the incident report and the administrative review form at the same time.

2. When an individual is hospitalized, the provider is responsible for following up with the hospital so that a diagnosis is determined as soon as possible after forty-eight hours, an incident report made to the county board, and the administrative review form in appendix D to this rule submitted when the situation meets the definition of unanticipated hospitalization in paragraph (C)(16)(c)(ii) of this rule.

I. MEORC will enter preliminary information regarding the incident in the OITMS, 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.

J. The county board will 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 will communicate this system in writing to all individuals receiving services in the county, or their guardians as applicable, providers in the county and the department.

K. Removal of a developmental disabilities employee

1. An agency provider will remove a developmental disabilities employee from direct contact with any individual when the developmental disabilities employee is alleged to have been involved in physical abuse or sexual abuse until such time as the agency provider has reasonably determined that removal is no longer necessary. When an agency provider removes a developmental disabilities employee from direct contact with an individual:
 - a. The agency provider will inform the developmental disabilities employee of the alleged major unusual incident category and provide the developmental disabilities employee with the name of a person employed by the agency provider to whom the developmental disabilities employee may direct questions.
 - b. The county board or department, as applicable, will keep the agency provider apprised of the status of the administrative investigation so that the agency provider can resume normal operations as soon as possible consistent with the health and welfare of individuals. The

agency provider will notify the county board or department, as applicable, when the developmental disabilities employee returns to work.

2. In conjunction with the department, a county board has authority to remove an independent provider from direct contact with any individual when the independent provider is alleged to have been involved in physical abuse or sexual abuse until such time as the county board has reasonably determined that removal is no longer necessary. When a county board removes an independent provider from direct contact with an individual:
 - a. The county board will inform the independent provider of the alleged major unusual incident category and provide the independent provider with the name of a person employed by the county board to whom the independent provider may direct questions.
 - b. The county board will keep the independent provider apprised of the status of the administrative investigation so that the independent provider can resume normal operations as soon as possible consistent with the health and welfare of individuals.

L. Reporting Of Alleged Criminal Acts

1. When a provider has reason to believe a criminal act has occurred, the provider will immediately report to the law enforcement entity having jurisdiction of the location where the incident occurred, The provider will document the time, date, and name of the person notified of the alleged criminal act. The county board will ensure the notification has been made.
2. DODD will immediately report to the Ohio State Highway Patrol any allegation of a criminal act occurring at a developmental center. DODD will document the time, date, and name of the person notified of the alleged criminal act.

M. Abused Or Neglected Children

1. 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) will be immediately reported to the local public children services agency. The notification may be made by the provider or the county board. The county board will ensure that the notification has been made.

2. When a public children services agency is conducting an investigation, the investigative agent will submit a report to the Ohio incident tracking and monitoring system with a brief description of the allegation and immediate steps taken to protect the health and welfare of the individual. Upon notification of case closure by the public children services agency, the investigative agent will record the results in the Ohio incident tracking and monitoring system and ensure a prevention plan to address causes and contributing factors is implemented.

V. NOTIFICATION REQUIREMENTS FOR MAJOR UNUSUAL INCIDENTS

- A. The provider will make notifications when a major unusual incident or discovery of a major unusual incident occurs when such provider has responsibility for the individual.
 1. The provider will notify as applicable:
 - a. Guardian or another person whom the individual has identified;
 - b. Service and Support Administrator serving the individual;
 - c. Other providers of services as necessary to ensure continuity of care and support for the individual;
 - d. Staff or family living at the individual's residence who have responsibility for the individual's care.
 2. The provider will make notification on the same day the major unusual incident or discovery of the major unusual incident occurs.
 3. The notification will include immediate actions taken.
 4. The provider will document all notifications or efforts to notify.
 5. The provider will not make notifications:
 - a. If the person to be notified is the primary person involved, the significant other of the primary person involved, or the significant other of the primary person involved;

- b. or When such notification could jeopardize the health and welfare of an individual involved.
- 6. 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.
- B. Staff of an agency provider will inform the director of operations or administrator of the agency provider within one working day following the day staff become aware of a potential or determined major unusual incident involving misappropriation, neglect, physical abuse, or sexual abuse.
- C. The county board will ensure notifications required by paragraph (H)(1) of this rule have been made.
- D. In any case where law enforcement is conducting an investigation or pursuing charges related to an alleged criminal act, DODD may provide notification of the incident to any other provider, developmental center, or county board for whom the developmental disabilities employee involved works, for the purpose of ensuring the health and welfare of any at-risk individual. The notified provider or county board will take such steps necessary to address the health and welfare needs of any at-risk individual and may consult DODD in this regard. DODD will inform any notified entity as to whether the incident is substantiated. Providers, developmental centers, or county boards employing developmental disabilities employee will notify DODD when they are aware that the developmental disabilities employee works for another provider.

VI. GENERAL REQUIREMENTS FOR ADMINISTRATIVE INVESTIGATION AND ADMINISTRATIVE REVIEW

- A. 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 MEORC for provision of investigative agent services.
- B. All major unusual incidents in Category A or Category B require an administrative investigation meeting the applicable administrative investigation procedure in Appendix A or Appendix B, to this rule.

Administrative investigations will be conducted and reviewed by investigative agents. An investigative agent will initiate an administrative investigation no later than twenty-four hours following submission of the incident report for a major unusual incident in category A and no later than three working days following submission of the incident report for a major unusual incident in category B. If, however, law enforcement or a public children services agency has opened an investigation and asks the investigative agent to postpone initiating an investigation, the investigative agent may do so for the time period mutually agreed upon. "Initiate an administrative investigation" means any of the following:

1. Interviewing the reporter of the incident.
 2. Gathering relevant documents such as nursing notes, progress notes, or incident report.
 3. Notifying law enforcement when there is reason to believe a criminal act has occurred or the public children services agency when there is an allegation of abuse or neglect of an individual under the age of twenty one and documenting the date, time, and name of the person notified.
 4. Initiating interviews with witnesses or victims.
- C. All major unusual incidents in category C require an administrative review using the applicable administrative review form in appendix C, appendix D, or appendix E to this rule. The applicable administrative review form will be submitted by an individual's provider and completed by an investigative agent in collaboration with the individual's team. An investigative agent will initiate an administrative review no later than three working days following submission of the administrative review form. The investigative agent will ensure the major unusual incident was properly coded, resolve any outstanding questions or concerns with the individual's provider and/or the individual's team, identify the causes and contributing factors to the incident, and address the prevention plan.
- D. Based on the facts discovered during administrative investigation or administrative review 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 will be documented and the new applicable category procedure will be followed.
- E. Major unusual incidents that involve an active criminal investigation may be closed as soon as the county board and MEORC ensure 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, a prevention plan are implemented. Information needed for closure of the major unusual incident may be obtained from criminal investigation.

- F. Staff of County Boards or agency providers may assist the investigative agent by gathering documents, entering information into the OITMS, fulfilling Category C administrative review requirements, or performing other administrative or clerical duties that are not specific to the investigative agent role.
- G. Except when law enforcement or the public children services agency is conducting the investigation, the investigative agent will conduct all interviews for major unusual incidents in Category A or Category B. 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 personally conduct the interviews. If the investigative agent determines the information is reliable, the investigative agent may utilize other information received from law enforcement, the public children services agency, or providers in order to meet the requirements of this procedure.
- H. When the public children services agency notifies the county board that it has declined to investigate, MEORC will initiate the administrative investigation or administrative review within a reasonable amount of time based on the initial information received or obtained and consistent with the health and welfare of all at-risk individuals.
- I. An intermediate care facility for individuals with intellectual disabilities will 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 will provide a copy of its full report of an investigation of a major unusual incident to the county board/MEORC.
- J. All developmental disabilities employees will cooperate with administrative investigations and administrative reviews conducted in accordance with this rule. Providers and county boards will respond to requests for information within the time frame requested. The time frames identified will be reasonable.

- K. Except when law enforcement or the public children service agency is conducting an investigation, the investigative agent will endeavor to reach a preliminary finding regarding allegations of physical abuse or sexual abuse and notify the individual, or individuals' 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 regarding an allegation of physical abuse or sexual abuse within fourteen working days, the investigative agent will instead notify the individual, or individual's guardian, and provider of the status of the investigation every seven working days thereafter.
- L. The investigative agent will complete a report in the format prescribed by the department of each administrative investigation or administrative review and submit it for closure in the OITMS within forty-five (45) working days from submission of the incident report unless the county board (MEORC) 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.

VII. DEPARTMENT-DIRECTED ADMINISTRATIVE INVESTIGATIONS OF MAJOR UNUSUAL INCIDENTS

- A. DODD will conduct the administrative investigation or administrative review 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;

8. A person having a relationship with any of the persons specified in paragraphs (P)(A)(1) to (P)(A)(8) 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 relations, or committed physical abuse or neglect resulting in emergency room treatment or hospitalization admission.
- B. DODD may conduct an administrative investigation or review and administrative investigation 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 an administrative investigation or review an administrative investigation of any major unusual incident or request that an administrative investigation be conducted by another county board, a regional council of governments, or any other governmental entity authorized to conduct an investigation.

VIII. WRITTEN SUMMARIES OF MAJOR UNUSUAL INCIDENTS IN CATEGORY A OR CATEGORY B

- A. No later than five (5) working days following the recommendation for closure via the OITMS by the county board, developmental center, or DODD, as applicable will 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 whether the MUI was substantiated or unsubstantiated, and the preventive plan 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. In the case of a peer-to-peer act, both individuals, individuals' guardians, or, applicable, other persons whom the individuals have identified, will receive a written summary;
 2. The residential provider and provider at the time of the major unusual incident;
 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 will be provided to the individual's family only upon request by the individual's family.

- C. The written summary will 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 will, no later than five working days following recommendation for closure via the OITMS, provide written notice to the primary person involved as to whether the major unusual incident was 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.

IX. DISPUTING THE FINDINGS OF A WRITTEN SUMMARY

- A. An individual, individual's guardian, other person whom the individual has identified, or provider (except when the primary person involved is the independent provider or the owner, director of operations, or administrator of the agency provider) may dispute the findings of a written summary of an administrative investigation described in paragraph (K)(1) of this rule by submitting a letter of dispute and supporting documentation to the county board superintendent, or to the director of the department if the department conducted the administrative investigation, within fifteen calendar days following receipt of the findings.
- B. The superintendent of the county board or the superintendent's designee, or the director of the department or the director's designee, as applicable, will 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.
- C. 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 will issue a decision within thirty (30) calendar days.

X. REVIEW, PREVENTION, AND CLOSURE OF MAJOR UNUSUAL INCIDENTS

- A. Agency providers will implement a written procedure for the internal review of all major unusual incidents and are responsible for taking all reasonable steps necessary to prevent the recurrence of major unusual incidents.
- B. Members of an individual's team will ensure that risks associated with major unusual incidents are addressed in the individual service plan of each individual affected and collaborate on the development of a preventive plan to address the causes and contributing factors to the major unusual incident. The team members will jointly determine what constitutes reasonable steps necessary to prevent the recurrence of major unusual incidents.
- C. DODD will review and close the following major unusual incidents:
 - 1. Unexplained or Unanticipated death;
 - 2. Death other than Unexplained or Unanticipated
 - 3. Exploitation;
 - 4. Medical emergency;
 - 5. Misappropriation;
 - 6. Neglect;
 - 7. Failure to report;
 - 8. Physical abuse;
 - 9. Prohibited sexual relations;
 - 10. Sexual abuse;
 - 11. Significant injury when cause is unknown;
 - 12. Emotional abuse;
 - 13. Attempted Suicide;
 - 14. Any major unusual incident that is the subject of a director's alert; and

15. Any major unusual incident investigated by the department.

D. The county board/MEORC will review and close major unusual incidents:

1. Peer-to-Peer Act;
2. Law enforcement;
3. Missing individual;
4. Rights code violation
5. Significant injury when cause is known;
6. Unanticipated hospitalization; and
7. Unapproved behavioral support

E. DODD may review any MUI to ensure it has been properly closed and will conduct sample reviews to ensure proper closure by the county board. DODD may reopen any administrative investigation or administrative review that does not meet the requirements of the rule.

F. DODD, the county board, and MEORC will consider the following criteria when determining if an MUI 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 administrative investigation or administrative review 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 a preventive plan to address the causes and contributing factors;
4. Whether the county board has ensured that the preventive plan was implemented to prevent recurrence;
5. Whether the incident is part of a pattern or trend as flagged through the OITMS requiring some additional action; and

6. Whether all requirements set forth in statute or rule have been satisfied.

XI. ANALYSIS OF MAJOR UNUSUAL INCIDENT TRENDS AND PATTERNS

- A. An agency provider will conduct for each county in which the agency provider delivers services, 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:
 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. An agency provider other than a county board will send the annual report to the county board for all programs operated in the county by February twenty-eighth of each year. The county board will review the annual report to ensure that all issues have been reasonably addressed to prevent recurrence of major unusual incidents. The county board will 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 MEORC, will conduct the analysis according to paragraph XII A of this procedure for all programs operated by the county board. The county board will send its analysis and follow-up actions to DODD by February twenty-eighth of each year for the annual review. DODD will review the analysis to ensure that all issues have been reasonably addressed to prevent recurrence.
- D. The county board, in conjunction with MEORC, will have a stakeholder committee that reviews trend and patterns of major unusual incidents. The stakeholder committee will be made up of a reasonable representation of the county board, providers, individuals who receive services and their families, MEORC, and other stakeholders deemed appropriate by the stakeholder committee.
1. The role of the stakeholder committee is to review and share the county board or MEORC aggregate data prepared by the county board or MEORC to identify overall/aggregate trends, patterns, or areas for improving the quality of life for individuals served in the county;
 2. The stakeholder committee will 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 MEORC, shall send the aggregate data prepared for the meeting to all participants at least ten (10) calendar days in advance of the meeting;
 4. The county board, in conjunction with MEORC, 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 will ensure follow-up actions identified by the stakeholder committee have been implemented.
- E. DODD will 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 will consist of at least six (6) members who represent various stakeholder groups, including Disability Rights Ohio and the Ohio Department of Medicaid. The committee will 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.

XII. REQUIREMENTS FOR UNUSUAL INCIDENTS

- A. Unusual incidents shall be reported and investigated by the provider.
- B. Each agency provider will:
 - 1. Develop and implement a written unusual incident policy and procedure that;
 - a. identifies what is to be reported as an unusual incident which will include unusual incidents as defined in OAC 5123-17-02;
 - b. 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;
 - c. Requires the report to be made no later than twenty-four (24) hours following the occurrence of the unusual incident; and
 - d. Requires the agency provider or the county board as provider to investigate unusual incidents, identify the cause and contributing factors when applicable, and develop a prevention plan to protect the health and welfare of any at-risk individuals.
 - 2. Ensure all staff are trained and knowledgeable regarding the unusual incident policy and procedure.
 - 3. The provider delivering services when an unusual incident occurs will notify other providers of services as necessary to ensure continuity of care and support for the individual.
 - 4. Each Independent provider will 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.
 - 5. Each provider will maintain a log of all unusual incidents. The log will contain only unusual incidents defined in this rule and will include, but not limited to, the name of the individual, a brief description of the incident,

any injuries, date, time, location, cause and contributing factors, and prevention plan.

6. Each provider will review all unusual incidents as necessary, but no less than monthly, to ensure appropriate prevention plans have been implemented, and identified trends and patterns have been addressed as appropriate. When no unusual incidents occur within a calendar month, the provider will make a notation to that effect on its log of unusual incidents.
- C. Members of an individual's team will ensure the risk associated with unusual incidents are addressed in the individual service plan in each individual effected. When the unusual incident involves a hospital stay, the provider and individual's team will review what preceded the hospital stay and consider what could have been done differently to prevent a hospital stay.
- D. A provider will, 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 as well as unusual incident reports, documentation of identified trends and patterns, and the prevention plan.

XIII. OVERSIGHT

- A. DODD will 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.
- B. DODD will review and take any action appropriate when a complaint is received regarding how an administrative investigation or administrative review is conducted.

XIV. 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, MEORC, or DODD will 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 will redact any confidential information contained in a record before copies are provided to the county board or DOODD. A provider will make all other records available upon request by the county board or DODD. A provider will provide confidential information, including the date of birth and social security number, when requested 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. A party waiving receipt of a report will do so in writing.

XV. TRAINING

- A. Agency providers and county boards will ensure:
 - a. Staff employed in direct services positions are trained on the requirements of this rule prior to direct contact with any individual. Thereafter, staff employed in direct services positions will receive annual training on the requirements of this rule, including a review of health and welfare alerts issued by the department since the previous year's training.
 - b. Staff employed in positions other than direct services positions are trained on the requirements of this rule no later than ninety calendar days following the date of hire. Thereafter, staff employed in positions other than direct services positions will receive annual training on the requirements of this rule, including a review of health and welfare alerts issued by the department since the previous year's training.
 - c. Board members are trained on the requirements of this rule no later than ninety calendar days following the date of appointment to the board.
- B. Independent providers will be trained on the requirements of this rule prior to application for initial certification in accordance with rule 5123-2-09 of the Administrative Code. Thereafter, independent providers will receive annual training on the requirements of this rule, including a review of health and welfare alerts issued by the department since the previous year's training

XVI. MID-EAST OHIO REGIONAL COUNCIL POLICY AND PROCEDURES

- A. Policy and procedures developed by the Mid-East Ohio Regional Council – Major Unusual Incident Advisory Council serve as an addendum to county board policy and procedures to ensure the continuum of major unusual incident services and reporting systems coordination services.

XVII. MEMORANDUM OF UNDERSTANDING

- A. The county board will have a Memorandum of Understanding (MOU) in place. The legal mandate for this memorandum is ORC 5126.058 which calls for mandated subscribers to enter into an MOU concerning the handling and coordinating of reports of abuse, neglect, and exploitation of individual with disabilities.
- B. The MOU will assist in setting forth normal operating procedures for the reporting and investigation of reports of abuse, neglect and exploitation as described in OAC 5123-17-02. The MOU will exist to assist legal professionals and organizations concerned with the health and welfare of individuals and outline the responsibilities of the mandated reporters and cooperation required between entities.
- C. The purpose of the MOU is to effectively address the need to report and investigate reports of abuse, neglect, and exploitation, and to define the issues and concerns involved in doing so. These purposes assist the participants/subscribers to work cooperatively to achieve the following:
 - 1. Establishment of normal operating procedures to be employed by all concerned officials in the execution of their respective responsibilities under ORC sections 313.12, 2151.421, 2903.16, 5126.058, 5126.31, and 5126.33.
 - 2. Assurance of the prompt and proper reporting of incidents of suspected or actual abuse, neglect, and exploitation.
 - 3. Timely and thorough investigations of abuse, neglect, and exploitation, expediting referrals in order to protect the individual with developmental disabilities while eliminating unnecessary interviews of a person who is the subject of a report of abuse and/or neglect and/or exploitation.
 - 4. Protection of the individual and family from further trauma by elimination of duplicated efforts by all professionals involved, elimination of gaps by all professionals involved, and the provision of protection, aid, and treatment.

5. Rapid prosecution and/or treatment of the perpetrators of abuse, neglect, and exploitation; and
 6. Definition of the responsibilities and interrelationship among participating agencies for the handling, coordination, investigation, prosecution, and treatment, and to define responsibilities in a criminal and an administrative investigation.
- D. The following parties are mandated subscribers to the MOU per ORC 5126.058:
1. The county board of developmental disabilities;
 2. The probate judge or representative;
 3. The county peace officer;
 4. All chief municipal peace officers within the county;
 5. Other law enforcement officers handling abuse, neglect, and exploitation of persons with developmental disabilities;
 6. The prosecuting attorney for the county;
 7. The children's services agency; and
 8. The county coroner/medical examiner.

XVIII. FAILURE TO REPORT

- A. Reporting requirements are set forth to ensure that mandated reporters are provided with a process for reporting allegations, suspicions, and actual occurrences of abuse, neglect, and theft. Failure to notify the appropriate entity constitutes "failure to report" by the mandated reporter.
- B. Failure to report encompasses the following definitions/standards:
1. General definition:
 - a. Per ORC 5123.61, any person considered a required/mandated reporter having reason to believe that a person with developmental disabilities has suffered, or faces a substantial risk of suffering, any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse

or neglect of that person, shall immediately report the information to the specified entity.

2. Criminal standard includes three (3) categories of failure to report, all of which require notification to law enforcement:
 - a. When the required/mandated reporter fails to report under ORC 5123.61;
 - b. When a physician performing services fails to report under ORC 5123.61 (C) (2); or
 - c. When the superintendent or designee of a county board fails to notify law enforcement of an incident that may constitute a crime under ORC 5123.61 (G) (3).
3. Registry Standard
 - a. A developmental disabilities employee unreasonably fails to make a report pursuant to ORC 5123.61 when said employee knew, or should have known, that the failure to report would result in a substantial risk of harm to an individual with developmental disabilities per ORC 5123.51 I (3) (a) (ix).

- C. A failure to report major unusual incident is filed when one of the following elements has been met:
 1. An individual has suffered a wound, injury, disability, or condition of such a nature as to reasonably indicate abuse or neglect, and a mandated reporter does not make the required report to the appropriate entity; or
 2. An individual faces a substantial risk of suffering any wound, injury, disability or condition of such a nature as to reasonably indicate abuse or neglect, and a mandated reporter does not make the required report to the appropriate entity.

XIX. 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.

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.

Approved: September 12, 2002

Revised: June 23, 2005; September 14, 2006; January 1, 2007, August 16, 2007

Reviewed: January 3, 2008; January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013

Revised: September 5, 2013

Reviewed: January 9, 2014, January 8, 2015

New procedure Approved: 4/30/2015

Reviewed: January 7, 2016; January 5, 2017; January 16, 2018

Revised: July 25, 2022; June 12, 2025, July 24, 2025

MUSKINGUM COUNTY BOARD OF DD

Addressing Major Unusual Incidents And Unusual Incidents To Ensure Health, Welfare, And Continuous Quality Improvement

Conflict Management Procedure

Procedure Number

2.02.2

I. PURPOSE

This procedure establishes guidelines for county board employees working with Major Unusual Incidents (MUI) related information addressing conflicting interests when dealing with individuals, individual families and other associated with an MUI.

II. PROCEDURE

When Muskingum County Board of DD (MCBDD) staff or contracted consultant acting as MCBDD staff should be identified as PPI, the Director of Human Resources (HR) will decide needed action. Once the PPI has been identified as MCBDD staff, the team will send it directly to MEORC and HR. HR will follow through the MEORC and give team direction to complete the case.

Should a MCBDD MUI Team member have a conflict of interest due to personal connection with the individual or individual's family, etc in an MUI investigation, MCBDD MUI team member will remove themselves from the MUI process of that specific case. To remain impartial to the MUI investigation process, MUI team staff member with conflict of interest will email UI@muskingumdd.org and notify the team of conflict and remove self from case, by deleting emails and not participating in the internal investigation regarding individual.

Approved: March 2, 2021

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Medication Administration And Performance Of Nursing Tasks Policy

Policy Number:

2.03

Ohio Revised Code Reference:

5126.05; 4723

Ohio Administrative Code Reference:

5123-6

I. SUBJECT

Medication Administration and Performance of Nursing Tasks

II. PURPOSE

To establish a health policy that ensures necessary medical treatments and medications are delivered to individuals with developmental disabilities (DD).

III. APPLICATIONS

This policy applies to all prescribed medical treatments and medications to be delivered by licensed nurses to individuals with DD.

IV. POLICY

- A. The Muskingum County Board of Developmental Disabilities (County Board) shall permit the employed/contracted registered nurse (hereafter referred to as the program nurse) and any other licensed nurse employed or contracted by the County Board who acts in accordance with the administrative procedures of the County Board to give or apply prescribed medication to students and to perform nursing tasks on students.
- B. The program nurse will be an individual who holds a current, valid license which authorizes the practice of nursing as a registered nurse in compliance with Chapter 4723 of the Ohio Revised Code, Law Regulating the Practice of Nursing.
- C. Licensed nurses may give or apply medication and perform nursing tasks on individuals enrolled in County Board services or supports at the following settings:

- 1. Starlight School

2. While transported in a vehicle operated by or under contract with the County Board, on field trips conducted in this state by the County Board, or when involved in some other activity conducted under the County Board's authority that is at a location different from any of the above settings.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: June 6, 2002

Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006, January 4, 2007; January 3, 2008

Revised: January 1, 2009

Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015;

Revised: August 13, 2015

Reviewed: January 7, 2016; January 5, 2017; January 16, 2018, August 12, 2021

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Medication Administration And Performance Of Nursing Tasks Procedures

Procedure Number:

2.03.1

I. DEFINITIONS

For the purpose of these procedures, the following definitions will apply:

- A. **County Board** means the Muskingum County Board of Developmental Disabilities
- B. **Designated Site/Setting** means any County Board facility or program at which an individual attends for a portion of the day where the primary purpose of that facility is other than health care or nursing care. A designated site/setting may also include the transportation vehicle if travel time is involved and provided by the County Board to field trips, training sites, enclaves, and job sites, etc.
- C. **Health Care Professional** is a licensed or certified dentist, optometrist, pharmacist, physician, nurse, nurse practitioner, practitioner of a limited branch of medicine, occupational therapist, occupational therapy assistant, physical therapist, physical therapy assistant, respiratory therapist, emergency medical technician, advanced emergency medical technician, or paramedic.
- D. **Nurse or Licensed Nurse** is an RN. or L.P.N. who holds a current, valid license to practice nursing in compliance with Chapter 4723 of the Ohio Revised Code, Law Regulating the Practice of Nursing.
- E. **Prescribed Medication** is any drug administered pursuant to the instructions of a health care professional who is authorized by law to prescribe medications.

II. AUTHORIZATION

A. General

- 1. Written authorizations must be signed by a physician (or health care professional authorized by law to prescribe medications/treatment) and the parent/guardian and be in the possession of the nurse prior to the giving or applying of any medications or the performance of any task.

2. Licensed nurses and/or authorized staff are not permitted to assume responsibility for giving/applying any medication or completing any nursing task unless a written authorization is received.
 3. Written authorization is valid for 1 school year. Current authorizations are kept in the nurses' offices. Once discontinued, original authorizations are kept in the student's file until student withdraws or graduates.
 4. Changes of medication/medical procedure require new authorization.
- B. Written authorization shall contain the following:
1. Name, address, date of birth, school. And class/grade of the student.
 2. Name of the medication, time, dosage, route, and/or a description of the medical procedure. The health care professional must certify the medication or procedure is necessary during program hours.
 3. Possible severe adverse reactions or side effects which should be reported to the health care professional. Individual allergies must also be noted.
 4. Telephone number of the health care professional or other method of contact in an emergency.
 5. Special instructions including storage and sterilizing requirements.
 6. Date medication or procedure is to begin and cease.
 7. Date of request.
 8. Prescriber name and signature. Electronic signature from prescriber is permitted.
- C. The authorization completed and signed by the student's parent/guardian permitting staff to give or apply the medication or perform the nursing task as instructed by the health care professional also states agreement to deliver the medication and/or all the required supplies for procedures and to notify the nurse if the medication, dosage or procedure is changed or discontinued.
- D. Orders for changes in medication or nursing tasks by a healthcare professional can be accepted as written (electron) or taken verbally or by phone by a nurse. Only a nurse can document and implement a change in orders. All verbal or via phone orders will be followed by a written order within 7 days.
- E. Over-the-counter (OTC) medications will not be given to students without completed authorizations. OTC medications can include; non-prescription

pain relievers and fever reducers, antacids, cough medicines, allergy remedies, topical antibiotics, laxatives, and throat lozenges. These OTC medications will be treated as a prescribed medication and must have signed orders by a prescriber and parent/guardian signatures. OTC medications must be labeled with the student's name. Directions that differ from those on the container/prescriber's order will not be administered. OTC topical medications for cleaning, protections, or comfort of intact skin, hair, nails, teeth, or oral surfaces (ex. Sunscreen, barrier creams) will require use the OTC permission form to be completed and signed by the parent/guardian.

III. DELIVERY AND STORAGE

- A. All prescribed medications shall be sent in a container properly labeled by a pharmacist.

Labels must include:

1. Name of student
2. Name of medication, dosage, time, and route
3. Doctor's name
4. Name and phone number of pharmacy
5. Prescription number
6. Expiration date

- B. When delivered to a County Board facility, medications should be given to a nurse/DD Certified Personnel. If a nurse is not available, County Board staff may accept the incoming medication and maintain it in a secure location until it is given to a nurse.
- C. Medications sent in on County Board transportation shall be handed to the driver in a sealed envelope with the date, signature of parent/guardian/provider, and the number of pills written on the envelope. The driver shall maintain the envelope in a safe place during transport and shall hand it to program staff upon arrival. Emergency medications (Epipen, etc.) and VNS magnets for seizure treatment shall be checked and counted in on a daily bus log before transport to and from the program.
- D. Medications are checked, verified, counted, and documented on the Medication Inventory Record and maintained in a locked or secured medication box or cabinet. Medications are removed from locked containers only by designated staff.

- E. The nurse will be notified if a medication bottle label becomes unreadable.
- F. Discontinued or outdated medications will be counted out, documented on the Medications Inventory Record, and sent home with the parent/guardian/provider whenever possible. If medications are transported home on a program vehicle, the driver will be given the medication in a sealed envelope. Medication dropped or wasted during administration will be disposed of by a nurse and a witness and documented on the medication administration record by a nurse. Any medication of unknown origin or owner found on a facility campus will be disposed of by a nurse and a witness and documented on a disposal of medication sheet. Controlled substances must be disposed of properly, documentation of disposal on the Medication Inventory Record, and witnessed by 2 DD Personnel. One of which must be a licensed nurse.
- G. Controlled substances will be counted daily while school is in session with the exceptions of holidays/breaks, weekends, and when a student is absent from school. If the controlled substance count is off, DD personnel are to notify the Program Nurse immediately for further investigation.

IV. DOCUMENTATION

- A. Documentation of all prescribed medication, OTC medications, and medical treatments given, applied, held, missed, or refused shall be done on a medication administration record (MAR) or treatment administration record (TAR) indicating the name and initials of the nurse/DD Certified Personnel administering a prescribed medication or treatment, time and date, and when appropriate, observations or difficulties noted.
- B. Documentation must be completed immediately following the administration of medications or the performing of treatments.

V. REPORTING ERRORS / INCIDENTS

- A. Any error in administration of medications or completion of prescribed nursing tasks, including failure of parent/guardian to deliver medications or supplies to the County Board facility shall be reported to the Program Nurse. A copy of the medication error report will be faxed to the student's prescribing physician.
- B. Any error in administration of medications or completion of prescribed nursing tasks that result in physical harm to the individual shall be immediately reported to an appropriate licensed health care professional.
- C. The nurse shall notify the parent/guardian of the error.

- D. A Medication Incident Report shall be completed with copies forwarded to the Major Unusual Incident/Unusual Incident (MUI/UI) Coordinator, parent/guardian, and the program nurse.

Forms used with this procedure:

Physician Authorization/Request for Health Care Services (Medications)

Enrollee Authorization/Request for Health Care Services (Treatment)

Medication Inventory Record

Medication Administration Record

Treatment Administration Record Log

Medication Incident Report

Monthly Bus Checklist

Authorization for Administration of Over the Counter (OTC) Medication/Treatment

Approved: July 12, 2002

Revised: July 22, 2005; September 15, 2006; November 17, 2006

Reviewed: January 4, 2007; January 3, 2008

Revised: January 1, 2009

Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013

Revised: October 7, 2013;

Reviewed: January 9, 2014; January 8, 2015

Revised: June 30, 2015

Reviewed: January 7, 2016; January 5, 2017; January 16, 2018

Revised: July 12, 2021

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Delegated Nursing Services Policy

Policy Number:

2.04

Ohio Revised Code Reference:

5123.41, 5123.42, 5123.421, 5123.422, 5123.43

Ohio Administrative Code Reference:

5123:2; 4723-13

I. SUBJECT

Delegated Nursing Services

II. PURPOSE

To establish a Health Policy, which ensures that necessary medical treatments and medications are delivered to individuals with developmental disabilities by competent, Muskingum County Board of Developmental Disabilities (County Board) trained staff hereafter referred to as DD Personnel.

III. APPLICATION

This policy applies to all the giving or applying of prescribed medication and the performance of health related services by DD Personnel to individuals with developmental disabilities.

IV. POLICY

- A. The Muskingum County Board of Developmental Disabilities (County Board) shall permit the delegation of giving or applying prescribed medication to DD Personnel that have successfully completed training. Such delegation may be done only by an appropriately trained nurse and only when certain conditions are met, as stipulated in the Ohio Revised Code.
- B. Furthermore, DD Personnel may give or apply prescribed medication and/or perform health related services on individuals enrolled in County Board services or supports at the following settings:
 - 1. Starlight School
 - 2. While transported in a vehicle operated by or under contract with the County Board, on field trips conducted in this state by the County Board, or when

involved in some other activity conducted under the County Board's authority that is at a location different from any of the above settings as long as staff who are with individuals have been trained by the nurse appropriately for the specific needs and have met all requirements as set by 5123:2-6-01 and 5123:2-6-07 of the Ohio Administrative Code. If obtaining DODD Certification 1 Medication Administration Training is required for administration of a physician's order then this will not be provided by County Board transportation staff.

- C. The Superintendent is authorized to establish procedures to be utilized in the implementation of this policy that will meet the requirements of the Ohio Revised Code and rules established by both the Ohio Department of Developmental Disabilities and the Ohio Board of Nursing. Such procedures shall include, but not be limited to: training for the nurse and DD personnel, conditions under which the delegation of giving or applying prescribed medications or the performance of health related services may occur, and conditions under which a DD personnel may perform delegated nursing services.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: June 6, 2002

Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006; January 4, 2007; January 3, 2008; January 1, 2009; January 14, 2010

Reviewed: January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015

Revised: August 13, 2015

Reviewed: January 7, 2016; January 5, 2017; January 16, 2018

Revised: August 9, 2018

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Delegated Nursing Services Procedures

Procedure Number:

2.04.1

I. DEFINITIONS

For the purpose of these procedures, the following definitions will apply:

- A. **County Board** – the Muskingum County Board of Developmental Disabilities.
- B. **Delegable Nursing Task** – a nursing task, inclusive of the giving of oral prescribed medications and/or the applying of topical prescribed medications, which a licensed nurse has determined meets the provisions of the rules on delegation.
- C. **Delegation** – the transfer of responsibility for the performance of a selected nursing activity or task from a licensed nurse to a trained unlicensed person working under nursing supervision in a selected situation.
- D. **DODD** – the Ohio Department of Developmental Disabilities.
- E. **Designated Site/Setting** – Starlight School building or Starlight School sponsored function including but not limited to field trips where the primary purpose of that facility is other than health care or nursing care. A designated site may also include the transportation vehicle if travel time is involved and provided by the County Board to field trips.
- F. **Health Care Professional** – a licensed or certified dentist, optometrist, pharmacist, physician, nurse, nurse practitioner, practitioner of a limited branch of medicine, occupational therapist, occupational therapy assistant, physical therapist, physical therapy assistant, respiratory therapist, emergency medical technician, advanced emergency medical technician, or paramedic.
- G. **Health related activities** – any or all of the following: taking vital signs; application of clean dressings that do not require health assessment; basic measurement of bodily intake or output; oral suctioning; use of glucometers; external urinary catheter care; emptying and replacing colostomy bags; pulse oximetry reading; use of positive airway pressure machines, including biphasic positive airway machines (CPAP and BiPAP); application of percussion vests; use of cough assist devices and insufflators; application of

prescribed compression hosiery; collection of specimens by noninvasive means.

- H. **DD personnel** – the DD Personnel who provide specialized services to individuals with developmental disabilities. “DD Personnel” includes those who provide the services as follows: through direct employment with DODD; through an entity under contract with DODD or the County Board.
 - I. **Nurse or Licensed Nurse** – a Registered Nurse (RN) or Licensed Practical Nurse ((LPN) who holds a current, valid license to practice nursing in compliance with Chapter 4723 of the Ohio Revised Code, Law Regulating the Practice of Nursing.
 - J. **OBN** – the Ohio Board of Nursing.
 - K. **Oral Medication** - any medication that can be ingested through the mouth or a stable gastric tube.
 - L. **Program Nurse** – the registered nurse who has completed the RN Train the Trainer Program and is responsible for implementing the County Board’s policy on Delegated Nursing
 - M. **Prescribed Medication** – any drug that is to be taken orally or applied topically pursuant to the instructions of a health care professional that is authorized by law to prescribe medications.
 - N. **Topical Medication** – medication applied to the outer skin and eye, ear, or nose drops. Topical medication may include a transdermal medication or vaginal or rectal suppositories.
- II. AUTHORIZATION OF MCBDD PERSONNEL TO ADMINISTER PRESCRIBED MEDICATIONS, PERFORM HEALTH RELATED ACTIVITIES, ADMINISTER FOOD OR PRESCRIBED MEDICATION PER STABLE LABELED GASTROSTOMY TUBE AND STABLE LABELED JEJUNOSTOMY TUBE, OR SUBCUTANEOUS INSULIN INJECTION BY NURSING DELEGATION.**
- A. DD Personnel who are not specifically authorized by other provisions of the Revised Code to administer prescribed medications, perform health related activities, or perform tube feedings may do so pursuant to section 5123.42 of the Revised Code and rules adopted by the department under this chapter as part of the specialized services the DD Personnel provide to individuals in the following categories:
 - 1. Individuals receiving preschool, or school age services

- B. Medication Administration Reference Grid - attached

III. TRAINING REQUIREMENTS -

- A. The program nurse, who has successfully completed a RN Train the Trainer Program, as mandated by the Ohio Board of Nursing (OBN) and DODD will implement the County Board's policy on Delegated Nursing.
- B. Any licensed nurse employed or contracted by the County Board can delegate and supervise the administration of prescribed medications and the performance of nursing tasks by trained unlicensed staff, in accordance with the administrative procedures on delegated nursing. The nurse must either be a registered nurse or a licensed practical nurse working under the direction of a registered nurse who is available via telecommunication.
- C. Only a registered nurse who meets the following requirements shall plan, develop, and coordinate a program of instruction that prepares DD Personnel to give or apply oral or topical medications, perform health-related activities, perform subcutaneous insulin injections, or administer food or prescribed medication via a stable labeled gastrostomy tube or stable labeled jejunostomy tube:
 - 1. Current valid licensure in Ohio to practice nursing as a registered nurse;
 - 2. A minimum of eighteen months experience in the practice of nursing as a registered nurse;
 - 3. Previous experience caring for an individual with mental retardation and developmental disabilities;
 - 4. Successful completion of the Train the Instructor Program as evidenced by a certificate from an approved department trainer who is an authorized Ohio Board of Nursing approver.
- D. Certificates of completion of the Train the Instructor Program and required continuing education related to delegation for licensed nurses shall be maintained in their DD Personnel's personnel file.

IV. TRAINING REQUIREMENTS FOR DD PERSONNEL TO GIVE ORAL OR APPLY TOPICAL MEDICATIONS

- A. The administration and nursing staff will jointly decide which staff members will be trained, according to the needs of the program.

B. The County Board shall determine DD Personnel that are eligible to take them medication course by:

1. Verifying evidence that the County Board staff is at least 18 years old and that she/he has earned a high school diploma or a certificate of high school equivalency issued by the Ohio State Board of Education or an appropriate agency of another state; Be able to read, write, and understand English at a level sufficient to comply with all requirements set forth in administrative rules governing the services provided.
2. Determining that the State Nurse Aide Registry contains no statement regarding the DD Personnel's alleged abuse or neglect of a long-term care facility resident or misappropriation of resident property;
3. Determining that the DD Personnel has not been convicted of or plead guilty to any felony contained in the Revised Code that is related to drugs or the abuse of an individual. This determination will be completed by requesting information from the Abuser Registry and the Bureau of Criminal Identification and Investigation.

C. Before any DD Personnel shall give or apply prescribed medications or perform health related activities, or perform tube feedings, he/she shall meet the required performance standards of training as specified in the rules of the Revised Code, OBN and DODD. The department approved Program of Instruction shall consist of the number of hours required by rule, which ensures sufficient preparation of DD Personnel to safely give oral or apply topical medications and perform health-related activities, and perform tube feedings. A copy of the Programs of Instruction is kept in the program nurse's office.

D. Documentation of successful completion of the Oral and Topical Medication Administration course, (CAT 1) Gastrostomy and Jejunostomy Tube Feeding and Medication Administration course, (CAT 2), and Subcutaneous Insulin injection by Nursing Delegation shall be kept in the DD Personnel's personnel file and made available for review by the OBN or the DODD upon request, with copies kept in the program nurse's office. DD Personnel is also registered on the DODD Medication Administration Data Base.

V. TRAINING REQUIREMENTS FOR DD PERSONNEL TO PERFORM DELEGATED NURSING TASKS

A licensed nurse who teaches DD Personnel to perform a delegable nursing task shall prepare and present to the DD Personnel at least the following:

- A. Information on infection control and universal precautions (may be waived, in writing, by the nurse if the DD Personnel has previous training on the topic, the training has been documented, and the nurse determines that the DD Personnel's knowledge is current and adequate to perform the task by demonstration).
- B. Information and directions on the concepts underlying the nursing task and how to correctly perform that specific task according to current standards of practice following written step-by-step directions, which shall be available to the DD Personnel when performing the task.
- C. A demonstration of the delegable nursing task following which the DD Personnel shall satisfactorily perform a return demonstration of the task. The nurse shall use a written skills checklist to document the satisfactory return demonstration of the task.
- D. Documentation of successful completion of training for the delegable nursing task shall be kept in the nurse's office and made available for review by the OBN.

VI. DELEGATION CRITERIA AND STANDARDS

A. Assessment

Before any delegation of nursing tasks occurs, a registered nurse shall complete the following:

1. A nursing assessment of the current health status of the individual who needs nursing care and a determination that the health status of the individual will not be adversely affected by the delegation.
2. An assessment of the type of nursing care needed the conditions under which the delegable task or delegated prescribed medication administration will be done; selection of DD personnel who have current training and/or certification; or provide training to the DD personnel and do individual specific training; document assessment and training.
3. A determination as to whether the supervision of the nursing task will be direct or indirect, based on the number of individuals involved and the medical condition of those individuals; the types and numbers of tasks that will be delegated; the reliability of the DD Personnel who will be performing the nursing task; the distance between settings; the availability of emergency aid; and the accessibility of telecommunication devices.

B. Reassessment

A registered nurse shall reassess delegation and the needs of the individual on an on-going basis, but at least annually, including determination that delegation continues to be necessary and appropriate, determination that the individual continues to be stable, and determination that that DD Personnel continue to have the skills to perform the nursing task(s), activity(ies), or prescribed medication administration that have been delegated. The reassessment may be more frequent if necessary in the judgment of the delegating nurse.

C. Decision to Delegate

1. The program nurse will make the decision to delegate nursing tasks to DD Personnel based on nursing knowledge. A nursing task is delegable if the registered nurse or the licensed practical nurse, at the direction of the registered nurse delegating the task, determines that the following apply:
 - a. The task requires no nursing judgment on the part of DD Personnel performing the task
 - b. The results of the task are predictable
 - c. The task can be safely performed according to exact, unchanging directions, with no need to alter the standard procedures for performing the task.
 - d. Performance of the task does not require that acute observations and decisions be made.
 - e. There are no safety concerns with regard to the frequency of performing the task.
 - f. The consequences of interrupting the performance of the task or improperly performing the task are minimal and not life threatening.
2. The registered nurse may delegate nursing tasks to DD Personnel if these and all other standards and criteria for delegation established by the OBN and DODD are met.
3. A registered nurse may delegate nursing tasks directly to DD Personnel or may delegate a portion of the overall care to a LPN who may then delegate to DD Personnel. A LPN may delegate to DD Personnel only under the direction of an RN. DD Personnel shall not delegate any nursing tasks. DD Personnel may perform nursing tasks only on individuals specified by the delegating nurse.

4. Prior to delegation, the delegating nurse shall ensure that DD Personnel has been given client specific instructions on each individual for whom they administer medications, perform health related activities, administer food or prescribed medication via stable labeled gastrostomy and stable labeled jejunostomy tube. DD Personnel shall not administer prescribed medications, perform health related activities, administer food or prescribed medications via stable labeled gastrostomy tube, stable label jejunostomy tube, administer routine doses of insulin through subcutaneous injections, inhalation, insulin pumps for any individual for whom they have not been specifically trained.

D. Supervision

1. The delegating nurse shall provide to DD Personnel at each site:
2. The necessary resources for performing and documenting nursing tasks
3. The step-by-step directions for all delegable nursing tasks
4. Copies of authorization/requests for administration of medications or performance of nursing tasks
5. The information to access the licensed nurse
6. The system for procuring back-up nursing supervision
7. Emergency numbers
8. Secure storage for medications and supplies
 - a. DD Personnel shall not perform nursing tasks unless at least indirect supervision is available. DD Personnel who are delegated a nursing task shall, at the direction of a registered nurse, perform a successful return demonstration at least once every year of the skills approved for that DD Personnel. Records of the successful return demonstration shall be maintained on file by the nurse.
 - b. The delegating nurse shall rescind the delegation if the DD Personnel fail to follow administrative procedures and/or delegation training while performing a nursing task.

E. Documentation

Documentation of all prescribed medications, health related activities, delegated tube feedings, routine doses of insulin through subcutaneous injections, inhalation, insulin pumps given, applied, missed, held, or refused shall be done on a prescribed medication record or treatment administration a prescribed medication or treatment, time and date, and, when appropriate, observations or difficulties noted.

F. Reporting Errors/ Incidents

1. Any error by DD Personnel in the administration of oral or application of topical prescribed medications, performance of health related activities, performance of delegable tube feedings, routine doses of insulin through subcutaneous injection, inhalation, insulin pumps including including failure of parent/guardian/service provider to deliver medication or supplies to the County Board facility shall be reported to the Program Nurse. A copy of the medication/treatment error report will be faxed to the student's prescribing physician.
2. Any error by DD Personnel in the administration of oral or application of topical prescribed medications, performance of health related activities, or performance of delegable tube feedings that result in physical harm to the individual shall be immediately reported to an appropriate licensed health care professional.
3. The delegating nurse shall notify the parent, guardian, of the error.
4. A medication incident report shall be completed with copies forwarded to the Major Unusual Incident/Unusual Incident (MUI/UI) Coordinator, parent/guardian and the program nurse.
5. If the County Board believes or is notified by the department, a delegating nurse, or the registered nurse responsible for quality assessment that DD Personnel have not or will not safely administer prescribed medications, have not or will not safely perform health related activities, have not or will not safely administer food or prescribed medication via stable and labeled gastrostomy or jejunostomy tube, the County Board shall:
 - a. Prohibit the action from continuing or commencing;
 - b. Immediately make other staffing arrangements so that services are completed as prescribed;
 - c. If applicable, immediately complete a Major Unusual Incident Form;

- d. If applicable, notify the registered nurse responsible for quality assessment oversight;
- e. If applicable, immediately notify the delegating licensed nurse.

G. Medication Taken on Field Trips

1. A staff nurse will be informed of date and time of field trip.
2. Certified DD personnel will have a secure container for transport and safekeeping of medication while on field trip.
3. Certified DD personnel will administer medication on the field trip per physician orders
4. The Certified DD Personnel will be responsible for safe transport and return of medications and documentation to the clinic or classroom.

H. Liability

1. The DD Personnel who successfully complete training are not liable for any injury caused by the prescribed medication or delegated nursing task if all the following are the case:
 - a. Prior to giving the medication or performing the task DD Personnel received a copy of the authorization and any revised statements.
 - b. The DD Personnel gave the prescribed medication or performed the nursing task according to methods taught.
 - c. The DD Personnel did not act in a manner that constitutes wanton or reckless misconduct.
2. The health care professional who delegated authority to give or apply prescribed medication or perform a nursing task remains responsible for the care of the County Board enrollee by ensuring that the DD Personnel gives or applies the medication or performs the task in accordance with the training and instructions provided and in accordance with appropriate current standards of care. A licensed nurse shall not be responsible for the delegation by another licensed health care professional to an unlicensed person.

VIII. LOCATION OF DOCUMENTATION / EVIDENCE

A. Training

1. Certificates of Completion for the Train the Instructor Program and continuing education of the registered nurse related to delegation; nurse's individual file, DODD Medication Administration Data Base.
2. Authorization for Oral and Topical Medication Administration and completion of annual skills checks for medication administration and health related activities (CAT 1) for DD Personnel; DD Personnel's personnel file, program nurse's office, DODD Medication Administration Data Base.
3. Authorization for Gastrostomy Tube and Jejunostomy Tube Feeding and Medication Administration (CAT 2) for DD Personnel; DD Personnel's personnel file, program nurse's office, DODD Medication Administration Data Base.
4. Authorization for Subcutaneous Insulin Injection by Nursing Delegation (CAT 3) for DD Personnel; DD Personnel's personnel file, program nurse's office, DODD Medication Administration Data Base.
5. Evidence of age and level of education completed by DD Personnel; DD Personnel's personnel file.
6. State Nurse Aide Registry findings; DD Personnel's personnel file, program nurse's office.
7. Criminal background check/abuser registry check on DD Personnel; DD Personnel's personnel file.
8. Completion of training for delegable nursing tasks, health related activities; nurse's office; delegation notebook on site, original to enrollee's file when discontinued.

B. Delegation

1. Emergency Medical Information/Authorizations; Main office at each site
2. Authorization/Requests for Medication Administration / Health Services; Nurses' offices (to individual's permanent file when discontinued)
3. Statements of Delegation; nurses' offices (to individual's permanent file when discontinued)

4. Nursing Assessments - nurses' offices (to individual's permanent file when discontinued)
5. Procedures for Administration of Medications; nurses' offices
6. Procedures for Nursing Tasks, health related activities; nurses' offices

IX. ACCEPTING AND REFERRING COMPLAINTS

The County Board shall follow the procedures for accepting and referring complaints regarding the administration of prescribed medication, performance of health related activities, performance of tube feedings, administration of subcutaneous insulin injection by nursing delegation by DD Personnel as stated in the County Board's policy on Administrative Resolution of Complaints and Due Process Rights. Actions taken to correct violations will follow procedures specified in Delegation Rules of the OBN and the DODD. Any complaints related to the scope of nursing practice shall be referred to the OBN, which regulates the practice of nursing in accordance with chapter 4723 of the Ohio Revised Code.

Forms to be used with this procedure:

Medication Administration Reference Grid

Emergency Care Card

Nursing Assessment

Medication Incident Report

Physician Authorization/Request for Health Care Services (Medications)

Physician Authorization/Request for Health Care Services (Treatment)

Approved: July 16, 2002;

Reviewed: July 22, 2005; September 15, 2006,

Revised: December 14, 2006

Reviewed: January 4, 2007; January 3, 2008; January 1, 2009; January 14, 2010; January 6, 2011; Reviewed: January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015;

January 7, 2016; January 5, 2017; January 16, 2018

Revised: July 12, 2021

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Do Not Resuscitate Policy

Policy Number:

2.05

Ohio Revised Code Reference:

2133.25

Ohio Administrative Code Reference:

3701-62

I. SUBJECT

Do Not Resuscitate

II. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) recognizes and values the sanctity of life for all enrollees. The County Board also recognizes and values the right of each individual, their parent, and or legal guardian, to choose and execute a declaration governing the use or continuation, or the withholding or withdrawal, of life sustaining treatment.

III. POLICY

The County Board shall recognize “Do Not Resuscitate” (DNR) orders which conform to applicable Ohio law and the guidelines set forth in the County Board’s procedures. Recognizing and honoring DNR orders will in no way affect the administration of first aid measures and appropriate treatment of medical emergencies other than cardiac and respiratory arrest for the subject of the order during program hours.

IV. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: December 6, 2001

Reviewed: February 3, 2005; January 5, 2006; January 4, 2007

Reviewed: January 3, 2008; January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012; Reviewed: January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Do Not Resuscitate Procedures

Procedure Number:

2.05.1

I. DEFINITIONS

A. **Do Not Resuscitate (DNR) Order** – a directive issued by a physician or a directive issued by a CNP, CNS, and PA when working with a collaborating physician that identifies a person and specifies that Cardiopulmonary Resuscitation (CPR) should not be administered to the person so identified. The person identified therein is to be treated under the State of Ohio DNR Protocol. The DNR order does not prohibit any other emergency procedure, such as the Heimlich maneuver for choking, or other appropriate intervention.

B. **DNR Comfort Care orders (DNRCC)** – require that only comfort measures be administered during a medical emergency when there is a cardiac or respiratory arrest – includes the following:

Administer Oxygen
Suction the Airway
Control Bleeding
Provide Privacy

Position for Comfort
Splint or Immobilize
Provide Pain Medication
Provide Emotional Support

Contact appropriate family, service providers, and health care professionals.

C. **DNR Comfort Care Arrest orders (DNRCC-Arrest)** – permit the use of life saving measures, such as powerful heart or blood pressure medications, before cardiac or respiratory arrest. Only comfort care may be provided during or after cardiac or respiratory arrest.

D. **Cardiac arrest** – the absence of a palpable pulse.

E. **Respiratory Arrest** – the absence of spontaneous breathing or presence of agonal (less than 6 breaths per minute) breathing.

F. **Cardiopulmonary Resuscitation (CPR)** – includes any or all of the following:

1. Administration of chest compressions
2. Insertion of an artificial airway
3. Administration of resuscitation drugs
4. Defibrillation or cardio version (Use of Automated External Defibrillator)
5. Provision of respiratory assistance

6. Initiation of a resuscitative intravenous line
7. Initiation of cardiac monitoring

II. PROCEDURE

- A. As with other responsibilities that are performed in accordance with the procedures of the Muskingum County Board of Developmental Disabilities (County Board) and according to the rules of the Ohio Department of Developmental Disabilities (DODD), it is the intent of the County Board to indemnify and hold harmless those staff who carry out the procedures related to the implementation of the DNR policy and procedure.
- B. When an individual enrolled in a program operated by the County Board presents a DNR order, the Superintendent or his designee will meet with the enrollee's parents and/or legal guardian and the enrollee (where applicable) within 72 hours. The program nurse and other members of the Individual Family Service Plan (IFSP) /Individual Educational Plan (IEP) /Individual Service Plan (ISP) Team may also attend the meeting to review the validity of the order, affirm that informed consent was obtained, and implement an individualized plan of care. The enrollee will not be permitted to attend County Board programs until this meeting is held and all issues are resolved.
- C. The DNR order must be submitted to the County Board for placement in the individual's file. The order must indicate the type of DNR order; Comfort Care or Comfort Care Arrest. The order must be on the official Ohio Department of Health (ODH) DNR form and be signed by a physician (M.D. or D.O.). (Appendix A)
- D. The enrollee must have proper identification of their DNR status approved by the ODH and The State of Ohio Do Not Resuscitate Protocol on their person while attending County Board programs. Confirmation is assured by one of the following methods with the official logo:
 1. DNR Identification Form (Appendix B)
 2. DNR Identification Card (Appendix C)
 3. DNR Identification Bracelet (Appendix D)
- E. A DNR order for a County Board enrollee shall be considered current unless discontinued by the enrollee's attending physician, or revoked by the enrollee or their parents and/or legal guardian (where applicable).
- F. The enrollee's parent and/or legal guardian is responsible to notify the County Board of any changes in the status of the DNR order.

- G. Annually at the enrollees IFSP/IEP/ISP team meeting the DNR order will be reviewed.
- H. If the County Board has reason to believe the condition which justified the DNR order no longer exists, the County Board shall request a physician re-evaluation of the order. The County Board shall notify responsible persons that the DNR order will not be followed until a review is completed.
- I. If there is no DNR order on file with the Board, and an official ODH Do Not Resuscitate identification is found on an enrollee for whom CPR appears necessary, the DNR will be honored.
- J. In the event of a medical emergency involving an enrollee with a DNR order during program attendance, Emergency Medical Service (EMS) will be called for treatment and/or transport to a medical facility. The enrollee or their parents/guardian will be responsible for transportation costs and fees for emergency services.
- K. The existing DNR order form or DNR identification will be shown to EMS staff immediately upon their arrival and will accompany the enrollee during transport.
- L. A copy of the entire policy and the text of the Ohio Revised Code 2133.25 will be offered to any person or agency requesting information, along with an offer to meet and discuss the policy and procedures adopted by the Board.
- M. County Board staff training on this policy and procedure will be implemented including instruction on:
 - 1. Ohio law and protocol pertaining to DNR orders
 - 2. County Board policy pertaining to DNR orders
 - 3. Providing comfort care to the individual who is the subject of a DNR order
 - 4. Providing a safe, dignified, and private place for the subject of a DNR order during care.
 - 5. Providing emotional support for persons in contact with the subject of a DNR order, including staff and enrollees.
- N. Individual or group counseling for staff and/or enrollees will be arranged as deemed necessary by the Superintendent or his designee through Genesis Hospice Grief Counseling Services.

Forms used with this procedure:

Do Not Resuscitate Protocol – Procedures for Comfort Care/Comfort-Care Arrest Orders

Do Not Resuscitated Protocol Acknowledgement Form
DNR Identification Form
DNR Comfort Care Wallet Identification Card
Hospital Type Bracelet Insert

Approved: December 6, 2001

Revised: February 3, 2005

Reviewed: December 5, 2006; January 4, 2007; January 3, 2008; January 1, 2009;
January 14, 2010; Reviewed: January 6, 2011; January 5, 2012; January 10, 2013;
January 9, 2014; January 8, 2015

Reviewed: January 7, 2016; January 5, 2017; January 16, 2018

Revised: August 3, 2018

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Automated External Defibrillator (AED) Policy

Policy Number

2.06

Ohio Revised Code Reference:

3701.85, Section 3313.717, Section 3313.6023

I. SUBJECT

Automated External Defibrillator (AED)

II. PURPOSE

It is the purpose of this policy to establish the procedures and protocols for the use of Automated External Defibrillator (AED) equipment.

III. POLICY

A. The Muskingum County Board of Developmental Disabilities (County Board) shall authorize the operation of AED to minimize the risk of Sudden Cardiac Arrest among its students, employees, and visitors. Operation for AED equipment shall conform to standards of the American Heart Association and requirements of the Ohio Revised Code Section 3701.85, Section 3313.717 and Section 3313.6023

B. A copy of this policy and subsequent procedures shall be available to anyone upon request.

IV. ANNUAL REVIEW AND ADOPTION OF POLICIES

This policy shall be maintained on file in the County Board Administrative Offices and shall be reviewed and updated annually.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with the Board policy and applicable rules, regulations and statutes.

Board Adopted: July 12, 2007

Reviewed with approval: January 3, 2008

Revised: January 1, 2009; January 14, 2010

Reviewed: January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015

Reviewed: January 7, 2016; January 5, 2017; January 16, 2018, August 10, 2023

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

AED Procedure

Procedure Number:

2.06.1

I. PURPOSE

- A. The procedures and protocols described in this document comprise a plan through which the Muskingum County Board of Developmental Disabilities (MCBDD) may administer its automatic external defibrillator program. This program conforms to standards set forth by the American Heart Association (AHA) and will follow the requirements of the Ohio Revised Code, Section 3701.85, Section 3313.717, and Section 3313.6023. It is the goal of the Board to minimize the risk associated with Sudden Cardiac Arrest (SCA) among its employees, students, and visitors. This plan should be followed by all personnel. A copy of this plan is to be made available to every employee upon hiring and a copy will be supplied to any one upon request. This plan will be reviewed annually, and updated whenever new or modified tasks or procedures are implemented.

A copy of this plan has been provided to the local EMS agencies listed below:

1. Genesis Community Ambulance Service
952 Linden Ave.
Zanesville, Ohio 43701
Phone: 740-454-6800
2. Falls Twp. Vol. Fire Department
3095 Dillon Falls Rd.
Zanesville, Ohio 43701
Phone: 740-453-1942

II. DEFINITIONS

- A. Sudden, unexpected loss of heart function, breathing, and consciousness. Cardiac arrest usually results from an electrical disturbance in the heart. It's not the same as a heart attack. The main symptom is loss of consciousness and unresponsiveness. This medical emergency needs immediate CPR or use of a defibrillator. Hospital care includes drugs, an implantable device, or other procedures.

- B. An automated external defibrillator (AED) is a lightweight, portable device. It delivers an electric shock through the chest to the heart when it detects an abnormal rhythm and changes the rhythm back to normal.
- C. AED Site Coordinator: The person designated by the Board who conducts the day-to-day duties associated with the AED program and serves as the Medical Director's point of contact for the AED program. The program nurse has been designated as the Board's AED Site Coordinator.
- D. Medical Director: A designated licensed physician providing medical oversight to the program, who is responsible for medical control, development, implementation, and establishing response procedures and quality assessment.

III. RESPONSIBILITIES

- A. Medical Director: The oversight physician providing medical direction to this program is:

Medical Director
Zanesville Muskingum County Health Department
205 North Seventh Street
Zanesville, Ohio 43701
740-454-9741

- B. Medical Direction will include the following:
 - 1. Providing medical direction for the use of AEDs.
 - 2. Writing Physician's Authorization For Health Care Services (Appendix A) for AED use.
 - 3. Reviewing and approving guidelines for emergency procedures related to the use of AED's.
 - 4. Evaluating post event review forms and digital downloads from AED use.
- C. AED Site Coordinator. The MCBDD site coordinator is:

Program Nurse
Starlight School
1330 Newark Rd.

Zanesville, Ohio 43701
740-455-4177

D. Site Coordination will include the following:

1. Coordinating equipment and necessary maintenance.
2. Maintaining on file specification/technical information for each approved AED model assigned to or donated to the program.
3. Revision of this plan as required.
4. Monitoring the effectiveness of the system.
5. Communications with the medical director on issues related to the medical emergency response program including post event reviews.
6. Supervise routine maintenance checks of AEDs and related supplies according to each AED's operating instruction manual.
7. Organizing and maintaining record of all initial and renewal CPR/AED Certifications of staff
8. Conducting post incident debriefing sessions for any employees involved in a Cardiac Emergency and documenting on the Cardiac Emergency Response Report/Debriefing Form (Appendix B)
9. Coordinating with Project Adam Coordinator at Nationwide Children's Hospital for Heart Safe School designation.

IV. AED UNITS – LOCATION

A. Location

1. Starlight School
1330 Newark Rd
Zanesville, OH 43701
AED Location South Front of Starlight School across from the Conference Room in a white cabinet on the wall marked AED.
2. Administration Building
1304 Newark Rd
Zanesville, OH 43701

AED Location North Entrance of Administration Building in a white cabinet on the wall marked AED

3. Community Services Building
1401 Busserman Lane
Zanesville, OH 43701

AED Location Hanging on wall across from Conference Room A with
AED signs posted on wall.

V. STORAGE OF AED(s)

Each AED will be stored in an unlocked location that is easily accessible during all hours of operation. Clear signage will be placed near each AED to identify its location.

VI. ASSOCIATED EQUIPMENT

One set of pads is to be kept attached to the AED. One rescue kit will be attached to the AED and will include latex-free gloves, a razor, scissors, a small towel and a facemask or other barrier device.

VII. AED INVENTORY

All AEDs will be inventoried into the PulsePoint AED app.

VIII. MAINTENANCE

AED(s) will be checked for readiness every month by AED Site Coordinator and documented in the AED Maintenance Log (Appendix C). Replacement batteries and pads will be ordered in time by the AED Site Coordinator to ensure no gap in coverage before expiration dates.

IX. TRAINING & DRILLS

CPR/AED training will be provided once every two years for staff. At least four Cardiac Medical Emergency drills will be conducted and documented every school year on the Cardiac Emergency Response Drill Report (Appendix D).

X. PROCEDURE FOR WHEN AN UNRESPONSIVE INDIVIDUAL IS FOUND

1. Establish that the victim is unresponsive and not breathing normally
2. Call 9-1-1 to active EMS, clearly describe where EMS should go and place phone on speaker to hear dispatcher's instructions
3. Someone is sent to wait for EMS and guide them to the scene
4. Alert the front office staff that a cardiac emergency is occurring and help is needed

5. Front office notifies staff that a medical emergency is occurring, help is needed and the location via overhead page
6. Someone is sent to retrieve the closest AED, staff responding bring AEDs they pass along the way
7. Chest compressions are started immediately
8. Someone maintains traffic control and assists onlookers away from the scene if possible
9. When the AED arrives at the scene, it is turned on and instructions are followed
10. If necessary, use a response kit attached to AED for gloves, a scissors to remove the victim's clothing, a razor to shave hairy chests and a cloth to dry a wet chest. Individuals trained in full CPR should use a face mask when performing rescue breaths.
11. CPR is continued until EMS arrives, switching off performer every two minutes (when AED analyzes heart rhythm) to avoid fatigue
12. The individual's emergency medical form is given to EMS
13. A staff member accompanies the student to the emergency room, if appropriate
14. The office notifies the student's parents/guardian
15. If Cardiac Emergency is a student of the Starlight School, staff are to complete a MUI/UI Form (Appendix E) or the electronic version of an MUI/UI in the MCBDD's documentation system, Brittco
16. If Cardiac Emergency is someone other than a student of the Starlight School, staff are to complete an Employee's Report of Injury or Accident (Appendix F) and submit it to their Supervisor.
17. A debriefing session is held with all staff involved in emergency response as well as AED Site Coordinator and Medical Director to identify issues and ensure appropriate follow up occurs and document on the Cardiac Response Report/Debriefing Form (Appendix B).

18. After a Cardiac Emergency requiring implementation of the Cardiac Emergency Response an AED Report Form will be completed and sent to the Medical Director and the Project Adam Coordinator at Nationwide Children's Hospital.

Forms used with this policy:

Physician's Authorization For Health Care Services	Appendix A
MUI/UI Form	Appendix E
AED Maintenance Log	Appendix C
Employee's Report of Injury or Accident	Appendix F
Cardiac Response Report/Debriefing Form	Appendix B
Cardiac Emergency Response Drill Report	Appendix D
AED Report Form	Appendix G

Approved: July 12, 2007

Reviewed: January 3, 2008; January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012

Revised: June 19, 2012

Reviewed: January 10, 2013; January 9, 2014; January 8, 2015

Revised: July 15, 2015

Reviewed: January 7, 2016; January 5, 2017; January 16, 2018

Revised: August 6, 2018, March 26, 2025, April 24, 2024

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MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Bus Idling Policy

Policy Number

2.09

Ohio Administrative Code:

3301-83-20 (M)

I. SUBJECT

Bus Idling

II. PURPOSE

The purpose of this policy is to reduce exposure of students, enrollees, all staff and bus drivers to exhaust particulate matter by limiting unnecessary idling of buses and vehicles.

III. APPLICATION

This application applies to the Muskingum County Board of Developmental Disabilities (County Board) program buses/vehicles while being operated for the purposes of transporting the students and enrollees.

IV. POLICY

The County Board shall use the requirements set forth in accordance with Section 3301-83-20 (M) of the Administrative Code to establish this policy.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: June 5, 2008

Revised: January 1, 2009

Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Bus Idling Procedure

Procedure Number:

2.09.1

I. PURPOSES

The purpose of this procedure is to set forth the requirements that the Muskingum County Board of Developmental Disabilities (County Board) must meet in reducing students, enrollees, all staff and bus drivers exposure to exhaust particulate matter by limiting unnecessary idling of program vehicles.

II. IDLING CONTROL MEASURE

A. Drivers of program buses/vehicles must:

1. Turn off the program bus/vehicle upon reaching a school or other destination and must not turn on the engine until necessary to depart from school or other destination; and
2. Park the program bus/vehicle at least 100 feet from a known and active air intake system, unless the County Board has determined that alternative locations block traffic, impair student or enrollee safety or are not cost-effective.

B. The County Board must ensure that all drivers of program buses/vehicles upon employment, and as necessary thereafter, are informed of the requirements and the reasons for this procedure.

C. The County Board must ensure that all complaints of non-compliance are reviewed and remedial action is taken as necessary.

III. EXEMPTIONS

The requirement that drivers of program buses/vehicles must turn off the vehicle and must refrain from idling does not apply for the period or periods during which idling is necessary under the following circumstances:

A. Turbo –diesel Cool Down or Warm Up

1. To cool down a turbo-charged diesel engine for a period not to exceed 5 minutes before turning off the engine. The cool down should be in accordance with the bus manufacturer's specifications; or

2. To warm up a turbo-charged diesel engine for a period not to exceed 3 minutes. The warm up should be in accordance with the bus manufacturers specifications.

B. Cold Weather

1. If outside temperature is between 32 degrees and – 10 degrees; or idling to operate heaters is allowed for up to 15 minutes; or
2. If the outside temperature is below – 10, there is no time restriction on idling to use heating equipment.
3. In cold weather, if bus drivers will be at a location for more than 15 minutes, an indoor waiting area is encouraged.

C. Safety of Children and Emergencies

1. Use of lift equipment during loading or unloading of children and adults;
2. Use of a heater or an air conditioner of a bus during loading; unloading or transport of children and /or adults with exceptional needs;
3. Use of defrosters, heaters, air conditioners, or other equipment for safety or health considerations;
4. Use of the bus headlights or four - way flashers warning lights for visibility purpose; or
5. For other traffic, safety, or emergency situations.
6. If any of the above cases, if equipment can be run from the battery then the drivers should refrain from idling, unless there is significant concern of draining the battery.

D. Maintenance of Operations

1. To charge a battery of program bus/vehicle, if needed; or
2. For testing to verify that the bus is in safe operating condition as part of the daily pre-trip vehicle inspection, or as otherwise required, including to measure vehicle emissions.

Adopted May 5, 2008

Revised: January 1, 2009

Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: December 3, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Chemical Hygiene Procedure

Procedure Number:

2.10.1

I. PURPOSE

The purpose of this procedure is to protect the health and safety of students, enrollees and staff by implementing proper safety and chemical hygiene practices.

II. DEFINITIONS

A. Chemical Categories – Chemicals grouped by the type of hazard they may pose. Hazardous substances in the program buildings may fall into one or more of these categories: flammables, explosives, corrosives, oxidizers/reactive, toxics, and compressed gasses. Examples of hazardous chemicals that may be found (but not limited) in program buildings is as follows:

1. Chemical Products that may contain hazardous ingredient examples:
 - a. Custodial/maintenance areas – cleaning supplies/detergents, drain cleaners (alkaline and acidic), pesticides (including disinfectants/sterilizers), paint thinners, solvents (used in paints, paint thinners, adhesives, and lacquers primers).
 - b. Kitchens/cafeterias – pesticides, refrigerants, and cleaning supplies/detergents.
 - c. Nurses' offices – thermometers and blood pressure manometers
 - d. Administrative offices – correction fluid, (used in paints, inks, paint thinners, adhesives, lacquers, primers, and printer/copier toners

B. Material Safety Data Sheet – means an informational sheet provided from the manufacturer of chemicals or products containing chemicals. All material safety data sheets shall contain the following information:

1. Chemical name and composition;
2. Manufacturer and distributor name and address;
3. Chemical and physical properties;
4. Health/flammable/chemical reactivity hazard ratings;

5. First-aid measures;
6. Firefighting measures;
7. Accidental release/spill measures;

III. MATERIAL SAFETY DATA SHEETS

- A. The Material Safety Data Sheets (SDS) are easily accessible and located in each program building.
- B. Program staff that purchase products with chemicals will be responsible for requesting the SDS for that product(s) from the manufacturer and updating the SDS in the SDS Notebook in a timely manner.

IV. CHEMICAL STORAGE AND PRODUCT MANAGEMENT

- A. Chemicals not in use must be stored in a secured area and accessible to only those individuals that will be using the chemicals.
 1. All Chemicals must be labeled and the label must be legible.
 2. Chemicals that are more than 5 years old should be disposed of properly.
- B. The Facilities Manager will be responsible for maintaining a comprehensive chemical inventory of all program buildings.
 1. Chemicals inventories must be conducted and updated annually at each program building.
 2. All Chemicals must be labeled and the label must be legible.
 3. Chemicals that are more than 5 years old shall be disposed of properly.

Adopted: May 5, 2008

Reviewed: January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: December 3, 2024;

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Integrated Pest Management Policy

Policy Number

2.11

Ohio Administrative Code:

901:5-11-15

I. SUBJECT

Integrated Pest Management

II. PURPOSE

The purpose of this policy is to reduce exposure of students, enrollees and staff to structural and landscape pests and to minimize exposure to pesticides.

III. APPLICATION

This application applies to all Muskingum County Board of Developmental Disabilities (County Board) program buildings and grounds.

IV. POLICY

The County Board will implement integrated pest management procedures to manage structural and landscape pests and minimize exposure of students, enrollees and staff to pesticides as set forth in accordance with Section 901:5-11-15 of the Ohio Administrative Code.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: June 5, 2008

Reviewed: January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; Reviewed: January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018, August 10, 2023

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Integrated Pest Management Procedure

Procedure Number:

2.11.1

I. PURPOSES

The purpose of this procedure is to set forth the requirements the Muskingum County Board of Developmental Disabilities (County Board) must meet in reducing student and employee exposure to structural and landscape pests and minimize exposure to pesticides.

II. PEST

The County Board strives to manage pests in the building and grounds. Pests such as cockroaches, fleas, ants, stinging wasps, termites and rodents are annoying and can disrupt the learning environment. Pests are known to bite, sting, or transmit diseases, and may also cause allergic responses.

III. INTEGRATED PEST MANAGEMENT

To balance the risk of pests and pesticides use, the County Board shall employ principles of integrated pest management. Some of the major principles include:

1. Communication with the school students and staff about pest problems, pest conducive conditions, and pest management strategies.
2. Monitoring and identification of pests to verify a pest problem.
3. Prevention of pest populations using such methods as sanitation, exclusion and cultural practices.
4. Targeted application of “least hazardous” pesticides only as needed and in areas to correct verified problems.

IV. SUCCESS

The success of integrated pest management plan is dependent upon:

1. Full cooperation of administrators, staff, maintenance/custodial staff, parents, and students.
2. The Management Team shall include pest management and pest control as part of their agenda when appropriate.
3. The Facilities Manager shall coordinate the integrated pest management records.

Adopted: May 5, 2008

Reviewed: January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: December 3, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Radon Procedure

Procedure Number:

2.12.1

I. PURPOSE

The purpose of this procedure is to comply with requirements set forth in Section 3701-54-09 of the Ohio Administrative Code for radon testing to eliminate exposure to this serious environmental health problem.

II. NEW CONSTRUCTION

The Muskingum County Board of Developmental Disabilities (County Board) will follow the radon-resistant construction techniques as defined by the United States EPA's publication in the Radon Prevention in the Design and Construction of Schools & Other Large Buildings if a new building is built.

III. ROUTINE TESTING

- A. If the School is built with radon resistance (and initial tests are within acceptable limits) or after an initial test of an existing program building that indicates radon levels are within acceptable limits, each program building will be retested at least every 10 years.
- B. If a test is performed on an existing program building and radon levels are at or above 4.0 pCi/L, the County Board will develop a mitigation plan to reduce radon levels to acceptable levels. If installation of a mitigation system is necessary, the County Board will employ an Ohio Department of Health (ODH) licensed radon-mitigation contractor to design and install a mitigation system and the building will be tested every 2 years.
- C. If any program buildings undergo major renovation of the HVAC system or of the building structure, the building will be tested prior to the renovation and immediately upon completion of the renovation and thereafter every 5 years with no elevated levels or every 2 years after mitigation for elevated levels.

IV. TESTING AND MITIGATION

- A. The County Board will contract with a company or individual licensed by ODH to conduct testing in program buildings.

- B. The County Board will contract with an ODH-licensed radon-mitigation contractor to design and install a mitigation system.

V. COUNTY BOARD RESPONSIBILITIES

The Facilities Manager will be responsible for coordinating testing and mitigation, as necessary.

VI. REPORTING AND RECORDS RETENTION

- A. The County Board will report radon levels after testing and specifics of mitigation if necessary to ODH, Bureau of Radiation Protection at 246 N. High Street, Columbus, Ohio 43215.
- B. Records pertaining to testing and mitigation will be kept on file at the Administrative Building for a minimum of 5 years and then archived for another 5 years. After this time period, the County Board record retention procedures will be followed.

Adopted: May 5, 2008

Revised: January 1, 2009

Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013;
January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: December 4, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Smoke And Tobacco Use

Policy Number:

2.13

Federal Reference:

Ohio's Smoke Free Workplace Act

Ohio Revised Code Reference:

3791.031, 3794.01

I. SUBJECT

Smoke and Tobacco Use

II. PURPOSE

The purpose of this policy is to provide a safe and healthy environment for employees and the public. Ohio laws regarding smoking will apply and be enforced.

III. POLICY

Smoking or the use of tobacco products, including electronic cigarettes and vapor devices, on county board premises is prohibited, with the exception of the designated smoking area outside of the facilities.

Smokers must be respectful of the property surrounding the designated smoking area and must dispose of cigarette debris safely and appropriately in the smoking receptacle.

Failure to follow this directive by any county board employee will result in disciplinary action as indicated in the Tobacco Personnel Policy. Any individual of the general public who violates this policy and fails to follow the directive to use the designated smoking area will be asked to leave the property immediately. Failure to leave as directed will result in a report being filed with the appropriate law enforcement authorities.

Board Adopted: October 7, 2010

Reviewed: January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: February 11, 2021; February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Transportation Services Policy

Policy Number:

2.14

Ohio Revised Code Reference:

5126.05, 3323.01, 4511.76

Ohio Administrative Code Reference:

3301-83-06, 3301-83-07, 3301-83-09, 3301-83-10, 3301-83-11,
3301-83-12, 3301-83-15, 3301-83-16, 3301-83-17, 3301-83-21

I. SUBJECT

Transportation Services

II. PURPOSE

- A. The purpose of this policy is to direct the planning, administration and implementation of transportation services and options which ensure availability, safety and identification of individual transportation needs. Implementation of this policy promotes the development of transportation services and options based on the students enrolled and their individual education plan.
- B. The Muskingum County Board of Developmental Disabilities (County Board) shall provide transportation services to individuals enrolled in the programs of the County Board in the safest and most efficient manner possible for each individual. To ensure a safe and efficient transportation system, bus drivers, van drivers, and staff trained and eligible to drive County Board vehicles, shall be responsible for compliance with all policies, procedures, certification and regulations of the County Board, and as required, the Ohio Pupil Transportation and Safety Rules, and the Rules of the Ohio Department of Education and these are hereby incorporated in these procedures.

III. POLICY

- A. The County Board shall provide transportation services to students of Starlight School pursuant to all relevant laws and regulations. Transportation services may be available through collaborative arrangements with other entities. Any transportation options provided through contracted entities shall comply with all relevant laws and regulations.

- B. The nature and extent of transportation services provided to each student served shall be determined through the student's Individual Education Plan (IEP) and shall be made available for all students attending Starlight School. The School Principal shall be consulted in the preparation of the IEP when transportation is a related service and when the student's needs are such that information to ensure safe transportation and well-being of the student is necessary to provide such transportation. Students shall not travel in a vehicle on a regularly scheduled route for more than ninety (90) minutes one way on any day. Policies and procedures pertaining to the nature and extent of transportation shall be available to students enrolled at Starlight School and their families.
- C. The County Board will provide for student needs for special physical adaptations/ supports to provide for good body alignment & positioning. The utilization of physical adaptations/supports must be approved via assessment & Individual Educational Plan (IEP) Team. If the use of such devices is for alignment (medical) or because they are required by state law to be in a child restraint seat then approval will follow the IEP process. Safety belts and harnesses that have been deemed necessary by the student's team for safe transportation and are considered a restrictive measure for behavioral must be approved by the Human Rights Committee. The individual's team along with behavioral consultant(s) will make the recommendation, complete a functional behavioral assessment and obtain informed consent to present to the committee. Transportation staff will be trained in proper use of safety belts and harnesses prior to working with specific individuals. Documentation will be maintained for safety purposes and will be reviewed by the individual's team and shared with the Human Rights Committee monthly.

Note: All State & Federal laws that apply to travel restraint for children (i.e. age & weight) supersede this rule.

- D. Passenger safety is a primary concern. Transportation staff shall use procedures to ensure that wheelchairs are secured, seating capacity limitations are followed, and as appropriate, car seats, restraints, seat belts and quick release mechanisms are utilized. If the student's needs for transportation assistance cannot be met safely by the County Board's traditional transportation services, alternate means of transportation may be utilized. The Superintendent must approve all requests for alternate forms of transportation and may provide reimbursement for transportation by parents/guardians/providers or other transportation systems.
- E. When it is determined through the planning process that transportation other than that provided by the County Board is an integral part of the education of the student, the County Board shall provide reimbursement for transportation to the parent or guardian. Under these circumstances, a written agreement

between the County Board and the parent/guardians/providers shall be obtained prior to the provision of such transportation services.

- F. The County Board shall have insurance including but not limited to bodily injury, bodily liability and property damage liability for all transportation services operated by the County Board. All County Board vehicles shall successfully complete all annual vehicle inspections. The transportation department shall ensure maintenance of all required records and reports.

IV. AUTHORIZED USE OF BOARD VEHICLES

- A. Vehicles owned or operated by the County Board will be used to provide transportation to and from County Board programs. These activities may include regular transportation routes, field trips; County Board approved special events requiring transportation of individuals. Employees are prohibited from using the County Board vehicles for personal business. Authorization to ride County Board vehicles is limited to individuals enrolled or being considered for enrollment in County Board programs, individuals enrolled in programs operated by other agencies who utilize space in County Board operated facilities, students enrolled in educational programs operated by school districts, staff and volunteers. Family members involved in County Board programs, caregivers, chaperones, or others involved in educational/ therapeutic/ habilitation needs of program participants may also be authorized to ride on County Board vehicles with approval of the appropriate Superintendent/ designee.
- B. Collaborative arrangements with other agencies and/or individuals to utilize County Board vehicles may be made with proof of insurability, valid driver's license, appropriate training for the vehicle being used, and approval from the Superintendent or designee.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: July 16, 2002

Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006; January 4, 2007

Reviewed: January 3, 2008

Revised: January 1, 2009

Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: June 11, 2020; February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Procedure For Transportation

Procedure Number:

2.14.1

I. INDIVIDUAL PLANNING PROCESS ADDRESSING TRANSPORTATION

The nature and extent of transportation services provided to each individual served shall be determined through the individual's and/or families planning process and shall be made available for all individuals receiving services from the Muskingum County Board of Developmental Disabilities (County Board). The determination shall be reviewed at least annually.

II. DEFINITIONS

- A. County Board means the Muskingum County Board of Developmental Disabilities.
- B. DODD means the Ohio Department of Developmental Disabilities
- C. Individual – means a person with a developmental disability.
- D. Individual service plan – means the written description of services, supports, and activities to be provided to an individual.
- E. Individualized Education Program – has the same meaning as in the rule 3301-51-01 of the Ohio Administrative Code.
- F. Medicaid – means the program that is authorized by Chapter 5111. Of the Ohio Revised Code and provided by the Ohio Department of job and family services under Chapter 5111. of the Ohio Revised Code, Title XIX of the Social Security Act, 79 Stat. 286 (1965), 42 U.S.C.A. 1936, as amended, and the waivers of Title XIX requirements granted to the DoDD by the Centers for Medicare and Medicaid services.
- G. Non - specialized transportation means a transportation service available to the general public including, but not limited to , transportation provided by a public transit agency organized under Chapter 306, of the Ohio Revised Code and transportation provided by a participating agency under the Ohio Department of Transportation coordination program.

- H. Specialized transportation – means a transportation service designed and operated to serve primarily individuals, including transportation service provided by an entity licensed or certified by DoDD.

III. SCHOOL TRANSPORTATION PERSONNEL QUALIFICATIONS

A. Bus Driver Qualifications:

The bus driver should have an understanding of the role of individual transportation for the Board and meet all the physical, mental and moral requirements established by federal rule, state laws, OAC 3301-83-06, and regulations and County Board policies and procedures.

Qualifications shall include:

1. Be at least twenty-one years of age with a minimum of two years driving experience.
2. Be physically qualified pursuant to the requirements listed in OAC 3301-83-07.
3. Completion of semi-annual driver record checks through the Ohio Department of Education.
4. Being licensed as a school bus operator.
5. Hold annual Superintendent-issued school bus driver certification.
6. Completion of pre-service and in-service training as prescribed in OAC 3301-83-10.
7. Physical capability of appropriately lifting and managing individuals with Developmental Disabilities.
8. Ability to cope with stressful situations.
9. Possessing or upgrading skills through formal and/or in-service training.
10. A satisfactory criminal background report in accordance with divisions (J) and (K) of ORC 3327.10. A new report is required every six (6) years with driver re-certification pursuant to OAC 3301-83-10.
11. A negative pre-employment drug test, and negative drug and alcohol tests when randomly selected throughout employment.
12. Participation in drug and alcohol testing as mandated by the federal motor carrier safety administration (FMCSA) pursuant to 49 C.F.R 382.

School Bus Drivers with any of the following shall be disqualified from operating a school bus:

1. Six (6) points or more on driver's license;
2. A conviction of driving under the influence of alcohol and/or a controlled substance during the past ten (10) ~~6~~-years;
3. Two or more serious traffic violations, as defined in division (II) of ORC 4506.01 during the past two (2) years or;

4. Any railroad crossing violation during the past year as evidenced by a conviction, video, or a report by a railroad official.
5. Refusal to participate in random drug and alcohol testing.

B. Non-CDL Drivers of Vehicles Utilized for Pupil Transportation Qualifications

Qualifications shall include:

1. Be at least twenty-one years of age with a minimum of two years driving experience;
2. Hold a valid driver's license;
3. Hold annual Superintendent-issued school van driver certification.
4. Provide proof of insurability;
5. A satisfactory criminal background report in accordance with divisions (J) and (K) of ORC 3327.10. A new report is required every six (6) years with driver re-certification pursuant to OAC 3301-83-10.
6. Must be physically qualified as determined by OAC 3301-83-07.
7. Must complete preservice training requirements:
(A current school bus driver certification is considered satisfactory in fulfilling these requirements)
 - a. Four-hour minimum Ohio preservice driver curriculum or other course only as approved in advance by the pupil transportation office of the department.
 - b. Driving performance evaluation and review by a Certified On-The-Bus-Instructor.
 - c. Certificate of acknowledgement of van driver training as issued by the department.

Non-CDL Drivers with any of the following shall be disqualified from driving:

6. Six (6) points or more on driver's license;
7. A conviction of driving under the influence of alcohol and/or a controlled substance during the past ten (10) years;
8. Two or more serious traffic violations, as defined in division (II) of ORC 4506.01 during the past two (2) years or;
9. Any railroad crossing violation during the past year as evidenced by a conviction, video, or a report by a railroad official.
10. Refusal to participate in random drug and alcohol testing.

C. Bus Assistant

Qualifications shall include:

1. Physical capability of appropriately lifting and managing individuals with Developmental Disabilities.
2. Ability to cope with stressful situations.
3. Possessing or upgrading skills through formal and/or inservice training related to transportation of preschool and school age children.
4. A satisfactory criminal background report in accordance with divisions (J) and (K) of ORC 3327.10. A new report is required every six (6) years with driver re-certification pursuant to OAC 3301-83-10.
5. Obtain valid CPR, First Aid, and AED certification within 6 months of employment and maintain certification throughout the term of employment.

D. Mechanic

Personnel employed for vehicle maintenance duties shall be qualified to perform quality preventive and regular maintenance programs and shall understand the relationship of vehicle maintenance to a safe pupil transportation program.

Qualifications shall include:

1. Work history;
2. Education and professional development;
3. Testing;
4. On-the-job performance evaluations;
5. Individuals who may be required to operate a school bus with pupils on board shall meet all requirements for a school bus driver as listed in OAC 3301-83-06.

E. On-the-Bus Instructors

Qualifications shall include:

1. Meeting the requirements of OAC 3301-83-10, relating to on-the-bus instructor training.
2. Meeting all requirements of a school bus driver as listed in OAC 3301-83-06.
3. Skills necessary to plan and organize instruction.
4. Ability to communicate effectively.
5. Capability of coordinating instruction for school bus/van/vehicle transportation.
6. Be currently employed in a role that includes school bus driving duties and be listed as an active driver.
7. Shall pass a driving and pre-trip skills evaluation at least once every six (6) years with a state pre-service instructor.
8. Sponsored by a school transportation provider or pre service instructor.

III. TRANSPORTATION MANUAL

The School Principal shall develop and maintain and update a Transportation Manual that outlines the County Board policies and procedures. The manual shall be updated annually to reflect current practices. The Transportation Manual shall be a reference for drivers to review safety practices. All vehicle drivers, assistants and substitutes shall be afforded a copy of the Manual.

IV. SCHEDULING OF REGULAR TRANSPORTATION ROUTES

A. Designation of School Bus Stops

It shall be the responsibility of the Superintendent or designee to determine the location of all school bus stops which shall be approved annually by the Board as an integral part of the school bus routing plan within 10 days following the opening of school. Authority to designate or relocate subsequent school bus stops may be delegated by the Board to the Superintendent or designee.

B. Scheduling Regular Routes:

1. Scheduling of regular routes shall occur at a reasonable time before September 1st of each year and as needed throughout the year. Scheduling information shall be provided to students or the parent of a minor or guardian and to appropriate personnel.
2. The schedule shall include the actual place of pick up and approximate time. This schedule may be amended as the County Board begins operation.
3. Students shall be picked up and returned to their residences unless the County Board and the individual or responsible parent or guardian has agreed upon other arrangements.
4. A student enrolled in a County Board program shall not travel in a vehicle on a regularly scheduled route for more than ninety (90) minutes one way on any day or one hundred eighty minutes (180) on any day on a regularly scheduled round trip.

C. Routes and Stops:

1. The driver should report to the School Principal/designee any students not picked up.

2. After one missed day without calling off, the student's parent/guardian is responsible for contacting the School Principal/designee to resume transportation.
 3. The bus/van driver should **NEVER** leave a student off the bus at any place other than his home without written permission.
 4. The bus/van driver shall report to the School Principal/designee if any student on his/her bus route has moved to a different location.
 5. No student will be changed from assigned vehicle without permission of the School Principal/designee.
 6. All students are picked up and discharged as close to their homes as possible as determined by the School Principal/designee.
 7. Bus/van drivers should maintain their schedule at all times. Students should be ready at designated pick-up/drop-off time. (i.e.: Student pick-up time is 8:00 a.m., the student should be ready at 7:45 a.m.)
- D. A copy of all routes and designated stops is on file in the School Principal's office with all stops located on route map.

V. NON-ROUTINE USE OF SCHOOL BUSES

"Non-routine uses of school buses" procedures are defined as transportation of passengers for purposes other than regularly scheduled routes to and from the school. School buses may be used for non-routine trips only when such trips will not interfere with routine transportation services. Superintendent/designee approved non-routine use of buses includes:

- A. Trips that are extensions of the instructional program as determined by County Board Administration. Buses shall not be used for pleasure trips;
- B. Trips for the transportation of enrolled individuals directly participating in County Board sponsored events. A "County Board-sponsored event" is defined as any activity in which enrollees are participating and are under the direct supervision and control of a certified staff member or any advisor as designated by the Superintendent;
- C. Trips for transportation of individuals, as approved by the County Board to and from events within the local community, which are program or community sponsored;

- D. Emergency evacuation and/or emergency evacuation drills when such emergencies are declared by state or local directors of emergency disaster services;
- E. A civil emergency as declared by a governing body. Questionable use should be clarified with the assistance of DODD;

VI. NON-ROUTINE TRIP PROCEDURES

- A. All drivers shall know the location and the selected route to the location.
- B. The Lead driver will keep check that other buses are following – if at all possible. Buses should not separate. If any bus behind the lead bus has trouble, use the radio to contact the other units. At this time, all vehicles may pull off the roadway to check the trouble and make any necessary changes.
- C. All drivers shall observe the speed limits.

VII. VEHICLE INSPECTION PROCEDURES

- A. The Mechanic shall be responsible for presenting all school buses for annual Ohio State Highway patrol inspection. The Mechanic will be responsible for the pre-inspection, repair and preparation of each school bus inspection. A school bus used to transport individuals of County Board programs must show evidence of a current, annual inspection by the Ohio State Highway Patrol, which indicates that it meets the Ohio School Bus Construction Standards.
- B. The Mechanic shall be responsible for assuring that all school vehicles that are used for the transportation of students are inspected two times per year by certified mechanics.
- C. It is the responsibility of each vehicle driver and assistant to make a daily pre-trip inspection and document before leaving storage.
- D. It is the responsibility of each driver and assistant to make a post-trip inspection for remaining students/individuals and belongings.
- E. Annual inspections shall be conducted on all non-school bus vehicles used to transport students/individuals.

VIII. RECORDS AND REPORTS PROCEDURES

The Mechanic shall maintain the following records:

- A. Maintenance and repair;

- B. An accounting system for fuel consumption and costs for routine and non-routine uses of school buses and annual operating costs by vehicle and by fleet;
- C. A record of routine and non-routine daily and annual miles driven by vehicles and by fleet;
- D. Records to document that the correction of mechanical deficiencies discovered during annual inspections have occurred;

The School Principal will be responsible for the following records:

- E. Current emergency medical information and authorization.
- F. A record of the number of regular and substitute school bus drivers and supervisors;
- G. An accounting system that details the assigned school bus/van, the school bus stop, and school address and telephone number;

Human Resources Director will be responsible for the following records:

- H. A file of the “School Bus Driver T8 Medical Examination Reports”;
- I. A file of “School Bus Driver Accident Reports” for each accident defined in Ohio Administrative Code Regulation 3301-83-14;

IX. EMERGENCY AND EVACUATION PROCEDURES

The County Board shall have a preliminary emergency plan for routine and non-routine operations. This plan shall be developed in cooperation with those whose services would be required in the event of emergencies. The School Principal, Drivers, Maintenance and County Board staff shall be provided instruction in the procedures to be followed in the event of:

- A. Accident;
- B. Illness or disability of driver;
- C. School bus failure;
- D. Inclement weather conditions, including high water, and
- E. Medical emergencies of enrollees.

X. PROCEDURES FOR ACCIDENTS

- A. In the event of a bus/van accident, procedures to be followed include:

1. Protect the accident scene;
2. Evaluate and assist individuals;
3. Evaluate the need for medical assistance;
4. Notify the responsible law enforcement agency, County Board officials, emergency services, or caregivers;
5. Collect and record data essential to the preparation of required reports including names and ages of passengers.

B. School Bus/Van Accident Reporting:

1. The bus/van driver shall immediately report any accident involving a school bus/van to the School Principal/designee.
2. The School Principal/designee, when a bus/van has been involved in an accident, shall report such accident on Department of Education Form T-10 within fifteen (15) days from the time of the accident.
3. A copy of each report shall be retained in County Board personnel file.
4. Definition of motor vehicle accident: Any incident or occurrence involving a school bus operated by or under contract to the County Board which results in a fatality, an injury, or damage to any motor vehicle or property.

XI. PROCEDURES FOR SERIOUS ILLNESS, DISABILITY OR OTHER EMERGENCY INVOLVING A DRIVER

In the event a vehicle driver is injured or becomes ill prior to a normal route or trip, he/she shall contact the School Principal and/or designee and not start the route/trip.

- A. If the injury or illness occurs while the driver is on duty, he/she shall remove the vehicle from the roadway as quickly and safely as possible.
- B. The driver shall immediately contact the School Principal and/or designee and request assistance, or flag a passing motorist.
- C. If the driver is on a non-routine trip, a staff member shall go to request help if the radio is disabled.
- D. At all times, safety shall be the primary consideration in evaluating the situation.

XII. PROCEDURES FOR EMERGENCY TREATMENT AND SECURING EMERGENCY SQUAD INVOLVING A STUDENT

In the event of an emergency the following guidelines apply:

- A. Bus/van drivers and transportation assistants will be trained in American Heart Association First Aid and CPR.
- B. Each bus route shall have an information notebook containing emergency procedures and individualized health care plans for designated students on that route.
- C. If a bus aide is on the vehicle, they should administer first aid or emergency care.
- D. If there is no transportation assistant, the driver shall remove the vehicle from the roadway as quickly and safely as possible, so that first aid or emergency care may be initiated.
- E. If it is determined that Emergency Medical Services (EMS) are needed, the driver shall immediately contact the School Principal and/or designee and request assistance, or flag a passing motorist.
- F. The School Principal and/or designee will notify the student's parent/guardian about the emergency.
- G. The student's emergency medical authorization will be given to EMS personnel for transport to the hospital.
- H. As soon as time permits, County Board staff responding to the emergency should begin appropriate report forms per program procedures.

XIII. PROCEDURES FOR BUS FAILURE

- A. In the event of a bus/van failure, procedures to be followed include:
 - 1. Secure the bus/van;
 - 2. Maintain safety and account for all passengers;
 - 3. Notify County Board officials;
 - 4. Secure alternate transportation and equipment; and
 - 5. Ensure the repair and recovery of the bus/van.

- B. Mechanical trouble, regardless of whether it was repaired while on a trip or needs to be repaired, shall be reported as follows:
- C. During working hours:
 - 1. Starlight School 740-455-4176
 - 2. Bus Garage 740-455-4178
 - 3. Administration Office 740-453-4829
- D. Drivers will be responsible to place warning devices, signaling that the bus/van has broken down.

XIV. PROCEDURES FOR INCLEMENT WEATHER

- A. For Starlight School inclement weather procedures, see Policy 6.01 section Q.
- B. If all County Board staff are to report to work, the announcement will indicate they should report to work. County Board Supervisors may require individual staff to report to work as scheduled.
 - 1. If a program(s) or program component(s) is open and transportation is not being provided to enrollees, enrollees may still report as scheduled.
 - 2. Early dismissal due to impending worsening weather conditions or other conditions that may pose a threat to the safety of enrollees may be necessary. Parents, guardians, residential providers will be notified by County Board Program Directors and/or their designee.
 - 3. When malfunction of heating system, plumbing problems, etc. may necessitate closing Starlight School or other County Board operated buildings the County Board Facilities Manager will contact the Superintendent for final decision. The Superintendent/ designee or the School Principal/designee will notify broadcasting stations of the closing.
- C. This procedure is to be followed when parents/guardians need to be notified that changes are being made in the bus time schedules.
 - 1. Any change in schedule, because of weather conditions, will be reported to the local news station by the School Principal/designee.
 - 2. The driver's judgment as to when it is safe to operate a school bus on snow covered and/or icy roads will be respected.

3. If a driver is in route and has a breakdown, the School Principal/designee should be notified as soon as possible regarding the problem. If the School Principal/ cannot be reached contact, Starlight School, Starlight Bus Garage, or the Administrative Office.
4. Parents/guardians will also be notified about a late bus; it will be the School Principal and/or designee's responsibility to make notifications and report to Marquee Broadcasting WHIZ-Fox 5, as needed with any changes in the time schedule.
5. Drivers will identify their bus by giving the driver's name, bus number, location of breakdown, (route identification), and approximately how late the bus will be.
6. Parents/guardians shall be notified of change in schedules, which might cause individuals to stand unnecessarily in the cold while waiting for a late bus.

D. Tornado procedures for transporting individuals in rural areas:

1. Try to pull the bus off the roadway away from large trees, electrical lines, telephone poles, or buildings;
2. Evacuate bus. Make sure to take along first-aid kit;
3. Move away from the side of bus without crossing the road;
4. Try to find a ditch, ravine, or embankment and use it for protection. Beware of high or swift water;
5. When danger is over, check individuals for any injury or shock, and administer first aid, if needed; and
6. Contact the School office for further instructions.

E. Tornado procedures for transporting individuals in urban areas:

1. Park bus immediately;
2. Evacuate bus and take first aid kit;
3. Send individuals to nearest homes or buildings;
4. When danger is over, check individuals for any injury or shock, and administer first aid, if needed; and

5. Contract transportation office for further instructions.
- F. Bus in transit (no individuals):
1. Park bus and seek shelter; and
 2. When danger is over, contact the School office for further instructions.

XVI. INSTRUCTION AND TRAINING FOR TRANSPORTATION PERSONNEL

- A. Each beginning driver, in compliance with Section 3301-83-10 of the Ohio Administrative Code, shall complete a school bus/van driver-training program.
- B. All regular and substitute bus/van drivers are required to attend an annual safety-training workshop, which includes a minimum of 4 hours of classroom instruction.
- C. The County Board encourages and supports Administrators and Supervisors to attend local, regional, state and national workshops devoted to management, supervision, organization and technical components of transportation.
- D. Transportation staff are required to study and review regularly the "Ohio Pre-service School Bus Driver Training Manual" chapter 10 entitled "Transporting Children with Disabilities", to provide information regarding characteristics and needs of individuals to be served. Specific needs of individuals assigned to vehicles will be reviewed with drivers as part of the annual safety workshop.
- E. All new bus/van drivers, transportation assistants and substitutes shall attend, prior to their assignment to a bus with passengers on board, an orientation, which includes:
 1. A review of the Vehicle Operator Manual,
 2. Distribution and review of the Transportation Manual,
 3. Training of proper use, operation and safety inspection of adaptive equipment and securement systems, (i.e., wheelchairs, vests and car seats).
 4. Training in the safe operation of wheelchair lift systems and the safe loading and unloading of individuals.
 5. Certification in CPR and First Aid

XVII. SCHOOL BUS REGULATIONS

- A. Bus/van drivers are responsible for the safety and welfare of students while they are being transported. When issues arise during the route, the driver will report the students to the School Principal/designee.
- B. In case of injury on the bus/van, the driver/transportation aid will immediately make a written report, using the County Board's Accident/Incident/ Injury Report Form for Students and Employees following established procedures for reporting.
- C. It is expected that students will be waiting at their loading point when the bus arrives. The driver is instructed to move on as soon as the last students at the stop have been seated on the bus. Even in bad weather enrollees are expected to be ready. If the driver waits for the student at one stop, students at the next stops are forced to stand out longer.
- D. The bus/van driver, by law, is in charge of the students on his/her bus/van. Individuals must follow bus/van safety rules. Incidents will be reported to the School Principal/designee.
- E. Drivers shall be familiar with the written Annual Safety Instructions provided to enrollees.
- F. Bus/van drivers should continually remind all students that they must cross in front of the bus/van when going to the opposite side of the road.
- G. Other rules that must be observed by students are:
 - 1. Students must remain seated until bus/van has stopped, except for transportation assistants while performing their duties.
 - 2. Students must not be allowed to operate door controls; and
 - 3. All passengers, including volunteers and staff, riding buses equipped with seat belts shall be required to wear them.
- H. The Bus/van driver should report students who do not observe these instructions to the School Principal/designee.
- I. Prior to leaving MCBDD to start a route, the driver will perform a pre-trip inspection. Driver will ensure that the vehicle is in proper operational order.
- J. Upon return to the bus lot, the driver will perform a post trip inspection. Driver will walk to the rear of the bus and check for students, cleanliness and any items left behind.

XVIII. LOADING AND UNLOADING SAFETY PROCEDURES

- A. Bus drivers shall only assist at the bus stop while passengers are loading and unloading when using wheelchairs.

Loading at Home – Bus Drivers Shall:

1. Check traffic – oncoming;
2. Check traffic – behind – using mirrors;
3. Activate flasher lights approximately 300 feet before the stop to warn traffic in front and to the rear of the bus in sufficient time; this will vary depending upon conditions;
4. Bring bus to stop using proper procedure and set parking brake;
5. Do not stop where visibility to front and rear is less than 500 feet;
6. Put gearshift into neutral (same procedure with automatic transmission);
7. Re-check traffic to front and rear of the bus and make certain traffic has come to a stop;
8. Open entrance door and signal passengers it is safe to enter the bus. (Or cross in front of the bus to enter, if approved by the Transportation Supervisor);
9. Do not allow passengers to stand in step well or forward of the driver station.
10. Proceed when all passengers are seated:
 - a. Shift into starting gear;
 - b. Close the door and release the parking brake; and
 - c. Check to see that all passengers are seated, check traffic and move out slowly and smoothly;
11. The following procedure for loading in the morning will be given to individuals, parents/guardians/caregiver and must be clearly followed by bus drivers:

“The bus will STOP – SOUND THE HORN – and will WAIT approximately 1 MINUTE. If you or your son/daughter has not made an appearance by that time, the bus will drive on and will not return unless you notify the program to do so. In emergency situations, the driver is permitted to remain stopped for up to 2 minutes. It is the parent’s/guardian’s/care giver’s responsibility to help the individual on/off the bus if he/she is unable to do so without assistance.

12. State law requires that the “Driver shall wait for passengers if running ahead of schedule.”

Any driver running ahead of schedule shall wait at a safe and secure location. The driver then shall proceed to the next stop and arrive at the appropriate time.

Unloading at Home:

1. Check traffic – oncoming;
2. Check traffic – behind – using mirrors;
3. Activate flasher lights approximately 300 feet before the stop to warn traffic in front and to the rear of the bus in sufficient time; this will vary depending upon conditions.
4. Bring bus to stop using proper procedure and set parking brake;
5. Do not stop where visibility to front and rear is less than 500 feet;
6. Put gear shift into neutral (same procedure with automatic transmission);
7. Re-check traffic to front and rear of the bus and make certain traffic has come to a stop;
8. Open entrance door and signal passengers it is safe to exit the bus. (Or cross in front of the bus, if approved by the Transportation Supervisor);
9. Proceed when passengers are in complete safety on their residence side of the road;
10. Parents/guardians/caregivers are asked to be home at the proper time when the bus arrives at their home with the individual.
11. If the individual is not responsible to leave the bus on his/her own and there is no parent/guardian/caregivers or other responsible person available, the driver should contact the School Principal/designee for

instructions and they will then arrange for supervision and/or family contact

12. The driver should not leave a student in an unsupervised situation, unless the student does not require supervision at home.

13. It is the parent's/guardian's/caregiver's responsibility to help the individual from the bus if he/she is unable to do so without assistance.

XIX. ANNUAL SAFETY INSTRUCTIONS FOR STUDENTS

A. Transportation of students is a large and important operation. To perform this service safely and efficiently, the cooperation of all concerned is necessary. Annually, the County Board shall provide safety instructions for all students being transported.

B. Safety instruction shall be provided to all appropriate students at the beginning of each program year and communicated to parents/guardians. The safety instruction program shall also include information related to written procedures to be followed by students and families in case of inclement weather.

C. Written Annual Safety Instructions shall include the following:

1. Safe walking practices to and from the vehicle pick up and drop off site;
2. How and where to wait safely for the vehicle;
3. What to do if the vehicle is late or does not arrive;
4. How to safely approach, board or depart the vehicle;
5. Safe riding practices;
6. Procedures to follow in emergencies, including evacuation of the vehicle;
7. Proper respect for the rights and privileges of others; and
8. Wearing of light or colored or reflective clothing when going to and from the vehicle in darkness.
9. Written procedures to follow in the event of an emergency including participation in evacuation drills.
10. Transportation rules include:

- a. Students must wait in a location clear of traffic and away from the bus stops;
- b. Behavior at the bus stop shall not threaten life, limb, or property of any student;
- c. Students must remain seated, keeping aisles and exits clear;
- d. Students must observe proper conduct and obey the driver promptly and respectfully;
- e. Students may not use profane language;
- f. Students shall refrain from eating and drinking on the vehicle except as required for medical reasons;
- g. Students may not use tobacco on the vehicle;
- h. Students may not have alcohol in his/her possession on the vehicle;
- i. Animals, firearms, ammunition, explosives, or other dangerous materials or objects shall not be transported, as they may interfere with safe operation of the vehicle;
- j. Students may not throw or pass objects on, from, or into the vehicle;
- k. Students may only carry on the vehicle objects which can be held on their laps;
- l. Students must leave or board the vehicle at locations to which he/she has been assigned unless he/she has parental or administrative authorization to do otherwise;
- m. Students may not put head or arms out of the vehicle windows, or sit in the aisle;
- n. Safety instruction is reviewed at least annually; and
- o. After one missed day without calling off, the parent/guardian is responsible for contacting the School Principal/designee to resume transportation.

D. Emergency evacuation drills will be held at least 3 times per program year. Strategies will be developed to enable the safe evacuation of all individuals.

XX. EMERGENCY EVACUATION PROCEDURES

- A. The School Principal and drivers shall organize and conduct emergency exit drills for all students. Strategies will be developed to enable the safe evacuation of all students. The driver shall complete a report regarding the effectiveness of each emergency exit drill and any recommendations for improvement or further training. Drivers should conduct at least 3 emergency evacuation drills per year (the School Principal or his/her designee may assist). One rear exit, front exit and a combination of both shall be conducted. Drills shall be conducted on program grounds.
1. In the event of a planned emergency evacuation drill, the School Principal or designee and driver should notify the County Board Superintendent/designee.
 2. Drivers should have a definite plan of evacuation in mind.
 3. Drivers should keep emergency medical cards updated for accurate and quick reference.
 4. All drivers should be thoroughly familiar with emergency equipment and its uses.
 5. Drivers shall stay in the vehicle during the evacuation drills. The parking brake must be set, ignition shall be turned off and transmission should be in gear or park during the drill.
 6. Students shall not take lunch boxes, books when they leave the vehicle.
 7. Students shall assemble at a distance of at least 100 feet from the vehicle in an emergency drill and remain there until further directions.
 8. Strategies will be developed to enable the safe evacuation of all students.
 9. The driver shall complete a report regarding the effectiveness of each emergency exit drill and any recommendations for improvement or further training.

XXI. EMERGENCY EQUIPMENT IN VEHICLE

- A. So that drivers can properly use the emergency equipment in the vehicle, it is extremely important that the drivers know what equipment is in the vehicle and how to use it. All drivers must familiarize themselves with where the equipment is located (usually the driver's compartment), and the following guidelines on the uses of this equipment should be learned:

1. Flares are used as warning devices when a vehicle is disabled and when required by state law.
 2. Three Red Triangle Reflectors should be used in the same way as Flares.
 3. The Fire Extinguisher has approximately thirty (30) seconds of use and must be checked periodically and after every use to see if properly charged.
 4. The First Aid Kit must meet federal standards and must be well marked. The School Principal shall direct all personnel to ensure that a First Aid Kit is available at all times during field trips and/or other activities away from program facilities.
- B. Wherever emergency equipment is used, stolen, or lost, it must be replaced immediately. It is the driver's responsibility to make sure all used products are reported to the Mechanic immediately.

Bus Radios:

1. The units shall be used on an emergency basis. An emergency may include, but not be limited to the following definitions:
 - a. Accident;
 - b. Weather or road conditions;
 - c. Health problems;
 - d. Mechanical breakdown;
 - e. Major delay (thirty (30) minutes or more).
2. The driver shall determine the nature of an emergency, and shall then take the proper action to resolve such emergency. Depending upon the circumstances, contact should be made to the following:
 - a. School Principal, Mechanic, and/or Superintendent;
 - b. Ambulance (phone if possible).

Approved: July 22, 2002

Revised: July 22, 2005

Reviewed: December 12, 2006; January 4, 2007; January 3, 2008

Revised: January 1, 2009

Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013;

January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: December 4, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Use Of Facilities Procedure

Procedure Number:

2.15.1

I. PURPOSE:

The Muskingum County Board of Developmental Disabilities (County Board) welcomes the use of its facilities to maintain good relations with its community partners and to take advantage of the opportunity to educate those partners on the service and supports that it provides in the community. The facilities and equipment under the jurisdiction of the County Board are for the purpose of County Board services or related County Board activities. When not in use, and schedules allow, facilities and equipment are available for use by responsible community organizations or responsible persons who have an affiliation with the County Board and who have completed the Release of Liability Agreement. The County Board will also require all business affiliates to add the County Board to their insurance and provide a Certificate of Liability Insurance which indicates the insurance coverage.

II. PROCEDURES:

Individuals and organizations using the facility will:

- A. Acknowledge and agree to the terms of this procedure.
- B. Request times for use in writing to the Facilities Manager. The Facilities Manager will then ensure that all necessary forms are reviewed and completed as well as communicate with the Maintenance Department to ensure space is available. All requests must be made during regular business hours (8:30am – 4:00pm Monday - Friday).
- C. Be held financially responsible for any damage to the building, its equipment, and its contents as a result of maliciousness and/or negligence on the part of the individual, organization, or guests.
- D. Hold the County Board harmless from any and all liability.
- E. Ensure the facility is restored to the condition it was in prior to use. The cleaning shall be completed and all participants shall have exited the premises prior to the end of normal hours of operation (6:30am – 9:30pm).
- F. Request set up and take down of tables and chairs by maintenance staff at least seven days prior to need. Requests will specify layout and must be in writing.

- G. Comply with all County Board policies and procedures particularly its safety, no-smoking policies and ensure that there is no consumption of alcoholic beverages, use of illicit drugs in any form and no gambling.
- H. Acknowledge its understanding that the County Board must reserve the right to cancel its authorization to use the building if it is determined after the approval that the use will conflict with a County Board program or activity. The County Board activities have priority over non-County Board activities.
- I. Acknowledge there is no fee for use of the facility during normal hours of operation (6:30am – 9:30pm Monday - Friday) and a County Board employee must be scheduled to be on the job during the time of the activity. The activity shall not interfere with normal County Board operations. A \$30.00 per hour fee is required for use of the facility during non-operational hours. An additional fee may be required in accordance with the Fair Labor Standards Act. This does not include use of the kitchen area. The use of the kitchen area will be prohibited while using the facility. All fees are paid in advance.
- J. Fees may be waived by the Superintendent.
- K. **No dogs or any other animals are permitted in the facility.** The County Board complies with the Americans with Disabilities Act (ADA) allowing access for all individuals to public places; therefore, we do allow working service dogs to accompany our visitors. Service animals are individually trained to perform work or tasks for people with disabilities. Service animals are required to be leashed or harnessed except when performing work or tasks where such tethering would interfere with the dog's ability to perform the work or tasks.
- L. An Agreement and Release of Liability form must be carefully reviewed and fully understood as well as signed by the person(s) responsible for the activity taking place and who is requesting to use the facility. Signing the Agreement identifies that they are aware they are releasing liability between themselves, the County Board and their respected employees, agents, officers, directors, assigns, and affiliated organizations and sign it on their free will and indemnifying the County Board from all their actions.
- M. The County Board will require all businesses requesting to use the facilities to have a Certificate of Insurance indicating that the County Board was added to their insurance coverage. The document will list the effective date of the policy, the type of insurance coverage purchased and dollar amount of applicable liability.

Forms used for procedure:

Building Use Request Form

Use of Facilities Liability and Consent

Approved: January 14, 2005

Reviewed: December 12, 2006; January 3, 2007; January 4, 2008; January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: March 8, 2018; April 19, 2018; December 4, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Water Flushing Procedure

Procedure Number:

2.16.1

I. PURPOSE

- A. Lead is rarely found in source water, but enters tap water through corrosion of plumbing materials. Structures built before 1986 are more likely to have lead pipes, fixtures and solder. It is therefore important that the Muskingum County Board of Developmental Disabilities (County Board) implement a flushing protocol to minimize the amount of lead deposited into water sources. The longer water sits in pipes, the greater the exposure to lead and possible contamination and flushing reduces this threat by ridding pipes of stagnant water.

II. WATERLINE FLUSHING GUIDELINES

- A. Flushing is necessary after periods of low or no use exceeding 4 days. Flushing will occur as follows:
 - 1. After summer recess.
 - 2. After winter break.
 - 3. After spring break.
 - 4. After low or no use exceeding 4 days.
 - 5. Water lines should be flushed just before staff, students and enrollees return to the program (within 3 days or less).

III. FLUSHING PROCEDURES

- A. The Facilities Manager will ensure that water lines are flushed following the above guidelines. The flushing procedure will be followed:
 - 1. Turn on the cold water tap furthest away from the main water supply. Run water for at least 20 minutes or until water temperature changes.
 - 2. Once the main line is flushed, each drinking fountain, and water lines used in the kitchen for cooking should be left running for approximately 1 minute.

Adopted: May 5, 2008

Reviewed: January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: December 4, 2024

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MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Expenditure/Procurement Policy

Policy Number:

3.00

Ohio Revised Code Reference:

102.01 (C), 307.86, 5126.05 and 5705.41(D)

I. SUBJECT

Expenditures/Procurement of the County Board

II. PURPOSE

No subdivision or taxing unit shall make any contract or give any order involving the expenditure of money unless there is attached thereto a certificate of the fiscal officer of the subdivision that the amount required to meet the obligation or, in the case of a continuing contract to be performed in whole or in part in an ensuing fiscal year, the amount required to meet the obligations in the fiscal year in which the contract is made, has been lawfully appropriated for such purpose and in the treasury or in process of collection to the credit of an appropriate fund free from any encumbrances.

III. GENERAL INFORMATION

- A. The Muskingum County Board of DD authorizes the Superintendent as the Fiscal Authority of the Board who can approve expenditures up to \$25,000 without seeking board approval.
- B. The Muskingum County Board of DD hereby appoints the Superintendent of the Muskingum County Board of DD Program. The Superintendent shall administer the work of the County Board, subject to the regulations of the County Board. This appointment empowers the Superintendent to sign all official documents on behalf of the County Board, subject to their approval. The Superintendent's duties are as follows:
 - 1. Administer the work of the County Board.
 - 2. Recommend to the County Board the changes necessary to increase the effectiveness of the programs and services offered.
 - 3. Approve all employment contracts and personnel actions which involve employees in the Classified Civil Service and, subject to the approval of

the County Board, approve all other employment contracts and personnel actions as may be necessary for the work of the County Board.

4. Approve compensation for employees within the limits set by salary schedule and budget set by the County Board and ensure that all employees and consultants are properly reimbursed for actual and necessary expenses incurred in the performance of official duties.
5. Provide consultation to public agencies as defined in Section 102.01 (C) of the Revised Code, including other county boards and to individual agencies or organizations providing services supported by the County Board.
6. Participate in the planning and budget process.
7. Provide general supervision to ongoing operations of the Program in accordance with the Comprehensive Service Plan approved by the County Board and Department of DD.
8. Enter into and sign contracts as approved by the County Board.
9. The Superintendent may authorize, within the limits of the County Board's approved budget, the payment by the County Auditor the following County Board obligations:
 - a. Family Assistance Program.
 - b. Program Utilities.
 - c. Contract Services that have had prior approval by the County Board.
 - d. Equipment purchases that have had prior approval by the County Board.
 - e. Contract Repairs that have had prior approval by the County Board.
 - f. Travel and professional growth expenses that have had prior approval as established in Policy.
 - g. Billings in need of immediate payment to take advantage of discounts.

Regarding other County Board obligations, the Superintendent may submit to the County Board purchase orders amounting to approved limits as determined by the Muskingum County Auditor's Office for various categories within the approved budget. Let it be understood that these purchase orders shall be used only for their intended purpose and shall expire at the determined time. Single items costing **\$25,000** or more must be approved by the County Board with the exception of state waiver match

and administrative fees billed from the Department of Developmental Disabilities and payments to MEORC to fund the local support payments that they make on the Board's behalf.

- C. All expenditures approved and vouchers signed by the Superintendent, under this section, must be within the amount of appropriations established for such purposes by the Board.
- D. The Muskingum County Board of DD grants the Superintendent authority to sign all salary vouchers provided they are within the amount of appropriations and limits set by the salary schedules established and approved by the Board.
- E. The Superintendent shall have prepared for each Regular Board meeting a listing of all expenditures for their review and approval.
- F. Actual invoices, statements and vouchers shall be available for Board inspection at the meeting for which payment is approved.

Approved: February 14, 2019

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Procedures For Central Supply

Procedure Number:

3.00.1

I. PROCEDURE

- A. Each staff member is required to fill out an office supply request for (located under “Staff Links” at www.muskingumdd.org).
 - 1. Central Supply Items (Appendix) – A list of office supplies that are available through Central Supply.
 - 2. If requesting an item(s) that is not available through Central Supply, complete the Purchase Request Form, along with Supervisor’s signature for approval and send it to the Fiscal Specialist for ordering.
- B. The requests will be filled and delivered on Friday’s by the Administrative Assistant.
- C. Any requests received after 4PM on Thursdays will be filled the following Friday.

Forms used with this procedure:

Appendix – Central Supply Items

Revised: July 10, 2024, November 18, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Managing Waiver Cost Within Available Resources Policy

Policy Number:

3.01

Ohio Revised Code Reference:

5126.04; 5126.042; 5126.054; 5126.0510; 5126.0512, 5166.02

I. SUBJECT

Managing Waiver Cost within Available Resources

II. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) is committed to maximizing available resources to sustain all current programs and services.

III. APPLICATION

- A. This policy applies to all eligible individuals with identified needs on the Individual Options, SELF and Level I Waiver Waiting List;
- B. Establishes method of redistributing current capacity and maintaining the minimum County Enrollment in Waiver Services per Ohio Revised Code Section 5126.012 June 30, 2007 number enrolled in the Medicaid Waiver component to best utilize available funds;
- C. Establishes Waiting List protocol for emergency and priority category services.

IV. SERVICE PLANNING PROCESS

The County Board will ensure that services are delivered in the most effective manner through the service planning process. This includes but is not limited to utilization of roommates, natural supports, on-site on-call staff, collaboration, and evolving technologies whenever possible. The County Board will ensure Service Coordinators are trained to utilize these planning techniques in an effort to utilize tax dollars more effectively and efficiently.

V. FUNDING CURRENT WAITING LIST

- A. All programs generating revenues should be evaluated to ensure there are no avenues to follow that can reasonably be expected to generate additional revenues;
- B. Before considering any reductions to any programs providing direct services to enrollees.

VI. POLICY

The County Board will develop and implement a 3-year Medicaid Waiver Plan per Section 5126:054 of the Ohio Revised Code. The Medicaid Waiver Plan will specify how many individuals the County Board will enroll on any waiver including the Individual Options or Level I Waivers, how services will be delivered and the source of available funds that will cover the non-federal share of waiver expenditures.

VII. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: May 7, 2009

Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013;

January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Managing Waiver Cost Within Available Resources Procedures

Procedure Number:

3.01.1

I. PLANNING AND SETTING PRIORITIES

The Muskingum County Board of Developmental Disabilities (County Board) will plan and set priorities based on available resources for the provision of facilities, programs and other services to meet assessed needs of all eligible residents of Muskingum County per 5126.04 of the Ohio Revised Code.

II. MANAGING WAIVER COSTS

The County Board will manage waiver cost by completing waiver enrollment based on the individual's waiting list assessment. This assessment determines if a person has current or immediate needs. As defined in 5123-9-04 of the ORC.

Individual's requesting HCBS must meet the following criteria:

- A. Be a resident of Muskingum County;
- B. Have a current or immediate need per the waiting list assessment.
- C. Individual's requesting HCBS must also meet the following eligibility requirements:
 - 1. Be Medicaid eligible.
 - 2. Must have a Level of Care (LOC) completed and meet the level of care.

Enrollment Categories prioritized as established in Section 5126.042 of the Ohio Revised Code will be recognized.

Immediate Needs (needs that will be addressed within 30 days) will be addressed first. An immediate need will be reviewed and alternative options will be utilized prior to enrolling the individual on a waiver.

Alternative options will be utilized:

- A. Research all possibilities with natural supports.

- B. Determine other supports that have been utilized by the individual/family.
- C. Research/exhaust eligibility for all other sources of funding, housing, etc.
- D. Statewide search for appropriate placement and the ability to maximize utilization of Federal/State funding will be first priority.
- E. If a statewide search does not produce an appropriate residential placement, the County Board will collaborate with region resources to develop the most cost effective option to serve the individual based on their assessed needs.

Current needs (needs that will be addressed within 12 months) will be addressed after all immediate needs have been resolved.

Services will be delivered as follows:

- A. The County Board will follow Free Choice of Provider rules.
- B. Services will be delivered based on assessed needs; focus on health and safety will be tantamount but with the balance to know the County Board will focus on individuals moving towards independence versus dependence upon a system.
- C. Payer of last resort will be a principal foundation; keeping in mind the County Board is authorizing the utilization of taxpayer dollars.
- D. Technology will be utilized in all situations where this is more cost effective for a period of time.

Available Funding Sources:

- A. Waiver allocation from the State Of Ohio for fully funded waivers and a base allocation for all other waivers.
- B. County Board may choose to use local levy dollars.

III. MINIMUM WAIVER ENROLLMENT

- A. As used in this section, “Medicaid Waiver Component” means a Medicaid Waiver component as defined in Section 5111.85 of the Ohio Revised Code under which HCBS are provided.
- B. The County Board shall ensure, for each Medicaid Waiver Component, that the number of individuals eligible under Section 5126.041 of the Ohio

Revised Code for services from the County Board who are enrolled in a Medicaid Waiver Component is no less than the sum of the following:

1. The number of individuals eligible for services from the County Board that were enrolled in the Medicaid Waiver Component on June 30, 2007;
 2. The number of Medicaid Waiver Component capacity the County Board requested before July 1, 2007, that were assigned to the County Board before that date but in which no individuals were enrolled before that date;
 3. The County Board is not required to pay the nonfederal share for any waiver enrollment that exceeds what the County Board is requested to maintain per Section 5126.0512 of the Ohio Revised Code.
- C. An individual enrolled in a Medicaid Waiver Component after March 1, 2007, due to an emergency reserve capacity waiver assignment shall not be counted in determining the number of individuals a County Board must ensure under (B) of Section 5126.0512 of the Ohio Revised Code are enrolled in a Medicaid Waiver Component.
- D. An individual who is enrolled in a Medicaid Waiver Component to comply with the terms of the consent order filed March 5, 2007, in Martin vs. Strickland shall be excluded in determining whether the County Board has complied with (B) of Section 5126.0512 of the Ohio Revised Code. The County Board is not responsible for the nonfederal share of the waiver expenditures for individuals enrolled on the Martin Waiver.
- E. The County Board shall make as many requests for individuals enrolled in Medicaid Waiver Component as necessary for the County Board to comply.

Approved: May 7, 2009

Reviewed: January 14, 2010

Revised June 22, 2010

Reviewed: January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: October 21, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Overtime For Independent Providers Policy

Policy Number:

3.02

Ohio Administrative Code Reference:

5123-9-03

I. SUBJECT

Overtime for Independent Providers

II. PURPOSE

This policy in accordance with Ohio Administrative Code 5123-9-03 sets forth procedures related to overtime worked by independent providers, places a limit on the number of hours in a work week an independent provider may provide service under a home and community-based services Medicaid waiver component administered by the Ohio Department of Developmental Disabilities and establishes a process and the circumstances under which the limit may be exceeded.

III. POLICY

The Muskingum County Board of Developmental Disabilities (MCBDD) shall work collaboratively with independent providers and the individuals they serve to efficiently use available resources and to the extent possible, reduce the need for overtime for independent providers.

The MCBDD will notify independent providers through Emails, website, and provider meetings, at least thirty days in advance of any revision to this policy or corresponding procedure.

Approved: January 16, 2018

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Overtime For Independent Providers Procedure

Procedure Number:

3.02.1

I. PURPOSE:

The primary purpose of these procedures is to work collaboratively with independent providers and the individuals they serve to efficiently use available resources and to the extent possible, reduce the need for overtime for independent providers.

II. PROCEDURE

The Ohio Department of Developmental Disabilities (DODD), Muskingum County Board of Developmental Disabilities (MCBDD), individuals who receive services, and independent providers shall work collaboratively to efficiently use available resources and to the extent possible, reduce the need for overtime. To that end, an independent provider will inform an individual's service coordinator of the number of persons for whom the independent provider provides any Medicaid-funded services as an independent provider anywhere in the state and the number of hours of services the independent Provider provides in a work week (Sunday 12:00 am – Saturday 11:59 pm) for each person: (1) when the provider is selected by the individual to provide services, (2) when notifying the service and support administrator of an emergency overtime utilization and (3) at any time upon request of the service and support administrator.

Limit on providing services in a work week: After an independent provider has worked 60 hours in a work week providing any medicaid-funded services as an independent provider, that independent provider may provide additional units of service under a home and community based services medicaid waiver component administered by the Ohio Department of Developmental Disabilities as an independent provider in that work week only when authorized by the SSA for the individual for whom the additional services are provided in accordance of paragraph (D)(2) of rule 5123-9-03. or due to an emergency

As part of the assessment and person-centered planning process set forth in rule 5123-4-02 of the administrative code, an individual and his or her team shall identify known or anticipated events or circumstances that will necessitate an individual's independent provider to exceed the limit of hours established in paragraph (D)(1) of the rule OAC 5123-9-03. When a known or anticipated event or circumstance will necessitate an independent provider to exceed the limit of hours, the events and circumstances, including authorization for the independent

provider to exceed the limit shall be addressed in the individual service plan. When an individual requests that an independent provider be authorized to routinely exceed the limit due to a shortage of other available providers, the team shall work together to identify additional providers. When good faith efforts to identify additional providers have not been effective, the service and support administrator may authorize the independent provider to exceed the limit as specified in the individual service plan for the duration of the individual's waiver eligibility span. Examples of circumstances include but are not limited to scheduled travel or surgery on the individual, the individual's family member or the individual's provider; holidays or scheduled breaks from school; the individual has a compromised immune system and may be put at risk by having additional providers; the independent provider is the only provider that has been trained by a nurse on delegated tasks or trained by a behavioral specialist to implement unique behavioral strategies; and a shortage of other available providers.

When the circumstances are due to a lack of provider training or a lack of available providers, the service and support administrator authorizes an independent provider to exceed the limit, the service and support administrator will work with the individual's team to develop and implement a plan to eliminate the circumstances that necessitate the independent provider to exceed the limit.

When an emergency necessitates an individual's independent provider to exceed the limit of 60 hours/work week, the independent provider will notify the individual's assigned service and support administrator to discuss how any additional hours, not previously authorized, meet emergency criteria. For this purpose, an emergency is singularly defined as "an unanticipated and sudden absence of an individual's provider or natural supports due to illness, incapacity or other cause" OAC 5123-9-03 (B)(4). The MCBDD asks for this notification to the assigned service and support administrator (or the on-call SSA if after business hours) to be done prior to the administration of the additional hours to discuss if the request meets emergency criteria (notification must at least be completed within 72 hours OAC 5123-9-03 (D)(3)).

Any utilizations above the 60 hour/work week established in OAC 5123-9-03 that are not previously authorized under the conditions of the rule and do not meet the definition of an emergency cited above may not be authorized to be billed upon review of the service and support administrator. If there is a dispute related to authorizations of the service and support administrator due process/resolution of complaint will be provided according to MCBDD policy.

An individual's right to obtain home and community-based services from any qualified and willing provider in accordance with 42 Code of Federal Regulations (C.F.R.) 431.51 as in effect on the effective date of this rule and sections 5123.044 and 5126.046 of the Revised Code shall not be interpreted to permit an independent provider to violate this rule. Any independent provider who violates

the requirements of this rule may be subject to denial, suspension, or revocation of certification pursuant to rule 5123-2-09 of the Administrative Code.

If the MCBDD receives a complaint from an individual regarding implementation of this rule, they shall respond to the individual within thirty calendar days and provide the DODD with a copy of the individual's complaint and the response from the MCBDD. DODD shall review the complaint and the response and take actions it determines necessary. Initiation of a complaint shall not limit an individual's ability to exercise his or her due process rights.

Applicants for and recipients of services under a home and community-based services Medicaid waiver component administered by DODD may use the process set forth in section 5160.31 of the Revised Code and rules implementing that statute for any purpose authorized by that statute, including being denied the choice of a provider who is qualified and willing to provide home and community-based services. The process set forth in section 5160.31 of the Revised Code is available only to applicants, recipients, and their lawfully appointed authorized representatives. Providers shall have no standing in an appeal under that section.

Applicants for and recipients of services under a home and community-based services Medicaid waiver component administered by the department shall use the process set forth in section 5160.31 of the Revised Code and rules implementing that statute, for any challenges related to the type, amount, level, scope, or duration of services included in or excluded from an individual service plan. MCBDD's denial of authorization for an independent provider to exceed the limit established in paragraph (D)(1) of OAC 5123-9-03 does not necessarily result in a change in the level of services received by an individual.

Approved: January 25, 2018
Revised: November, 18, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Title XX Policy

Policy Number:

3.03

Ohio Administrative Code Reference:

5101:2-25

Ohio Revised Code Reference:

5101.46

I. SUBJECT

Title XX

II. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) shall participate in the Title XX Reimbursement Program through a contract agreement with the Ohio Department of Developmental Disabilities (DODD) and thereby agrees to the terms and conditions set forth in the contract.

III. POLICY

- A. Effective November 8, 2001, Title XX services will be provided “without regard to income” for individuals that meet the eligibility criteria as mandated through Section 5101:2-25 of the Ohio Administrative Code.
- B. The County Board and the DODD agree to work together to carry out the grant program objectives for employment and training services to maximize use of the Title XX federal assistance program to ensure services to those eligible. Title XX services, fees, unit and cost estimates provided by the County Board are identified in Addendum A1 and Addendum A2.
- C. Administration of the Title XX contract shall include compliance of the signed agreement between the County Board and the DODD including documentation for billing and reporting which shall incorporate records for each recipient showing the number of units provided for the delivery of services under the grant.

IV. PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: December 5, 2002

Reviewed with approval: January 8, 2004; February 3, 2005

Revised with approval: November 10, 2005

Reviewed with approval: January 5, 2006; January 4, 2007; January 3, 2008; January 1, 2009; January 14, 2010

Reviewed: January 6, 2011; January 5, 2012; January 10, 2013

Revised: October 10, 2013

Reviewed: January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Title XX Procedure

Procedure Number:

3.03.1

I. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) shall participate in the Title XX reimbursement program to maximize its revenue.

II. SERVICES AND ELIGIBILITY

- A. Under the Title XX reimbursement program the County Board shall provide Specialized Services for Early Intervention reported on a per day basis.
- B. Effective November 8, 2001 this service will be provided “Without Regard to Income” for individuals that meet the eligibility criteria as mandated through Section 5123:2-1-02 of the Ohio Administrative Code.
- C. Re-determination of eligibility will be completed on an annual basis. This eligibility re-determination process will also include a review of continued eligibility for County Board provided services in accordance with the Individual Family Service Plan (IFSP).

III. RECORD KEEPING

- A. The records for documenting service delivery (attendance by exception) shall be maintained and entered into the computer system to generate the quarterly reports.
- B. The records documenting the eligibility and the billing of services for the Title XX program shall be maintained electronically in the computer system at the County Board.
- C. Records pertaining to the application for renewal of Title XX funding, including unit of service rate computation worksheets, documentation of direct and indirect costs, and the signed/approved Title XX contract shall be maintained in the Business Office of the County Board.
- D. All records shall be maintained for a period of at least seven (7) years after audit.

- E. Upon request, the County Board shall respond to external audit authority for Title XX documentation and data regarding expenditures, eligibility, billing, and/or other areas relating to the administration and operation of the Title XX program.

Approved: December 5, 2002

Reviewed: July 20, 2005;

Revised: December 12, 2006;

Reviewed: January 4, 2007; January 3, 2008; January 1, 2009; January 14, 2010; January 6, 2011

Reviewed: January 5, 2012; January 10, 2013

Revised: October 10, 2013

Reviewed: January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; November 18, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Credit Card Policy

Policy Number:

3.04

Ohio Revised Code Reference:

301.27

I. SUBJECT

Credit Card Policy

II. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) finds it necessary to use one or more credit cards to ensure that services to individuals and families served by the County Board can be provided in an efficient and timely manner. This policy sets forth the use and limitations on a credit card to be used by the Board as authorized by the Muskingum County Board of County Commissioners pursuant to and in accordance with Ohio Revised Code (ORC) Section 301.27.

III. GENERAL INFORMATION

The credit card program is not intended to avoid or bypass the competitive bid requirements, appropriation of funds, approval process, or payment process. Rather, the program complements the existing processes. Expenditures may not exceed appropriations under any circumstances.

The card can be used for in-store purchases as well as mail, e-mail, internet, telephone and fax orders. It is not an ATM card or debit card. It cannot be used for cash withdrawals nor personal or non-work-related purchases. A “cardholder” is an individual who has been approved by the Board of County Commissioners to pay for certain work-related expenses with a procurement card. The cardholder is responsible for the security and physical custody of the card, and is accountable for all transactions made with the card. The cardholder must comply with the program’s record-keeping requirements (including retention of original receipts) for the protection of both the cardholder and the County. The cardholder is also responsible for timely reconciliation of the billing statement.

Employees have a responsibility to report instances where the County policies and procedures are not being followed.

Each credit card for a county account shall include the name of the County.

The cardholder's personal credit history should not be impacted in any way nor credit checks made on individual cardholders. Billings for authorized purchases will be paid with County funds.

IV. SELECTION OF THE CARD HOLDER

Selection of the card issuer will be made based upon the specific needs of the County and the current depository agreement. The agreement will include fee schedules, processing procedures and rights and responsibilities of both parties.

V. ADMINISTRATION OF PROGRAM

The Board of County Commissioners will designate the person responsible for administration of the credit card program. That person will be responsible for processing cardholder applications, suspensions and cancellations; resolving disputes with merchants; and maintaining cardholder profiles for the County's cards.

A credit card shall be used only for purchases that satisfy all of the following criteria:

- A. The purchase is for a work-related expense.
- B. The purchase serves a public purpose.
- C. The debt incurred as a result of the purchase is payable with available moneys appropriated to a specific appropriation line item that is appropriate for the purchase.
- D. The purchase complies with this section and with the policy adopted by the Board of County Commissioners.

The card **may not** be used to pay for the following:

- A. Entertainment
- B. Alcoholic beverages
- C. ATM, cash advance and all other cash-related transactions

Any purchases made by the cardholder must comply with this policy and the policy adopted by the Board of County Commissioners pursuant to ORC Section 301.27, which is attached to this policy.

VI. SALES AND USE TAX

Purchases made with County credit cards are tax-exempt. If tax is charged inappropriately, the cardholder or designee should present a tax exemption certificate to the vendor, and receive credit for the unnecessary tax. Tax exemption certificates are available in the designated County Office. Unless otherwise approved by the Board of County Commissioners, the cardholder and the County Board are liable for:

- A. Finance charges;
- B. Late fees or late penalties;
- C. Sales tax.

VII. APPLICATION FOR CREDIT CARD

An individual cardholder must be a current full-time County employee. Additionally, the County Board must recommend that a card be issued to the employee and it must be approved by the County Commissioners. The application will specify monetary and transaction limits as well as approved merchant commodity codes for the individual cardholder. Once a card has been issued, the County Board may modify the card's limits only with the approval of the Board of County Commissioners. These limit changes should be initiated by the person responsible for the program administration.

VIII. CARDHOLDER ACKNOWLEDGEMENT AND RESPONSIBILITIES

The cardholder is responsible for the physical custody of the card (which remains locked in the business office) and for maintaining confidentiality of all information relating to the card such as the account number and expiration date. The card is not to be loaned to anyone. The cardholder is responsible for maintaining confidentiality of all information relating to the card such as the account number and expiration date.

IX. ORIGINAL RECEIPTS

When making a purchase, the cardholder must obtain and retain the original receipt. The receipt must contain the vendor's name, date of purchase, itemized description of purchase, per unit price, extended price, and reason for purchase noted on the receipt. The cardholder will forward all receipts to the County Auditor's office to be matched to the billing statement.

X. INTERNET, TELEPHONE AND FAX PURCHASES

Credit cards may be used to purchase goods over the internet, telephone or fax. These purchases must be evidenced by an order confirmation along with either the original packing slip that accompanies the purchased goods or an itemized receipt.

When using the Internet, the cardholder or designee must ensure that all account numbers are encrypted while being passed electronically. A cardholder can determine if the web site address is secure in two ways:

- A. An internet web site is secure when the address changes from <http://www> to <https://www>. The “s” stands for secure.
- B. A symbol resembling a “lock” will appear at the bottom of the browser. The “lock” symbol signifies that the web site is secure and that all card numbers will be encrypted when passed.
- C. Cardholders will be held responsible for all orders placed, even those with vendors that turn out not to be legitimate businesses.

The cardholder must inform the vendor that the purchase will be paid through the County credit card, and that the purchase is tax exempt.

XI. VENDORS INVOICES

Vendors should not invoice the cardholder for purchases made with the credit card. The vendor will be paid by the card issuer, not by the County. However, the cardholder must always receive an itemized receipt or order confirmation.

XII. MONITORING CARD ACTIVITY

The person responsible for the program administration or the County Board will have access to view and monitor card activity. This review can occur at any time. A compliance officer shall be established by the County Board to, at least quarterly, review the number of cards and accounts issued, the number of active cards and accounts issued, the cards’ and accounts’ expiration dates, and the cards’ and accounts’ credit limits.

XIII. ACCOUNT RECONCILIATION

The card-holder should ensure that all itemized receipts are forwarded to the business office in a timely manner for the reconciliation of all billing statements. Failure to do so may result in the employee’s credit card use being suspended.

XIV. RETURNS, CREDITS, AND DISPUTE RESOLUTIONS

There may be problems with a purchased item or service, such as broken merchandise, incorrect merchandise, the billed amount does not match the quote, sales tax is included, or the statement contains an unknown or duplicate charge. In these instances, the cardholder should try to resolve the dispute with the supplier or merchant. If the item needs to be returned for any reason, the item should be

returned and the cardholder should request a credit to the credit card. Cash or a rain check instead of a vendor credit is not acceptable. If the dispute cannot be resolved, the Superintendent or person responsible for program administration should be contacted.

XV. LOST OR STOLEN CARDS

Whenever the cardholder suspects the loss, theft, or possibility of unauthorized or unlawful use of the credit card, the cardholder shall notify the County Auditor and the Superintendent of the Board of County Commissioners immediately and in writing. The cardholder must notify the card issuer immediately so that further use of the card will be blocked and/or any unauthorized charges can be disputed. The cardholder must confirm the phone call by written notification to the card issuer via mail or fax, with copies to the Superintendent or person responsible for program administration. The date and time of the phone report of the lost or stolen card should be included in the written notification.

XVI. SUSPENSION OR CANCELLATION OF CARD

The Superintendent will notify the Board of County Commissioners that the cardholder's card has been suspended or canceled. Cardholders, who terminate their employment, are on extended leave or whose job duties change and no longer include purchasing must surrender the card immediately. The canceled cards will be cut in half or shredded. Cardholders who are on extended leave or reassignment may have their card suspended. Intentional use of the card for personal purchases or for purchases made in violation of County policy will result in card cancellation and the purchaser may be disciplined, up to and including termination, and subject to prosecution in accordance with ORC Section 2913.21.

XVII. PENALTIES FOR IMPROPER USE OF CARD

The card is to be used only by the cardholder for authorized, work-related expenses. Improper use of the card can be considered misappropriation of County funds. This may result in disciplinary action up to and including termination of employment. Improper use can result in revoking the card. In addition, the cardholder is personally liable for payment of improper purchases and subject to criminal prosecution in accordance with ORC Section 2913.21.

In the event that the cardholder does not submit proper documentation for purchases, card privileges may be terminated and/or suspended by the Board of County Commissioners in their sole and absolute discretion.

XVIII. CREDIT CARD REWARDS

Annually, a report shall be filed with the Board of Commissioners detailing all rewards received based on the use of the credit card.

XIX. DEBIT CARDS

Debit cards shall be impermissible, except for law enforcement purposes or debit card accounts related to the receipt of grant moneys.

Created: January 10, 2019

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Procurement Card Policy

Policy Number:

3.05

I. PURPOSE:

The Muskingum County Board of Developmental Disabilities (County Board) finds it necessary to use one or more procurement cards to ensure that services to individuals and families served by the County Board can be provided in an efficient and timely manner. This policy sets forth the use and limitations on a procurement card to be used by the Board as authorized by the Muskingum County Board of County Commissioners pursuant to and in accordance with Ohio Revised Code (ORC) Section 301.29.

II. GENERAL INFORMATION

A procurement card is not intended to be used and shall not be used to avoid or bypass any competitive bid requirements required by ORC Section 307.86, appropriation of funds, approval process, or other payment process. Rather, use of the procurement card complements the existing processes. Expenditures may not exceed appropriations under any circumstances.

Items and/or services purchased through a procurement card are only for the official use of the County Board. A procurement card can be used for in-store purchases as well as mail, e-mail, internet, telephone and fax orders. It is not an ATM card or debit card. It cannot be used for cash withdrawals, personal expenses, or non-work-related purchases. A “cardholder” is an individual who has been approved by the Muskingum County Board of County Commissioners to pay for certain work-related expenses with the procurement card. The cardholder is responsible for the security and physical custody of the procurement card, and is accountable for all transactions made with the procurement card. The cardholder must comply with the record-keeping requirements (including retention of original receipts) for the protection of both the cardholder and the County Board. The cardholder is also responsible for timely reconciliation of the billing statement.

Employees have a responsibility to report instances where the County Board’s policies and procedures are not being followed.

Each procurement card shall include the name of the County Board.

The cardholder's personal credit history should not be impacted in any way nor credit checks made on individual cardholders. Billings for authorized purchases will be paid with County funds.

III. SELECTION OF THE CARD ISSUER

Selection of the procurement card issuer will be made based upon the specific needs of the County Board and the current depository agreement, subject to compliance with ORC Section 301.29. The agreement will include fee schedules, processing procedures and rights and responsibilities of both parties.

IV. ADMINISTRATION OF PROGRAM

A. Designation of Cardholder

The Muskingum County Board of County Commissioners will designate the person responsible for administration of the procurement card. That person will be responsible for processing cardholder applications, suspensions and cancellations; resolving disputes with merchants; and maintaining cardholder profiles for the County Board's procurement card.

An individual cardholder must be a current full-time employee of the County Board. Additionally, the County Board must recommend that a procurement card be issued to the County Board employee, and the Muskingum County Board of County Commissioners must approve such recommendation. In accordance with this policy, the application will specify monetary and transaction limits as well as approved merchant commodity codes for the individual cardholder. Once a procurement card has been issued, the County Board may modify the use of the procurement card only with approval of the Muskingum County Board of County Commissioners.

B. Procurement Card Limits

The maximum limit of credit exposure at any given time will not exceed \$22,000.

A procurement card is subject to the following maximum limits, as determined by the Muskingum County Board of County Commissioners upon initial approval of the procurement card:

PNC Bank:

	Range
1. Card Limit:	<u>15,000</u>
2. Daily spending per card:	<u>\$250</u>
3. Monthly spending per card:	<u>2,500-3,000</u>
4. Single transaction limit:	<u>\$N/A</u>

5. Daily number of transactions per card:	<u>see below</u>
6. Monthly number of transactions per card:	<u>12</u>

Wal-Mart(Capital One):

	Range
1. Card Limit	<u>\$2,000</u>
2. Daily spending per card:	<u>\$70</u>
3. Monthly spending per card:	<u>\$200</u>
4. Single transaction limit:	<u>\$N/A</u>
5. Daily number of transactions per card:	<u>see below</u>
6. Monthly number of transactions per card:	<u>2-3</u>

Kroger's:

	Range
1. Card Limit	<u>\$unknown</u>
2. Daily spending per card:	<u>\$50</u>
3. Monthly spending per card:	<u>\$100</u>
4. Single transaction limit:	<u>\$N/A</u>
5. Daily number of transactions per card:	<u>infrequent</u>
6. Monthly number of transactions per card:	<u>2</u>

Home Depot:

	Range
1. Card Limit	<u>\$5,000</u>
2. Daily spending per card:	<u>\$200</u>
3. Monthly spending per card:	<u>\$1,500-2,000</u>
4. Single transaction limit:	<u>unknown</u>
5. Daily number of transactions per card:	<u>unknown</u>
6. Monthly number of transactions per card:	<u>5</u>

Keystone Cooperative (Fuel Card):

	Range
1. Card Limit	<u>unknown</u>
2. Daily spending per card:	<u>\$300</u>
3. Monthly spending per card:	<u>\$3,200</u>
4. Single transaction limit:	<u>unknown</u>
5. Daily number of transactions per card:	<u>unknown</u>
6. Monthly number of transactions per card:	<u>35</u>

Exception: Pre-approval by the Muskingum County Board of County Commissioners and County Auditor is required for any purchase or use in excess of an established limit.

Purchases may not be split to bypass the single transaction limit.

C. Permissible purchase and impermissible purchases

1. The general procurement card may be used to pay for the following:
 - a. Building maintenance materials and supplies in connection with both Board facilities and residential facilities.
 - b. Equipment or supplies in connection with Family Support Services.
 - c. Fees for trainings and conferences attended by County Board staff.
 - d. Hotel charges for overnight conferences or trainings out of county.
 - e. Food for both staff and/or individuals served during outings/conferences/etc. and for Board sponsored events.
 - f. Utilities and other like charges in the instance billing statements are not received timely and/or at year end/year begin when the regular vouchering process is not available for use.
 - g. Monthly charges related to technology and technology information systems that do not allow for regular vouchering including, but not limited to: internet faxing services, E-mail pre-filtering, firewall service, Email and google workspace , domain ownership, computer backup services yearly domain and related web design costs, design program subscription. Job posting related costs on social media.
 - h. Expenses related to public relations events.
2. The Wal-Mart card may be used to pay for the following:
 - a. Equipment or supplies in connection with Family Support Services and/or Home Visiting, Early Intervention or Help Me Grow Service Coordination.
 - b. Food/drinks for Board meetings, vending machine or other Board sponsored events.
 - c. Expenses related to public relations events.
 - d. Emergency purchases related to residential and/or removal emergencies.
 - e. Residential supplies for the Board's homes.
 - f. Board facilities related and/or custodial/maintenance expenses
3. The Home Depot card may be used to pay for the following:
 - a. Building maintenance materials and supplies in connection with both Board facilities and residential facilities.
 - b. Equipment or supplies in connection with Family Support Services, Board or Residential Facilities.
4. The procurement cards **shall not** be used to pay for the following:
 - a. Entertainment/recreation
 - b. Alcoholic beverages

- c. Any merchant, product, or service normally deemed not consistent with county policy or the Ohio Revised Code
- d. ATM, cash advance and all other cash-related transactions.

No late charges or finance charges shall be permitted as allowable expenses unless otherwise approved by the Board of County Commissioners. Purchases cannot be used in any manner to circumvent competitive bidding requirements for purchases and contracts as determined by ORC Section 307.86 or any other applicable statute or regulation. Any use of a procurement card outside of, or inconsistent with, the above defined appropriate uses will be considered an unauthorized use of the card.

V. SALES AND USE TAX

Purchases made with the County Board's procurement cards are tax-exempt. The name of the County Board and the words "tax-exempt" shall be imprinted on the procurement card. To avoid the imposition of taxes, the cardholder should present a tax exemption certificate to the vendor at the time of purchase or to otherwise receive credit for any tax improperly assessed. Tax exemption certificates are available in the designated County Office.

VI. CARDHOLDER ACKNOWLEDGEMENT AND RESPONSIBILITIES

The cardholder is responsible for the physical custody of the procurement card (which shall remain locked in the business office) and for maintaining confidentiality of all information relating to the procurement card such as the account number and expiration date. The procurement card is not to be loaned to anyone. The cardholder will be required to sign a written acknowledgment of receipt of the card and understanding of the applicable policies.

A cardholder is responsible for any and all improper, fraudulent, or inappropriate use of the card. Use of a county procurement card for any use other than an authorized or permitted use allowed under ORC Section 301.29 is a violation of law for purposes of ORC Section 2913.21 (misuse of credit card). In such case, the cardholder may be subject to discipline, up to and including termination, as well as prosecution under ORC Section 2913.21.

VII. PURCHASING AND RECORDKEEPING

A. Original Receipts

When making a purchase, the cardholder should obtain and retain the original receipt. The receipt must contain the vendor's name, date of purchase, itemized description of purchase, per unit price, extended price, and reason for purchase noted on the receipt. The cardholder will match and attach receipts to billing statements and forward all receipts and billing statements to the

designated County office as part of the account reconciliation. A cardholder will be held personally liable for missing receipts and may be required to reimburse the County Board for those billed purchases for which a receipt is not present or cannot be produced.

B. Internet, Telephone And Fax Purchases

A procurement card may be used to purchase goods over the internet, telephone or fax. These purchases must be evidenced by a written order confirmation along with the original itemized receipt, invoice or packing slip that accompanies the purchased goods.

When using the Internet, the cardholder or designee must ensure that the web site where the card information is being placed is secure and that all account numbers are encrypted while being passed electronically. A cardholder can determine if the web site address is secure in two ways:

1. An internet web site is secure when the address changes from <http://www> to <https://www>. The “s” stands for secure.
2. A symbol resembling a “lock” will appear at the bottom of the browser. The “lock” symbol signifies that the web site is secure and that all card numbers will be encrypted when passed.
3. Cardholders will be held responsible for all orders placed, even those with vendors that turn out not to be legitimate businesses.

The cardholder shall inform the vendor that the purchase will be paid through the County Board’s procurement card and that the purchase is tax exempt.

C. SERVICE FEES OR CHARGES

Some companies charge an agent, acceptance or service fee in order to process a credit card charge. If the fee is disclosed upfront, the allowable dollar limit on the fee is five percent of the total bill, not to exceed \$25.00. If the fee is not disclosed upfront, the fee needs to be disputed immediately, regardless of the fee amount.

VIII. VENDORS’ INVOICES

Vendors should not invoice the County Board or the cardholder for purchases made with the procurement card. The vendor will be paid by the card issuer, not by the County Board. However, the cardholder must always receive an itemized receipt or order confirmation.

IX. MONITORING CARD ACTIVITY

The Superintendent or designee shall have access to view and monitor procurement card activity. This review can occur at any time. The County Board shall identify a compliance officer to, at least quarterly, review the number of active procurement cards and accounts issued, the procurement cards' and accounts' expiration dates, and the procurement cards' and accounts' credit limits.

X. ACCOUNT RECONCILIATION

The cardholder shall forward to the County Board's business office in a timely manner all itemized receipts necessary for the reconciliation of all billing statements. Failure to do so may result in the procurement card use being suspended.

XI. RETURNS, CREDITS, AND DISPUTE RESOLUTIONS

There may be problems with a purchased item or service, such as broken merchandise, incorrect merchandise, the billed amount does not match the quote, sales tax is included, or the statement contains an unknown or duplicate charge. In these instances, the cardholder should try to resolve the dispute with the supplier or merchant. If the item needs to be returned for any reason, the item should be returned and the cardholder shall request a credit to the procurement card. Cash or a rain check instead of a credit is not acceptable.

XII. LOST OR STOLEN PROCUREMENT CARD

Whenever the cardholder suspects the loss, theft, or possibility of unauthorized or unlawful use of the procurement card, the cardholder shall notify the County Auditor and the Superintendent and Board of County Commissioners immediately and in writing. The cardholder must notify the card issuer immediately so that further use of the procurement card can be blocked and/or any unauthorized charges can be disputed. The cardholder must confirm the phone call by written notification to the card issuer via mail, electronic mail, or fax, with copies to the County Board. The date and time of the phone report of the lost or stolen procurement card shall be included in the written notification.

XIII. SUSPENSION OR CANCELLATION OF CARD

Whenever the cardholder suspects the loss, theft, or possibility of unauthorized or unlawful use of the procurement card, the cardholder shall notify the County Auditor and the Superintendent and Board of County Commissioners immediately and in writing. The County Board shall notify the Muskingum County Board of County Commissioners that the cardholder's card has been suspended or canceled. Cardholders who terminate their employment, are on extended leave, or whose job duties change and no longer include purchasing, must surrender the

procurement card immediately. Any canceled procurement card will be cut in half or shredded. In the event that the cardholder does not submit proper documentation for purchases, procurement card privileges may be terminated and/or suspended by either the County Board or the Muskingum County Board of County Commissioners, in the sole and absolute discretion of either public body.

XIV. PENALTIES FOR IMPROPER USE OF PROCUREMENT CARD

The procurement card is to be used only by the cardholder for authorized, work-related expenses as set forth in this policy and any resolution or policy of the Guernsey County Board of County Commissioners. The cardholder is not permitted to lend the procurement card to someone else. Improper use of the procurement card can be considered misappropriation of County funds. Intentional use of the procurement card for personal purchases or for purchases made in violation of County policy will result in card cancellation and disciplinary action, up to and including termination of employment. In addition, the cardholder is personally liable for payment of improper purchases and subject to possible criminal prosecution in accordance with ORC Section 2913.21.

XV. PROCUREMENT CARD REWARDS

If applicable, annually, a report shall be filed with the Muskingum County Board of County Commissioners detailing all rewards received based on the use of the procurement card.

XVI. DEBIT CARDS

Debit cards shall be impermissible.

Adopted: January 9, 2020
Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Development And Implementation Of Behavior Support Strategies

Policy Number:

4.00

Federal Reference:

42 C.F.R. 483.430; 42 C.F.R. 483.440

Ohio Revised Code Reference:

4783.04; 5123.19; 5123.161; 5123.62; 5124.01; 5126.043

Ohio Administrative Code Reference:

5123-4-02; 5123:2-5; 5123-2-06;

I. PURPOSE

- A. This policy limits the use of and sets forth requirements for development and implementation of behavior support strategies that include restrictive measures for the purpose of ensuring that:
 - 1. Restrictive measures are used only when necessary to keep people safe;
 - 2. Individuals with developmental disabilities are supported in a caring and responsive manner that promotes dignity, respect, trust, and with recognition that they are equal citizens with the same rights and personal freedoms granted Ohioans without developmental disabilities.
 - 3. Services and supports are based on an understanding of the individual and the reasons for his or her actions; and
 - 4. Effort is directed at creating opportunities for individuals to exercise choice in matters affecting their everyday lives and supporting individuals to make choices that yield positive outcomes.

II. SCOPE

- A. This policy applies to persons and entities that provide specialized services regardless of source of payment, including, but not limited to:
 - 1. The Muskingum County Board of Developmental Disabilities (County Board) and entities under contract with the County Board;

2. Residential facilities licensed pursuant to Section 5123.19 of the Ohio Revised Code, including intermediate care facilities for individuals with intellectual disabilities;
 3. Providers of supported living certified pursuant to Section 5123.161 of the Ohio Revised Code; and
 4. Providers of services funded by Medicaid home and community-based services waivers administered by Ohio Department of Developmental Disabilities.
- B. Individuals receiving services in a setting governed by the Ohio Department of Education (ODE) shall be supported in accordance with administrative rules and policies of ODE and the Ohio Department of Developmental Disabilities (DODD).

IV. POLICY

It is the policy of the County Board to work towards reducing and eventually eliminating restrictive measures except where there is an imminent risk of health and wellbeing of the individual as well as others. Through this policy the County Board has established a philosophy and quality of life indicators that will guide staff in supporting and assure all people are served with respect and in the least restrictive manner possible. This Policy is outlined in the 4.00.1 Procedure and Section 5123.62 of the Ohio Revised Code.

VI. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Adopted February 5, 2015

Reviewed: January 7, 2016, January 5, 2017

Revised September 7, 2017

Reviewed January 16, 2018

Revised January 14, 2021; February 10, 2022; May 12, 2022; February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Behavior Support Strategies That Include Restrictive Measures

Procedure Number:

4.00.1

I. Purpose

This rule sets forth requirements for development and implementation of behavioral support strategies including both positive measures and restrictive measures for the purpose of ensuring:

- A. Individuals with developmental disabilities are supported in a caring and responsive manner that promotes dignity, respect, and trust and with recognition that they are equal citizens with the same rights and personal freedoms granted to Ohioans without developmental disabilities;
- B. SSAs monitor ISP Services at least quarterly for individuals with paid services and monthly if waiver not in use.
- C. SS Staff monitors ISP Services for people referred at least quarterly.
- D. An individual's services and supports are based on an understanding of the individual and the reasons for the individual's actions;
- E. 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
- F. Find this information throughout the OhioISP Assessment and ISP
- G. Restrictive measures are used only when necessary to keep people safe and always in conjunction with positive measures.
- H. Find this information in Risk of Harm Statement located on Informed Consent as well as OhioISP
- I. The rule applies to all providers of services to individuals with developmental disabilities. It does not apply to family caregivers who are not paid to provide services. SSAs will work with unpaid caregivers to provide coaching, mentoring or training supports to minimize the use of restrictive strategies; however, the unpaid caregiver is not required to follow this rule. All public

schools follow ODE rules and regulations. Starlight School follows both ODE and DoDD regulations therefore adheres to this policy as well.

II. Definitions

A. Development and implementation of behavioral support strategies

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

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

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

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

- B. **"County board"** means a county board of developmental disabilities.
- C. **"Department"** means the Ohio department of developmental disabilities.
- D. **"Director"** means the director of the Ohio department of developmental disabilities.
- E. **"Emergency"** means an individual's behavior presents an immediate danger of physical harm to the individual or another person or the individual being the subject of a legal sanction and all available positive measures have proved ineffective or infeasible.
- F. **"Human rights committee"** means a standing committee formed by a county board or an intermediate care facility for individuals with intellectual disabilities to safeguard individuals' rights and protect individuals from physical, emotional, and psychological harm. At an intermediate care facility for individuals with intellectual disabilities, the human rights committee may also be referred to as a "specially constituted committee" as that term is used in 42 C.F.R. 483.440 as in effect on the effective date of this rule.

- G. **"Individual"** means a person with a developmental disability.
- H. **"Individual service plan"** means the written description of services, supports, and activities to be provided to an individual and includes an "individual program plan" as that term is used in 42 C.F.R. 483.440 as in effect on the effective date of this rule.
- I. **"Informed consent"** means a documented written agreement to allow a proposed action, treatment, or service after full disclosure provided in a manner an individual or the individual's guardian, as applicable, understands, of the relevant facts necessary to make the decision. Relevant facts include the risks and benefits of the action, treatment, or service; the risks and benefits of the alternatives to the action, treatment, or service; and the right to refuse the action, treatment, or service. An individual or guardian, as applicable, may withdraw informed consent at any time.
- J. **"Intermediate care facility for individuals with intellectual disabilities"** has the same meaning as in section 5124.01 of the Revised Code.
- K. **"Manual restraint"** means use of a hands-on method, but never in a prone restraint, to control an identified action by restricting the movement or function of an individual's head, neck, torso, one or more limbs, or entire body, using sufficient force to cause the possibility of injury and includes holding or disabling an individual's wheelchair or other mobility device.

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

An individual in a manual restraint shall be under constant visual supervision by staff.

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

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

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

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

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

"Mechanical restraint" does not include:

1. A seatbelt of a type found in an ordinary passenger vehicle or an age-appropriate child safety seat;
2. A medically-necessary device (such as a wheelchair seatbelt or a gait belt) used for supporting or positioning an individual's body; or
3. A device that is routinely used during a medical procedure for patients without developmental disabilities.

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

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

1. Prone restraint.
2. Use of a manual restraint or mechanical restraint that has the potential to inhibit or restrict an individual's ability to breathe or that is medically contraindicated.
3. Use of a manual restraint or mechanical restraint that causes pain or harm to an individual.
4. Disabling an individual's communication device.
5. Denial of breakfast, lunch, dinner, snacks, or beverages (excluding denial of snacks or beverages for an individual with primary polydipsia or a compulsive eating disorder attributed to a diagnosed condition such as "Prader-Willi Syndrome," and denial is based on specific medical treatment of the diagnosed condition and approved by the human rights committee).
6. Placing an individual in a room with no light.
7. Subjecting an individual to damaging or painful sound.
8. Application of electric shock to an individual's body (excluding electroconvulsive therapy prescribed by a physician as a clinical intervention to treat a diagnosed medical condition and administered by a physician or a credentialed advanced practice registered nurse).
9. Subjecting an individual to any humiliating or derogatory treatment.

10. Squirting an individual with any substance as an inducement or consequence for behavior.
 11. Using any restrictive measure for punishment, retaliation, convenience of providers, or as a substitute for specialized services.
- O. "**Prone restraint**" means a method of intervention where an individual's face and/ or frontal part of an individual's body is placed in a downward position touching any surface for any amount of time.
- P. "**Provider**" means any person or entity that provides specialized services.
- Q. "**Qualified intellectual disability professional**" has the same meaning as in 42 C.F.R. 483.430 as in effect on the effective date of this rule.
- R. "**Restrictive measure**" means a method of last resort that may be used by persons or entities providing specialized services only when necessary to keep people safe and with prior approval in accordance with paragraph (H) of this rule. "Restrictive measures" include:
1. Chemical restraint;
 2. Manual restraint;
 3. Mechanical restraint;
 4. Rights restriction; and
 5. Time-out
- S. "**Rights restriction**" means restriction of an individual's rights as enumerated in section 5123.62 of the Revised Code.

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

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

- T. "**Risk of harm**" means there exists a direct and serious risk of physical harm to an individual or another person. For risk of harm:

1. An individual must be capable of causing physical harm to self or others; and
 2. The individual must be causing physical harm to self or others or very likely to begin doing so.
- U. **"Service and support administrator"** means a person, regardless of title, employed by or under contract with a county board to perform the functions of service and support administration and who holds the appropriate certification in accordance with rule 5123:2-5-02 of the Administrative Code.
- V. **"Specialized services"** means any program or service designed and operated to serve primarily individuals with developmental disabilities, including a program or service provided by an entity licensed or certified by the department. If there is a question as to whether a provider or entity under contract with a provider is providing specialized services, the provider or contract entity may request that the director make a determination. The director's determination is not subject to appeal.
- W. **"Team,"** as applicable, has the same meaning as in rule 5123-4-02 of the Administrative Code or means an "interdisciplinary team" as that term is used in 42 C.F.R. 483.440 as in effect on the effective date of this rule.
- X. **"Time-out"** means confining an individual in a room or area and preventing the individual from leaving the room or area by applying physical force or by closing a door or constructing another barrier, including placement in such a room or area when a staff person remains in the room or area.
1. A behavioral support strategy may include time-out only when an individual's actions pose risk of harm.
 2. Time-out shall not exceed thirty minutes for any one incident nor one hour in any twenty-four hour period.
 3. A time-out room or area shall not be key-locked, but the door may be held shut by a staff person or by a mechanism that requires constant physical pressure from a staff person to keep the mechanism engaged.
 4. A time-out room or area shall be adequately lighted and ventilated and provide a safe environment for the individual.
 5. An individual in a time-out room or area shall be protected from hazardous conditions including but not limited to, sharp corners and objects, uncovered light fixtures, or unprotected electrical outlets.

6. An individual in a time-out room or area shall be under constant visual supervision by staff.
7. Time-out shall cease immediately once risk of harm has passed or if the individual engages in self-abuse, becomes incontinent, or shows other signs of illness.
8. "Time-out" does not include periods when an individual, for a limited and specified time, is separated from others in an unlocked room or area for the purpose of self-regulation of behavior and is not physically restrained or prevented from leaving the room or area by physical barriers.

III. ASSESSMENT PROCESS

- A. SSA will initiate process with Referral to the Specialized Services staff
- B. SSA and Specialized Services staff ensure all behavior assessment information is in the Ohio ISP.
- C. If restrictive measures are recommended then assessment must be completed by person who meets DODD qualifications found in ORC 5123:2-06.

The Assessment will include:

1. Interviews and observations with individual, providers, or others who know the person best (home staff, day program staff, family etc.)
2. Gather data – Review of incident reports, provider documentation in home, work site, day program site, medical evaluations, mental health evaluations, and psychological reports, legal documents (court or law enforcement records and reports.) Historical information including documentation related to trauma history, past mental health services, previous strategies attempted, and educational records.
3. Medical records to rule out medical contributors to the risk or any contraindicated issues.
4. The SSA will incorporate Assessment Results and Recommendations to the ISP.
5. Separate assessment documents from OT, PT, Speech, Psychological Reports, Risk Assessments, behavior assessments may be uploaded with the Ohio ISP by the SSA.

6. Alternative ways for the individual to communicate needs and to have needs met.
7. Adjusting the physical or social environment.
8. Addressing sensory stimuli
9. Establishing trusting relationships.

IV. DEVELOPMENT OF A BEHAVIORAL SUPPORT STRATEGY

- A. SSA and Specialized Services staff will work with Team to address behavior assessment information in the Ohio ISP. Separate assessment documents from OT, PT, Speech, Psychological, and/or Risk Assessments may be uploaded with the Ohio ISP.

A behavioral support strategy that includes restrictive measures requires:

1. Documentation that demonstrates that positive measures have been employed and have been determined ineffective.
2. Summary of incident reports / MUI's, summary of previous behavior interventions, meeting notes. May also upload sexual risk assessments in same manner or other types of behavior risk assessments.
3. The behavior that poses risk of harm or likelihood of legal sanction or the Individual's engagement in a precisely-defined pattern of behavior that is very likely to result in risk of harm.
4. The level of harm or type of legal sanction that could reasonably be expected to occur with the behavior.
5. When the behavior is likely to occur.
6. The individual's interpersonal, environmental, medical, mental health, communication, sensory, and emotional needs; diagnosis; and life history including traumatic experiences as a means to gain insight into origins and patterns of the individual's actions; and the nature and degree of risk to the individual if the restrictive measure is implemented.
7. A description of actions to be taken to mitigate risk of harm or likelihood of legal sanction; reduce and ultimately eliminate the need for restrictive measures; and (new learning skills and fading criteria.)

8. Ensure environments where the individual has access to preferred activities and is less likely to engage in unsafe actions due to boredom, frustration, lack of effective communication, or unrecognized health problems.

V. BEHAVIOR SUPPORT STRATEGY THAT INCLUDE RESTRICTIVE MEASURES

- A. These shall be designed in a manner that promotes healing, recovery, and resilience; incorporate trauma informed strategies into plan.
- B. Have the goal of helping the individual to achieve outcomes and pursue interests while reducing or eliminating the need for restrictive measures to ensure safety.
- C. Describe tangible outcomes and goals and how progress toward achievement of outcomes and goals will be identified; Outcomes and fading strategies found in the known and likely risks, monthly status reviews / team meetings where team document progress towards goals, compare data month to month and month to baseline, identify new learning, etc.
- D. Recognize the role environment has on behavior;
- E. Capitalize on the individual's strengths to meet challenges and needs;
- F. Delineate restrictive measures to be implemented and identify those who are responsible for implementation; known and likely risk sections identify the strategies, who will implement, who will monitor and fading
- G. Specify steps to be taken to ensure the safety of the individual and others;
- H. As applicable, identify needed services and supports to assist the individual in meeting court-ordered community controls such as mandated sex offender registration, drug-testing, or participation in mental health treatment.
- I. As applicable, outline necessary coordination with other entities (e.g., courts, prisons, hospitals, and law enforcement) charged with the individual's care, confinement, or reentry to the community.
- J. A behavioral support strategy that includes chemical restraint, manual restraint, or time-out will specify when and how the provider will notify the individual's guardian when such restraint is used.
- K. If no restrictive measure is identified then all supports should be listed as supports needed.

If a restrictive measure is identified by the Team, then follow these steps:

1. Update the ISP to include the strategies that have been developed.
2. Obtain a signature on the Informed Consent which is part of the ISP.
3. Submit the ISP which includes Informed Consent to Specialized Services staff for HRC approval.
4. The Specialized Services Staff SSA Assistant will prepare approval/denial document to share with the HRC. This may be at the in person meeting or via email.
5. HRC will review the restrictive strategies and make a decision.
6. Training all DSPs on the strategies and implementation of the ISP.

VI. THE HUMAN RIGHTS COMMITTEE (HRC)

Regular Approval Process

- A. The HRC will meet at quarterly or at any time an emergency approval is being requested to review behavior support data and approve/ deny behavior support strategies in the ISP. The individual or individual's guardian receives at least 72 hours notice prior to HRC commencing for review and has the right to attend and provide information to the Human Rights Committee.

The HRC must follow these guidelines:

1. HRC must consist of at least 4 people with equal parts of the County Board and Providers to Individuals in services and family members served.
 2. All members are appointed by the Superintendent annually.
 3. Initial training must occur within 90 days of appointment.
 4. HRC members must complete an annual training that is DODD approved.
- B. The HRC receives copies of monthly reports reviewing the effectiveness of the strategy and has opportunity to ask questions during the monthly meetings.
 - C. The HRC will ensure any behavior support strategy including restrictive measure meets requirements outlined in 5123-2-06(H)(2) before approving said behavior support strategy.

Emergency Approval Process

- A. The Superintendent has appointed the Director of Community Services to make an emergency approval for restrictive measures.
 1. SSA completes the ISP and informed consent
 2. SSA emails the ISP to the Director of Community Services to review and approve/ deny
 3. Director of Community Services approves (***) If denied Director of Community Services notifies SSA for changes and process stops)
 4. Director of Community Services notifies SSA and Specialized Service staff
 5. Specialized Service staff enters information into the RMN
 6. Specialized Service staff schedules HRC within 30 days.

Note: HRC Emergency Approval Process (may only last up to 45 days)

VII. RESTRICTIVE MEASURE NOTIFICATION (RMN)

Once the HRC votes and approves the Restrictive Measure, Specialized Services staff will enter the required information into the RMN system. This must occur after the HRC approval and prior to the implementation of the aversive strategy

VIII. STATUS REPORTS

Monthly, the SSA and Specialized Services staff will complete a behavioral status report (see attachment B) and share with the individual's Team. The SSA Assistant will share the status report with the HRC committee members.

IX. DISCONTINUATION PROCESS

- A. If the Team believes the strategy needs to be discontinued due to the following reasons:
 1. Criteria for fading has been met.
 2. The strategy has been deemed unsuccessful.
 3. The person moves out of County.

The SSA will complete a revision to the ISP, obtain signatures, and complete a status report indicating the discontinuation of the strategy. The SSA will notify the Specialized Services staff so that they can update the RMN.

X. ANNUAL ANALYSIS

- A. By March 15 of the following year, an analysis of all behavior support data will be completed to share with the HRC. This will include:
 - 1. Nature and frequency of Risk of Harm or Likelihood of legal sanction
 - 2. Number of Strategies that include Restrictive measures by type reviewing, approved, rejected and reauthorized
 - 3. Number of Restrictions by type implemented
 - 4. Number of Strategies that have been discontinued and the reason.

XI. CRISIS INTERVENTION

- A. MCBDD has an approved Non-Crisis Intervention through the Crisis Prevention Institute Prevention Program
- B. If any type of manual, mechanical, or chemical restraint is used without the approval by the HRC and Unusual Incident report for unapproved behavioral support will be completed and submitted to ui@muskingumdd.org for review. If it meets the criteria for MUI status it will be filed as an MUI with DODD.

Attachment A

HRC Minutes Template

Attachment B

Monthly RM Review Template

Attachment C

HRC Checklist for New, Revision, Annual

Approved: June 1, 2015

Reviewed: January 7, 2016

Revised: September 2, 2016; December 15, 2016
Reviewed: January 5, 2017; September 7, 2017; January 5, 2017
Revised: September 7, 2017
Reviewed: January 16, 2018;
Revised: December 16, 2020; February 8, 2022; September 30, 2022; January 28, 2025; February 24, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Service And Support Administration Policy

Policy Number:

4.01

Ohio Revised Code Reference:

5101.35, 5126.043, 5126.15, 5166.21, 2111, 5123, 5124, 5126

Ohio Administrative Code Reference:

5123-2-4, 5123-4-02, 5123-4-04, 5123-8-01, 5123-9-04,
5123-9-11, 5123-2-07, 5123-2-05, 5160-48-01

I. SUBJECT

Service and Support Administration

II. PURPOSE

The Purpose of this rule is to define the responsibilities of the Muskingum County Board of and Developmental Disabilities (County Board) for Service and Support Administration (SSA) and to establish a process for individuals who receive SSA to have an identified SSA who is the primary point of coordination.

III. POLICY

The County Board recognizes that individuals, including individuals who have been adjudicated incompetent pursuant to Chapter 2111. of the Ohio Revised Code, have the right to participate in decisions that affect their lives and to have their needs, desires, and preferences considered through the “person-centered planning process.” Eligible individuals will work with an identified SSA who is the “primary point of coordination and responsible for the effective development, implementation, and coordination of the Individual Service Plan (ISP).

IV. ANNUAL REVIEW AND ADOPTION OF POLICIES

This policy shall be maintained on file in the administrative offices of the County Board and shall be reviewed and updated annually.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: October 6, 2005

Reviewed with approval: January 5, 2006; January 4, 2007; January 3, 2008

Revised: January 1, 2009

Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013;
January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: May 12, 2022; February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Service And Support Administration Procedures

Procedure Number:

4.01.1

I. PURPOSE

The purpose of this procedure is to define the responsibilities of the Muskingum County Board of Developmental Disabilities (County Board) for Service and Support Administration (SSA) and to establish a process for individuals who receive SSA Administration to have an identified SSA who is the primary point of coordination.

II. DEFINITIONS

- A. **Alternative Services** has the same meaning as in rule 5123-9-04 of the Ohio Administrative Code.
- B. **Assessment** means the individualized process of gathering comprehensive information concerning the individual's preferences, desired outcomes, needs, interests, abilities, health status and other available supports.
- C. **Budgets for Services** means the projected cost required of implementing the Individual Service Plan (ISP) regardless of funding source.
- D. **County Board** means the Muskingum County Board of Developmental Disabilities.
- E. **ODODD** means the Ohio Department of Developmental Disabilities.
- F. **Home and Community Based Services Waiver (HCBS)** means a Medicaid waiver administered by the DODD in accordance with Section 5166.21 of the Ohio Revised Code.
- G. **Individual** means a person with Developmental Disabilities.
- H. **ISP** means the Individual Service Plan, a written description of the services, supports, and activities to be provided to an individual.
- I. **ICF** means an intermediate care facility for individuals with intellectual disabilities as defined in rule 5124.01 of the Ohio Revised Code
- J. **Natural Supports** means the personal associations and relationships typically developed in the community that enhance the quality of life for individuals. Natural supports may include family members, friends, neighbors, and others in the

community or organizations that serve the general public who provide voluntary support to help an individual achieve agreed upon outcomes through the ISP development.

- K. **Ohio Individual Service Plan (Ohio ISP)** means the web-based information technology platform created and maintained by the department used to carry out the person-centered process for assessing and planning with Ohioans with developmental disabilities and includes an information technology platform maintained by a county board or an intermediate care facility for individuals with intellectual disabilities to manage, store, and electronically exchange information with the department's web-based information technology platform.
- L. **Person – centered planning** - means an ongoing process directed by an individual and others chosen by the individual to identify the individual's unique strengths, interests, abilities, preferences, resources, and desired outcomes as they relate to the individual's support needs.
- M. **Primary point of coordination** means the identified service and support administrator who is responsible to an individual for the effective development, implementation, and coordination of the ISP.
- N. **Service and Support Administration** means a person, regardless of title, employed or under contract with a county board to perform the functions of service and support administrator and who holds the appropriate certification in accordance with rule 5123:2-5-02 of the Administrative Code.
- O. **Team** means the group of persons chosen by the individual with the core responsibility to support the individual in directing development of his or her ISP. 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.

III. **DECISION-MAKING RESPONSIBILITY**

- A. Individuals, including individuals who have been adjudicated incompetent pursuant to Chapter 2111 of the Ohio Revised Code, have the right to participate in decisions that affect their lives and to have their needs, desires and preferences considered.
- B. An Individual for whom a guardian has not been appointed shall make decisions regarding receipt of a service or support or participation in a program provided for or funded under Chapter 5123, 5124 or 5126 of the Ohio Revised Code. The individual may obtain support and guidance from another person; doing so does not affect the right of the individual to make decisions.

- C. An individual for whom a guardian has not been appointed may, in accordance with section 5126.043 of the Ohio Revised Code, authorize an adult (who may be referred to as a “chosen representative”) to make a decision described in III (B) of this procedure on behalf of the individual as long as the adult does not have a financial interest in the decision. The authorization shall be made in writing.
- D. When a guardian has been appointed for an individual, the guardian shall make a decision described in paragraph III (B) of this procedure on behalf of the individual within the scope of the guardian’s authority. The paragraph shall not be construed to require appointment of a guardian.
- E. An adult or guardian who makes a decision pursuant to III (C) or (D) of this procedure shall make a decision that is in the best interest of the individual on whose behalf the decision is made and that is consistent with what is important to the individual, what is important for the individual, and the individual’s desired outcomes.

IV. PROVISION FOR SERVICE AND SUPPORT ADMINISTRATION

- A. The County Board shall provide SSA to:
 - 1. An individual, regardless of age or eligibility for County Board services, who is applying for or enrolled in a HCBS Waiver;
 - 2. An individual three years of age or older who is eligible for County Board services, and requests, or a person on the individual’s behalf requests, SSA services and;
 - 3. An individual residing in an Intermediate care facility (ICF) who requests or a person on the individual’s behalf requests assistance to move from the ICF to a community setting.
- B. The County Board shall provide SSA in accordance with the requirements of Section 5126.15 of the Ohio Revised Code.
- C. An individual who is eligible for SSA services in accordance with paragraph IV (A) (1-3) of this procedure and requests, or a person on the individual’s behalf requests SSA services (pursuant to section III of this procedure), shall receive SSA services and shall not be placed on a waiting list for SSA services.

V. DETERMINATION OF ELIGIBILITY FOR CB SERVICES

SSA shall, in accordance with rules adopted by DODD, determine individual’s eligibility for County Board services. The County Board may assign responsibility for eligibility determination to a SSA who does not perform other SSA functions; in such a case, results of the eligibility determination shall be shared with the SSA who is the primary point of coordination for the individual in order to ensure coordination of services and supports.

Results of the eligibility determination shall be shared in a timely manner with the individual and the individual's guardian, and /or the adult whom the individual has identified, as applicable.

VI. PRIMARY POINT OF COORDINATION

- A. A County Board shall identify a SSA for each individual receiving SSA services who shall be the primary point of coordination for the individual. An individual shall be given the opportunity to request a different SSA from the County Board.
- B. With the active participation of the individual and members of the team, the SSA shall perform the following duties:
 - 1. Initially, and at least every twelve months thereafter, coordinate assessment of the individual.
 - a. The assessment shall take in to consideration;
 - i. What is important to the individual to promote satisfaction and achievement of desired outcomes;
 - ii. What is important for the individual to maintain health and welfare;
 - iii. Known and likely risk;
 - iv. The individual's place on the path to community employment; and
 - v. The individual's skills and abilities
 - 2. The assessment shall identify supports that promote the individual's;
 - a. Communication (expressing oneself and understanding others);
 - b. Advocacy and engagement (valued roles and making choices; responsibility and leadership);
 - c. Safety and security (safety and emergency skills; behavioral well-being; emotional well-being; supervision considerations);
 - d. Social and spirituality (personal networks, activities, and faith; friends and relationships);
 - e. Daily life and employment (school and education; employment; finance);
 - f. Community living (life at home; getting around); and
 - g. Healthy living (medical and dental care; nutrition; wellness).

- C. Using person-centered planning – develop, review and revise the Individual Service Plan (ISP) and ensure
 - 1. Reflects results of the assessment.
 - 2. Includes services and supports that:
 - a. Ensure health and safety;
 - b. Assist the individual to engage in meaningful and productive activities;
 - c. Support community connections and networking with persons or groups including persons with disabilities and others;
 - d. Assist the individual to improve self – advocacy skills and increase the individual’s opportunities to participate in advocacy activities, to the extent desired by the individual;
 - e. Ensure achievement of outcomes that are important to the individual and outcomes that are important for the individual and address the balance of and any conflicts between what is important to the individual and what is important for the individual;
 - f. Address identified risks and includes supports to prevent or minimize risks;
 - 3. Integrates all sources of services and supports, including natural supports and alternative services, available to meet the individual’s needs and desired outcomes;
 - 4. Reflects services and supports that are consistent with efficiency, economy, and quality of care; and
 - 5. Is updated throughout the year.
- D. Establish a recommendation for and obtain approval of the budget for services based on the individual’s assessed needs and preferred ways of meeting those needs.
- E. Through objective facilitation, assist the individual in choosing providers by:
 - 1. Ensuring that the individual is given the opportunity to select providers from all willing and qualified providers in accordance with applicable federal and state laws and regulations including 5123-9-11 of the Ohio Administrative Code; and

2. Assisting the individual as necessary to work with providers to resolve concerns involving a provider or direct support staff who are assigned to work with the individual.
- F. Secure commitments from providers to support the individual in achievement of his or her desired outcomes.
- G. Verify by signature and date that prior to implementation each ISP:
1. Indicates the provider, frequency, and funding source for each service and support; and
 2. Specifies which provider will deliver each service or support across all settings.
- H. Establish and maintain contact with providers as frequently as necessary to ensure that each provider is trained on the ISP and has a clear understanding of the expectations and desired outcomes of the supports being provided.
- I. Establish and maintain contact with natural supports as frequently as necessary to ensure that natural supports are available and meeting desired outcomes as indicated in the ISP.
- J. Facilitate effective communication and coordination among the individual and members of the team by ensuring that the individual and each member of the team has a copy of the current ISP unless otherwise directed by the individual, the individual's guardian, or the adult whom the individual has identified, as applicable. The individual and his or her providers shall receive a copy of the ISP at least fifteen calendar days in advance of implementation unless extenuating circumstances make fifteen – day advance copy impractical and with agreement by the individual and his or her providers.
1. A member of the team who becomes aware that revisions to the ISP are indicated shall notify the SSA.
 2. A member of the team may disagree with any provision in the ISP at any time. All dissenting opinions shall be specifically noted in writing and attached to the ISP.
- K. Provide ongoing ISP coordination to ensure services and supports are provided in accordance with the ISP and to the benefit and satisfaction of the individual. Ongoing ISP coordination shall;
1. Occur with the active participation of the individual and members of the team;
 2. Focus on achievement of the desired outcomes of the individual;

3. Balance what is important to the individual and what is important for the individual;
 4. Examine service satisfaction (i.e. what is working for the individual and what is not working); and
 5. Use the ISP as the fundamental tool to ensure the health and welfare of the individual.
- L. Review and revise the ISP at least every twelve months and more frequently under the following circumstance;
1. At the request of the individual or a member of the team, in which case revisions to the ISP shall occur within thirty calendar days of the request;
 2. Whenever the individual's assessed needs, situation, circumstances or status changes;
 3. If the individual chooses a new provider or type of service or support;
 4. As a result of reviews conducted in accordance with paragraph (M)(10) of this procedure;
 5. Identified trends and patterns of unusual incidents (UI) or major unusual incidents (MUI); and
 6. When services are reduced, denied, or terminated by DODD or the Ohio Department of Medicaid.
- M. Take the following actions with regard to Medicaid services;
1. Explain to the individual, in conjunction with the process of recommending eligibility and /or assisting the individual in making application for enrollment in a home and community – based services waiver or any other medicaid services and in accordance with rules adopted by DODD;
 - a. Alternative services available to the individual;
 - b. The individual's due process and appeal rights; and
 - c. The individual's right to choose any qualified and willing provider.
 2. Explain to the individual, at the time the individual is being recommended for enrollment in a home community- based services waiver;

- a. Choice of enrollment in a home and community – based services waiver as an alternative to ICF placement; and
 - b. Services and supports funded by a home and community – based services waiver.
3. Provide an individual with written notification and explanation of the individual’s right to a Medicaid state hearing if the ISP plan process results in a recommendation for the approval, reduction, denial, or termination of services funded by a home and community-based services waiver. Notice shall be provided in accordance with Section 5101.35 of the Ohio Revised code.
4. Make a recommendation to the Ohio Department of Medicaid or its designee, in accordance with 5123-8-01 of the Ohio Administrative Code, as to whether the individual meets the criteria for the developmental disabilities Level of Care (LOC).
5. Explain to an individual whose ISP includes services funded by a home and community-based services waiver or other Medicaid services that the services are subject to approval by DODD and the Ohio Department of Medicaid. If DODD or the Ohio Department of Medicaid approves, reduces, denies, or terminates services funded by a home and community – based services waiver or other Medicaid services included in an ISP, the SSA shall communicate with the individual about this action.
6. Provide an individual written notification and explanation of the individual’s right to use the administrative resolution of complaint process per 5123-4-04 of the Ohio Administrative Code if the ISP process results in the reduction, denial or termination of service other than a service funded by a home and community-based services waiver or targeted case management (TCM) services. Such written notice and explanation shall also be provided to an individual if the ISP process results in an approved service that the individual does not want to receive, but is necessary to ensure the individual's health, safety, and welfare. Notice shall be provided in accordance with 5123-4-04 of the Ohio Administrative Code.
7. Advise members of the team of their right to file a complaint per 5123-4-04 of the Ohio Administrative Code.
8. Retain responsibility for all decision-making regarding SSA functions and the communication of any such decisions to the individual.
9. Take actions necessary to remediate any immediate concerns regarding the individual’s health and welfare.

10. Implement a continuous review process to ensure that individual service plans are developed and implemented per this procedure.
 - a. The continuous review process shall be tailored to the individual and based on information provided by the individual and the team.
 - b. The scope, type, and frequency of reviews shall be specified in the ISP and shall include, but not be limited to:
 - i. Face to face visits, occurring at a time and place convenient for the individual, at least annually or more frequently as needed by the individual; and
 - ii. Contact via phone, e-mail, or other appropriate means as needed.
 - c. The frequency of reviews may be increased when;
 - i. The individual has intensive behavioral or medical needs;
 - ii. The individual has an interruption of services of more than thirty calendar days;
 - iii. The individual encounters a crisis or multiple less serious but destabilizing events within a three month period;
 - iv. The individual has transitioned from an intermediate care facility to a community setting within the past twelve months;
 - v. The individual has transitioned to a new provider of homemaker/personal care within the past twelve months;
 - vi. The individual receives services from a provider that has been notified of the DODD's intent to suspend or revoke the provider's certification or license; or
 - vii. Requested by the individual, the individual's guardian, or the adult whom the individual has identified, as applicable.
 - d. The SSA shall share results of reviews in a timely manner with the individual, the individual's guardian, and /or the adult whom the individual has identified, as applicable and the individual's providers, as appropriate.
 - e. If the continuous review process individual areas of non-compliance with standards for providers of services funded by a home and community-based services waiver , the County Board shall conduct a provider compliance review in accordance with 5123-2-04 of the Ohio Administrative Code .

VII. EMERGENCY RESPONSE SYSTEM

- A. The County Board shall, in coordination with provision of SSA, make an on-call emergency response system available twenty-four hours per day, seven days a week to provide immediate response to an unanticipated event that requires an immediate change in an individual's existing situation and/or ISP to ensure health and safety. Persons available for on-call emergency response system shall;
1. Provide emergency response directly or through immediate linkage with the SSA who is the primary point of coordination for the individual or with the primary provider.
 2. Be trained and have the skills to identify the problem, determine what immediate response is needed to alleviate the emergency and ensure health and welfare, and identify and contact persons to take the needed action;
 3. Notify the providers and the SSA who is the primary point of coordination for the individual to ensure adequate follow-up;
 4. Notify the County Board investigative agent as determined necessary by the nature of the emergency; and
 5. Document the emergency in accordance with County Board procedures.

VIII. RECORDS

- A. Paper or electronic records shall be maintained for individuals receiving SSA and shall include, at a minimum:
1. Identifying data;
 2. Information identifying guardianship, other adult whom the individual has identified, trusteeship, or protectorship;
 3. Date of request for services from the County Board;
 4. Evidence of eligibility for County Board services;
 5. Assessment information relevant for services and the ISP process for supports and services;
 6. Current ISP;
 7. Current budget for services;

8. Documentation that the individual exercised freedom of choice in the provider selection process;
 9. Documentation of unusual incidents;
 10. MUI investigation summary reports;
 11. The name of the SSA;
 12. Emergency information;
 13. Personal financial information, when appropriate;
 14. Release of information and consent forms;
 15. Case notes which include coordination of services and supports and continuous review process activities; and
 16. Documentation that the individual was afforded due process in accordance with section IX of this procedure, including but not limited to, appropriate prior notice of any action to deny, reduce, or terminate services and an opportunity for a hearing.
- B. When the County Board uses electronic record keeping and electronic signatures, the County Board shall follow the Document Management, Retention, and Destruction of Administrative Public Records Board Policy 1.14 and the Records Retention Schedule (RC-2) as approved by the board and the Ohio History Connection.

IX. DUE PROCESS

Due process shall be afforded to each individual receiving SSA pursuant to Section 5101.35 of the Ohio Revised Code for services funded by a home and community –based services waiver and TCM services or pursuant to 5123-4-04 of the Ohio Administrative Code for services funded by a home and community –based services waiver and TCM services.

X. DEPARTMENT MONITORING AND TECHNICAL ASSISTANCE

DODD shall monitor compliance with 5123-4-02 of the Ohio Administrative Code by County Board. Technical assistance, as determined necessary by DODD, shall be provided upon request and through regional and statewide trainings.

XI. OHIO DEPARTMENT OF MEDICAID MONITORING OF TCM SERVICES

The Ohio Department of Medicaid retains final authority to monitor the provision of TCM services in accordance with 5160-48-01 of the Ohio Administrative Code.

XII. TRANSITION TO OHIO INDIVIDUAL SERVICE PLAN

- A. Prior to September 1, 2022, a county board may conduct assessments and develop and review individual service plans of individuals who receive service and support administration from the county board in accordance with the provisions set forth in this rule or in accordance with the provisions set forth in rule 5123-4-02 of the Administrative Code as it existed on the day immediately prior to the effective date of this rule.
- B. Beginning no later than September 1, 2022, a county board shall use Ohio individual service plan to conduct assessments and develop and review individual service plans of individuals who receive service and support administration from the county board in accordance with the provisions set forth in this rule.
- C. No later than September 1, 2023, a county board shall ensure that all assessments and individual service plans for individuals who receive service and support administration from the county board are captured in Ohio individual service plan.

Approved: July 1, 2005

Reviewed: December 18, 2006; January 22, 2007; January 3, 2008; January 1, 2009

Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013

Revised March 25, 2013;

Reviewed: January 9, 2014

Revised: February 25, 2014

Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: May 9, 2022; July 1, 2022; January 28, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Self Determination Policy

Policy Number:

4.03

I. SUBJECT

Self Determination

II. PURPOSE

- A. A collaborative effort between the Ohio Department of Developmental Disabilities (DODD), the Ohio Association of County Boards (OACB) and Muskingum County Boards of Developmental Disabilities (County Board) to develop an understanding and commitment to self-determination, person-centered planning, and "individual budgets" within the current Medicaid environment.
- B. As part of the state agency's initiative to restructure its system of services and supports, the County Board shall participate with the DODD and OACB to expand the principles of self-determination in Ohio.

III. POLICY

- A. Self-determination refers to the right of all people, including those with disabilities, to determine their own future, and decide how they want to live, work, and socialize within their community. The expansion will form new partnerships between individuals with disabilities, families, advocates, service providers, and other stakeholders in the community.
- B. Self-Determination is an ideal based upon the principles of freedom, authority, support and responsibility.
 - 1. **Freedom:** the ability to plan a life with supports rather than purchase a program.
 - 2. **Authority:** the ability to control a certain sum of dollars to purchase supports.
 - 3. **Support:** through the use of resources, arranging formal and informal supports to live within the community.

4. **Responsibility:** accepting a role within the community through competitive employment, organizational affiliations, and general caring for others within the community and accountability for spending public dollars in life enhancing ways.

- C. The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: April 3, 2003;

Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006; January 4, 2007

Reviewed :January 3, 2008; January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Home and Community – Based Services Waiver – Free Choice of Providers

Procedure Number:

4.04.1

I. PURPOSE

The purpose of this procedure is to establish the responsibilities of the Muskingum County Board of Developmental Disabilities (County Board) for assuring people's right to obtain home and community- based services from any qualified and willing provider in accordance with 42 C.F.R. 431.51 as in effect on the effective date of 2-9-11 of the Ohio Administrative Code and Sections 5123.044 and 5126.046 of the Ohio Revised Code.

II. DEFINITIONS

- A. **Adult Day Support** has the same meaning as in 5123: 2-9-17 of the Ohio Administrative Code
- B. **Agency provider** means an entity that directly employs at least one person in addition to a director of operations for the purpose of providing services for which the entity is certified in accordance with rule 5123-2-08 of the Administrative Code.
- C. **"Career planning"** has the same meaning as in rule 5123-9-13 of the Administrative Code.
- D. **County Board** – means the Muskingum County Board of Developmental
- E. **DODD** – means the Ohio Department of Developmental Disabilities
- F. **"Group employment support"** has the same meaning as in rule 5123-9-16 of the Administrative Code.
- G. **Home and community-based services** has the same meaning as in Section 5123.01 of the Ohio Revised Code.
- H. **Homemaker/personal care** has the same meaning as in 5123:2-9-30 of the Ohio Administrative Code.
- I. **"Independent provider"** means a self-employed person who provides services for which the person is certified in accordance with rule 5123-2-09 of

the Administrative Code and does not employ, either directly or through contract, anyone else to provide the services.

- J. **Individual employment support** has the same meaning as in rule 5123-9-15 of the Administrative Code.
- K. **Non-medical transportation** has the same meaning as in 5123:2-9-18 of the Ohio Administrative Code.
- L. **Service and Support Administrator** means a person, regardless of title, employed by or under contract with a county board to perform the functions of service and support administration and who holds the appropriate certification in accordance with 5123:2-5-02 of the Ohio Administrative Code.
- M. **Vocational Habilitation** has the same meaning as in 5123:2-9-14 of the Ohio Administrative Code.

III. NOTIFICATION OF FREE CHOICE OF PROVIDERS, ASSISTANCE WITH THE PROVIDER SELECTION PROCESS AND PROCEDURAL SAFEGUARDS

- A. The County Board shall notify each individual at the time of enrollment in a home and community-based services waiver and at least annually thereafter, of the individual's right to choose any qualified and willing provider of home and community – based services. The notification shall specify that:
 - 1. The individual may choose agency providers, independent providers, or a combination of agency providers and independent providers;
 - 2. The individual may choose providers from all qualified and willing providers available statewide and is not limited to those currently providing services in Muskingum County;
 - 3. When a provider offers more than one service, the individual may choose to receive only one of the offered services from that provider.
 - 4. The individual may choose to receive services from a different provider at any time;
 - 5. An individual choosing to receive homemaker/personal care in a licensed residential facility is choosing both the place or residence and the homemaker/personal care provider, but maintains free choice of providers for all other home and community–based services and the right to move to another setting at any time if a new homemaker/personal care provider is desired; and

6. The Service Coordinator will assist the individual with the provider selection process if the individual requests assistance.
- B. A Service Coordinator shall assist an individual enrolled in a home and community-based services waiver with one or more of the following, as requested by the individual:
1. Accessing ~~the~~ DODD's website to conduct a search for qualified and willing providers;
 2. Providing the individual with the DODD's guide to interviewing prospective providers;
 3. Sharing objective information with the individual about providers that includes reports of provider compliance reviews conducted in accordance with Section 5123.162 or 5123.19 of the Ohio Revised Code, approved plans of correction submitted by providers in response to compliance reviews, number of individuals currently served, and any information about services offered by the provider to meet the unique needs of a specific group of individuals such as aging adults, children with autism, or individuals with intense medical or behavioral needs;
 4. Utilizing the statewide, uniform format to create a profile that shall include the type of services and supports the individual requires, hours of service and support required, essential service preferences, the funding source of services, and any other information the individual chooses to share with prospective providers;
 5. Making available to all qualified providers in the Muskingum County that have expressed an interest in serving additional individuals, the individual-specific profile created in accordance with Paragraph (C)(2)(d) of 5123:2-9-11 of the Ohio Administrative Code to identify willing providers of the service;
 6. Contacting providers on the individual's behalf;
 7. Developing provider interview questions that reflect the characteristics of the individual's preferred provider; and
 8. Scheduling and participating as needed in interviews of prospective providers. If the individual chooses to interview the County Board as a prospective provider, the Service Coordinator shall disclose to the individual that the Service Coordinator may participate in this interview as directed by the individual.

- C. The County Board shall document the alternative home and community-based services settings that were considered by each individual and ensure that each individual service plan reflects the setting options chosen by the individual.
- D. The County Board shall document that each individual has been offered free choice among all qualified and willing providers of home and community-based services.
- E. If the County Board receives a complaint from an individual regarding the free choice of provider process, the County Board shall respond to the individual within thirty days and provide DODD with a copy of the individual's complaint and the County Board's response. DODD shall review the complaint and the County Board's response and take actions it determines necessary to ensure that each individual has been afforded free choice among all qualified and willing providers of home and community-based services.
- F. The county board will notify the department if the county board becomes aware of a provider conditioning willingness to provide a home and community-based service to an individual on being selected by that individual to provide another service.

V. COMMENCEMENT OF SERVICES

The County Board shall ensure that home and community-based services begin in accordance with the date established in the individual service plan. The County Board shall monitor the service commencement process and implement corrective measures if services do not begin as indicated.

VI. DEPARTMENT TRAINING AND OVERSIGHT

- A. DODD shall periodically provide training and assistance to familiarize the County Board and individuals with the rights and responsibilities set forth in this rule.
- B. DODD shall investigate or cause an investigation when an individual alleges that he or she is being denied free choice of providers for home and community-based services.
- C. DODD will utilize the accreditation process in accordance with rule 5123-4-01 of the Administrative Code to monitor county board compliance with requirements of this rule.

VII. DUE PROCESS AND APPEAL RIGHTS

- A. Any recipient of or applicant for home and community-based services may utilize the process set forth in Section 5101.35 of the Ohio Revised Code, in

accordance with Division 5101:6 of the Ohio Administrative code, for any purpose authorized by that statute and the rules implementing the statute, including being denied the choice of a provider who is qualified and willing to provide home and community-based services. The process set forth in Section 5101.35 of the Ohio Revised Code is available only to applicants, recipients, and their lawfully authorized representatives.

- B. Providers shall not utilize or attempt to utilize the process set forth in Section 5101.35 of the Ohio Revised Code. Providers shall not appeal or pursue any other legal challenge to a decision resulting from the process set forth in Section 5101.35 of the Ohio Revised Code.
- C. The County Board shall inform the individual, in writing and in a manner the individual can understand, of the individual's right to request a hearing in accordance with Division 5101:6 of the Ohio Administrative Code.
- D. The County Board shall immediately implement any final state hearing decision or administrative appeal decision relative to free choice of providers for home and community-based services issued by the Ohio Department of Medicaid, unless a court of competent jurisdiction modifies such a decision as the result of an appeal by the Medicaid applicant or recipient.

New Procedure May 29, 2015

Reviewed: January 7, 2016; January 5, 2017; January 16, 2018

Revised: January 28, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Employment First Policy

Policy Number:

4.05

Ohio Revised Code Reference:

3323, 5123.022, 5123.04, 5126.05, 5126.051

Ohio Administrative Code References

5123:2-05

I. SUBJECT

Employment First

II. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) will implement the Employment First policy in accordance with 5123.022 of the Ohio Revised Code.

III. SCOPE

This policy applies to the County Board and providers responsible for planning, coordinating, or providing employment services, regardless of funding source, to individuals with developmental disabilities (DD).

IV. POLICY

- A. The County Board's desired outcome for every individual of working age is community employment.
- B. The County Board shall adopt and periodically update a strategic plan that outlines its strategy and benchmarks for increasing the number of individuals of working age engaged in community employment services.
- C. The County Board shall collaborate with workforce development agencies, vocational rehabilitation agencies, and mental health agencies in Muskingum County to support individuals to obtain community employment.
- D. The County Board shall collaborate with school districts in Muskingum County to ensure a framework exists for individuals approaching completion of a program or service under Chapter 3323 of the Ohio Revised Code such

that the County Board and school districts in the Muskingum County use similar methods to support students with DD to obtain community employment. Through this collaboration the County Board shall identify and attempt to resolve duplication of efforts.

V. ANNUAL REVIEW AND ADOPTION OF POLICIES

This policy shall be maintained on file in the administrative offices of the County Board and shall be reviewed and updated annually.

VI. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: April 3, 2014

Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Employment First Procedure

Procedure Number:

4.05.1

I. PURPOSE

The Purpose of this procedure is to establish the responsibilities of the Muskingum County Board of Developmental Disabilities (County Board) to implement Employment First procedures in accordance with Section 5123.022 of the Ohio Revised Code.

II. DEFINITIONS

- A. **Benefits Analysis** means information provided to individuals about the impact of work on public assistance programs, including, but not limited to, social security disability insurance, supplemental security income, Medicaid/Medicare coverage, Medicaid buy-in for workers with developmental disabilities (DD), veteran's benefits, housing assistance, and food stamps.
- B. **Competitive integrated employment** means work (including self-employment) that is performed on a full-time or part-time basis:
 - 1. For which an individual is:
 - a. Compensated:
 - i. At a rate that is not less than the higher of the rate specified in the Fair Labor Standards Act of 1938, 29 U.S.C. 206(a)(1), as in effect on the effective date of this rule, or the rate specified in the applicable state or local minimum wage law and is not less than the customary rate paid by the employer for the same or similar work performed by other employees who do not have disabilities, and who are in similar occupations by the same employer and who have similar training, experience, and skills; or
 - ii. In the case of an individual who is self-employed, yields an income that is comparable to the income received by persons without disabilities, who are self-employed in similar occupations or similar tasks and who have similar training, experience, and skills; and

- iii. Eligible for the level of benefits provided to other full-time and part time employees;
 - b. At a location where the individual interacts with persons without disabilities to the same extent as employees who are not receiving home and community-based services;
 - c. That is not performed in:
 - i. Dispersed enclaves in which individuals work in a self-contained unit within a company or service site in the community or perform multiple jobs in the company, but are not integrated with nondisabled employees of the company; or
 - ii. Mobile work crews comprised solely of individuals operating as a distinct unit and/or self-contained business working in several locations within the community; and
 - d. That, as appropriate, presents opportunities for advancement that are similar to those for persons without disabilities who have similar positions.
- C. **County Board** means the Muskingum County Board of Developmental Disabilities.
- D. **DODD** means the Ohio Department of Developmental Disabilities.
- E. **Employment First Policy** means the state of Ohio policy, established in Section 5123.022 of the Ohio Revised Code, that employment services for individuals with DD be directed at competitive integrated employment and that individuals with DD are presumed capable of competitive integrated employment .
- F. **Employment services means:**
- 1. The following medicaid-funded home and community-based services:
 - a. Career planning in accordance with rule 5123-9-13 of the Administrative Code;
 - b. Group employment support in accordance with rule 5123-9-16 of the Administrative Code;5123-2-05 3
 - c. Individual employment support in accordance with rule 5123-9-15 of the Administrative Code; and

- d. Vocational habilitation in accordance with rule 5123-9-14 of the Administrative Code. (b) Any services, regardless of funding, that are comparable to the services described in paragraph (C)(7)(a) of this rule.
- G. "Home and community-based services" has the same meaning as in section 5123.01 of the Revised Code.
- H. **Individual** means a person with a Developmental Disability (DD)
- I. **Integrated setting** means a setting typically found in the community where individuals interact with persons who do have disabilities to the same extent as persons who do not have disabilities in comparable positions. Integrated setting includes employment settings in which employees interact with the community through technology.
- J. "Individual service plan" means the written description of services, supports, and activities to be provided to an individual and includes an "individual program plan" as that term is used in 42 C.F.R. 483.440 as in effect on the effective date of this rule.
- K. **Provider** means an agency provider or an independent provider that is certified or licensed by DODD.
- L. **Working Age** means at least eighteen years of age.

III. PERSON-CENTERED PLANNING PROCESS

- A. Each individual of working age and each individual approaching completion of a program or service under Chapter 3323. of the Ohio Revised Code shall participate in a person centered planning process in accordance with 5123-3-03 or 5223-4-02 5123:2-1-11 of the Ohio Administrative Code to identify the individual's unique strengths, interests, abilities, preferences, resources, and desired outcomes as they relate to competitive integrated employment .
 - 1. The person-centered planning process shall begin with a review of available information to determine what additional information is needed and what supplemental situational and /or other formal or informal evaluations are needed to discover this information.
 - 2. For individuals who receive public assistance, the importance of obtaining a benefit analysis shall be emphasized to enable the individual to make informed decisions regarding employment. Resources available for obtaining a benefit analysis shall be identified for the individual prior to job development.

- B. The person-centered planning process shall include identification and documentation of the individual's place on the path to competitive integrated employment that is;
1. Place I - the individual is already engaged in competitive integrated employment and needs support for job stabilization, job improvement, or career advancement;
 2. Place II - the individual expresses a desire to obtain competitive integrated employment but is not currently employed and needs support to obtain employment or identify career options and employment opportunities;
 3. Place III- the individual is unsure about competitive integrated employment and needs support to identify career options and employment opportunities and the economic impact of the individual's decision; or
 4. Place IV- the individual has been offered, within the most recent twelve-month period, information and support to identify career options, employment opportunities, and the economic impact of the individual's decision and does not currently desire to pursue competitive integrated employment.
- C. The Individual Service Plan will:
1. For an individual on place I or place II of the path to competitive integrated employment, include the individual's desired competitive integrated employment outcome and related action steps.5123-2-05 5
 2. For an individual on place III of the path to competitive integrated employment, describe the activities that will occur to advance the individual on the path to competitive integrated employment
 3. For an individual on place IV of the path to competitive integrated employment, document the information and support offered to the individual within the most recent twelve-month period about career options, employment opportunities, the economic impact of the individual's decision, and outcomes centered around the individual's capabilities and successes of engaging in meaningful activities within the individual's community.
- D. The results of the person-centered planning process shall be reviewed at least once every twelve months and whenever a significant change in employment, training, continuing education, services, or supports occurs or is proposed.

IV. REQUIREMENTS FOR THE COUNTY BOARD

A. A county board will:

1. Adopt and implement a local policy to implement the employment first policy which clearly identifies competitive integrated employment as the desired outcome for every individual of working age.
2. Outline and periodically update its strategy and benchmarks for increasing the number of individuals of working age engaged in competitive integrated employment.
3. Collaborate with workforce development agencies, vocational rehabilitation agencies, and mental health agencies in the county to support individuals to obtain competitive integrated employment.
4. Collaborate with school districts in the county to:
 - a. Ensure a framework exists for individuals approaching completion of a program or service under Chapter 3323 of the Revised Code such that the county board and school districts in the county use similar methods to support students with developmental disabilities to obtain competitive integrated employment.
 - b. Identify and attempt to resolve any duplication of efforts.
5. Disseminate information to individuals served, families, schools, community partners, employers, and providers of services about resources and

V. REQUIREMENTS FOR PROVIDERS

A. Providers of employment services will:

1. submit to each individual's team at least once every twelve months, or more frequently as decided upon by the team, a written progress report that demonstrates that services provided are consistent with the individual's identified competitive integrated employment.
2. The written progress report will include the individual's annual wage earnings and identify the anticipated time-frame and tangible progress made toward achievement of each desired outcome of the employment services provided as set forth in the individual service plan.

3. If no progress is reported, the individual service plan will be amended to identify the barriers toward achieving desired outcomes and the action steps to overcome the identified barriers.
- B. Collect and annually submit to the department's outcome tracking system, individual-specific data regarding employment services and employment outcomes for individuals served by the provider including but not limited to, type of employment services provided, how individuals obtained employment, hours worked, wages earned, and occupations.
 - C. Disseminate to individuals seeking employment services and others upon request, aggregate data regarding employment services and employment outcomes for individuals served by the provider including but not limited to, type of employment services provided, how individuals obtained employment, hours worked, wages earned, and occupations. The data will be disseminated in a manner that does not disclose confidential information regarding individuals receiving employment services.

Approved: April 3, 2014

Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018,

Revised: October 5, 2023; January 28, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Family Assistance Program Policy

Policy Number:

4.06

I. SUBJECT

Family Assistance Program

II. PURPOSE

- A. Individuals with developmental disabilities have a right to live in a healthy and safe environment, enjoy living with their family, have access to the array and quantity of supports needed to enable them to participate in their community and experience relationships with others. Therefore, Muskingum County Board of Developmental Disabilities (County Board) shall provide a family support services program known as Family Assistance Program (FAP) to promote the unity of the family by assisting them to meet the special needs of the individuals with developmental disabilities so the individual may live at home. The four primary purposes of the FAP are to;
 - 1. Promote the unity of the family by assisting the special needs of the individual;
 - 2. Promote the unity of the family by meeting the special needs of other family members as related to the individual; and
 - 3. Facilitate care, health or safety of the individual within the family home.
 - 4. Support employment increase the financial and personal wellbeing of individuals and their families.
- B. The FAP shall also assist the individual to maximize self-sufficiency and prevent the person from moving to a more restrictive environment. Services and supports shall be tailored to the unique needs of the eligible individuals and their families. Support systems should seek and nurture partnerships between family members, other supportive people, and the professionals who serve them; build on strengths and characteristics of each family; utilize the resources in each family's social network and home community; and respect the beliefs, values and structures of each family.
- C. All requests must be prior approved by the Director of Community Services/Early Childhood Supervisor and/or their designee after ensuring it is

an allowable service. The person must be eligible for county board services. The item/services must be noted in the person's plan and tied to an outcome. It must be of a short-term nature, and must prevent the need for more significant intervention by use of the funds. All exceptions to those statements as well as all final approvals will be completed by the Superintendent. The amount of funds is determined by the Board annually and are subject to change based on availability of local funding.

III. APPLICATION

This policy applies to individuals who are determined eligible for County Board services and their families/guardian.

IV. ADMINISTRATION

The Muskingum County Board of Developmental Disabilities will with assist the family with completing the administration process of the Family Assistance Program (FAP).

V. POLICY

- A. Family Support Services funding through Ohio Department of Developmental Disabilities will be used as Waiver match to provide Waiver services. Families will continue to be served from local funding. Annually, the Board shall determine the funds available for FAP. Funding for the FAP will be directed to serve a broad base of families.
- B. Maximum allocations are \$500.00 per individual and \$750.00 per family with more than one eligible individual in the household.
- C. FAP is considered the payment of last resort. Families are to utilize other funding resources available to pay for supports that they request through the FAP. To ensure this occurs, the family, with assistance from the Service & Support Administrator will contact alternative funding/resource options through other programs and organizations. These attempts to access other funding/resource options will be documented on the request form.
- D. If at any time the person is found to be fraudulent they will no longer be eligible for the program and restitution may be required.

VI. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Adopted: January 6, 2011

Reviewed: January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016

Revised: January 5, 2017; January 10, 2019, November 10, 2022; October 12, 2023; February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Family Assistance Program Procedure

Procedure Number:

4.06.1

I. SUBJECT

Family Assistance Program

II. PURPOSE

The purpose of this policy is to establish a Family Assistance Program (FAP) to provide support to a person with a developmental disability and their family.

III. DEFINITIONS

- A. Family Assistance Program** is a locally funded program that provides reimbursement to families with a child or adult who is developmentally disabled and living at home.
- B. Respite Care** is a short-term or temporary relief for families of children or adults with developmental disabilities in or out of the home.
- C. Counseling, Training and Education** means services that are provided to help families meet special needs of their child or adult with a developmental disability such as: behavioral, medical or emotional.
- D. Special Diet** means a diet that is prescribed by a physician or a qualified dietician.
- E. Special Equipment** is equipment that will help a person with a developmental disability to live more independently or safer in their home.
- F. Home Modification** is an alteration made to a home to meet the needs of a person with a developmental disabilities so they can live more independently and safely.
- G. Employment Necessities** are items or services essential to help those served by the MCBDD remain successfully employed and/or items or services essential to obtaining employment.

IV. ALLOCATION

The Muskingum County Board of Developmental Disabilities (MCBDD) sets an annual maximum allocation per individual or per family with more than one eligible individuals. The program is a first-come first-serve program. When funds are depleted, no services can be funded until additional funds become available regardless of the individual's allocation balance. Each year the program will end on December 31st and all available allocations end. All Request for Services/Verification of Need forms must be submitted to the Muskingum County Board of DD by November 1st for the calendar year.

V. ELIGIBILITY

The Family Assistance Program is always the payer of last resort. The individuals and families are to utilize other funding sources available to pay for services that are requested through the Family Assistance Program (FAP). FAP services shall be considered a component of the individual planning process, and the services/items must be included in the Individual Service Plan (ISP) or the Individual Family Service Plan (IFSP) and must be related to the eligible individual's documented delay of developmental disability. The Service and Support Administrator (SSA) or Developmental Specialist (DS) at the County Board assists individuals and families with identifying sources that could be used for requested items/services. Potential funding sources are listed below:

- A. Family Private Insurance
- B. Medicaid and/or Medicare
- C. Health Department
- D. Civic Organizations such as Rotary, Kiwanis, Sertoma, Eagles, American Legion, Elks Lodge, Jaycees, Knights of Columbus
- E. East Side Community Ministries, Salvation Army, United Way, Catholic Social Services
- F. Christ Table and food pantries
- G. Allwell
- H. JFS Enhanced Medicaid Transportation
- I. Waiver Programs
- J. United Cerebral Palsy
- K. Easter Seals

L. BMCH

M. FANS

VI. APPROVED USE OF FAP FUNDING

A. Respite

Respite care, in or out of the home (respite cannot be provided by anyone under the age of 18 and provider cannot be living in the household) Funding for respite will only be paid directly to an agency or the individual/family. A direct payment shall not be sent to independent providers. If the funding is being paid directly to the family, they shall have an agreement with the respite provider for services and provide all family directed training for services rendered. The family could then apply for reimbursement of funds to cover the costs of the agreement made with the respite provider for any unencumbered allocation. A Contractual Agreement with MCBDD for Family Selected Respite Care Provider Services will be sent to the family for completion.

B. Training, Counseling and Education

Services provided to all family members to obtain the education and skills to assist the family with learning how to address special behavioral, medical, or emotional, therapeutic or personal needs of the individual. Services that may be approved are listed below:

1. Counseling
2. Conferences or training (registration only; no travel or hotel costs)
3. Resource and training materials (i.e. sign language videos)
4. Consultation

C. Professional Recommendation for Training, Counseling and Education

It is at the discretion of MCBDD to ask for a professional recommendation in this area if the request is out of the ordinary. Recommendations may be accepted from a physician, psychiatrist, teacher or other licensed professional. The Interdisciplinary Team discussion is encouraged to discuss the need of services. Service requests linked to Training, Counseling, and Education must be linked to the ISP/IFSP outcomes.

D. Special Diet

Assistance with purchasing food or equipment items needed for a special diet due to a medical, behavioral or disabling condition.

Food or equipment that may be approved:

1. Baby food for children or adults who cannot eat regular food
2. Special formulas or milk
3. Dietary Supplements such as Ensure or vitamins
4. Equipment to process food for needed texture
5. Special plates, spoons, etc.
6. All products must be FDA Approved.

Professional Recommendations for Special Diets

Special diets must be prescribed by a physician or dietician. Equipment can be ordered or recommended by physician, dietician or speech therapist or occupational therapist.

E. Purchase of Adaptive Equipment/Items

Special Equipment/Items that are needed to improve the living environment or to facilitate the care of the individual at home. Special Equipment that may be purchased are listed below:

1. Adaptive seating for wheelchairs
2. Booster chairs
3. Wheelchairs/ambulating devices not covered by insurance
4. Bathing chairs, rails for bathtub or commode, elevated commode seats, etc.
5. Lifts for home use including tracks and installation of lifts/tracks or wheelchair lifts for vans
6. Specialty shoes, braces, AFO's, etc.
7. Developmental/adaptive feeding supplies – easy grip fork & spoons, scoop bowls & training plates, etc.

8. Adaptive add-ons for computers (switches) or joysticks, v-smile adaptor for communication devices
9. Helmet needed for safety reason such as seizures
10. Diapers/incontinence garments for individuals beyond training years (3 + years) and have been denied by their insurance for such items.

Professional Recommendation for Adaptive Equipment/Items

The need for special equipment must be made by a Physician, Occupational Therapist, Physical Therapist or Speech Therapist and/or linked to the person's Individual Support Plan.

F. Home Modifications

The requested home or property modifications must make the individual's home accessible. The Home must be owned by the individual/family receiving services or in the case of a rental or lease the home modification MUST be able to move with the individual as they relocate. Home modifications that may be approved are listed below:

1. Ramps/walkways both inside and out of the home
2. Widening doorways to accommodate wheelchair
3. Chairlift to access second floor
4. Special fire alarm equipment

Professional Recommendation for Home Modifications

Requests for professional recommendation will be at the discretion of MCBDD.

G. Other

Other is a broad-based category that the family may request services not covered under any of the previous categories. Approval of these requests will be at the discretion of MCBDD and must be identified in the ISP/IFSP. These requests will not be approved if it is determined by MCBDD that there is a potential health and safety risk to the eligible individual.

1. Developmental Toys or Materials (These types of items must address specific goals/needs as specified in the individual's IFSP, IEP or ISP.) The type of item requested which will assist the child/adult in learning or maintaining skills such as:

- a. Sensory stimulation development
 - b. Increase fine & gross motor skills
 - c. Improve/maintain reading skills
 - d. Facilitate language development
 - e. Develop cognitive skills
2. Camp/Recreation/Leisure Activities that provide opportunities for individuals with developmental disabilities to learn or maintain skills such as:
- a. Specialized Summer Camp (Echoing Hills, Nuhop, etc) (If a family chooses camp they will not be eligible for the annual family allotment)
 - b. Toddler Enrichment Program (Carr Center)
 - c. Safety Town
 - d. Membership fee to exercise or recreation/leisure facility
 - i. Membership fee must be the least costly admission cost (typically individual membership).
 - ii. In the event a family purchases a family/group membership the MCBDD will reimburse up to the cost of an individual membership or the full amount of the family membership if it is less costly than the individual membership cost.
 - For Reimbursement in this circumstance proof of cost for both family and individual memberships must be provided as well as a purchase receipt.
3. Safety Devices/Equipment/Assistive Technology
- a. Plugs for electrical outlets
 - b. Devices/locks to keep individuals from getting into cabinets, etc.
4. Specialty Medical Supplies
- a. Bandages, special tape
 - b. Catheter holder

- c. Water-proof bed pads/sheets

5. Utilities

- a. Assistance paying for utilities to prevent them from being turned off or to pay a reconnect fee.
- b. Assistance with utilities will only be approved one time per grant year. Gas, Electric or Water are the ONLY utilities that will be approved through FAP.
- c. Assistance with phone service if there is a medical or other health and safety reason and will only be approved one time per grant year in extenuating circumstances and only until the free 911 service can be started.

6. Medical Bills

- a. Medical bills not covered by insurance or Medicaid, but not copays or deductibles

Professional Recommendations for the “OTHER” category will be at the discretion of the County Board.

H. Employment Necessities

- 1. Employment necessities may include, but are not limited to:
 - a. Job related apparel not provided by employer.
 - b. Assistive technology required to complete job duties.
 - c. Mileage/trip reimbursement for necessary transportation to/from work not otherwise available through local or waiver funding.
 - i. Mileage must be logged and submitted and will be reimbursed at the federally mandated rate.
 - ii. If a ride sharing service (ex. Uber, lyft) is used for transportation to/from work receipts/invoices must be provided for reimbursement.
 - d. Benefits analysis

VII. USE OF FAMILY ASSISTANCE PROGRAM WILL NOT BE APPROVED

Services/Items that will not be approved or reimbursed are listed below:

- A. Anything purchased prior to approval from the Muskingum County Board of Developmental Disabilities and identified in the plan
- B. Anything that is available through a third party source/payer
- C. Any item/service the County Board determines that would be a possible health and safety risk for the individual
- D. Family vacations
- E. Rent deposits/mortgage
- F. Luxury items such as electronics (TV's, VCR's, DVD's, video games, etc),
- G. trampolines (larger than 60 inches in diameter),
- H. swimming pools
- I. Cribs for adults
- J. Insurance co-pays and deductibles
- K. School Supplies
- L. Alcohol products
- M. Tobacco/vaping products
- N. Pornographic materials
- O. Medical Marijuana
- P. Pets, including therapeutic pets
- Q. Motorized riding toys
- R. Vehicles, vehicles repair/maintenance, fuel and insurance
- S. Damage to property
- T. Employment services or related items that can otherwise be funded by Waiver Services or OOD funds.

Forms used with this procedure:
Family Assistance Program Application
Family Assistance Program Service Definitions
Family Assistance Program Brochure

Adopted: December 5, 2016
Reviewed: January 5, 2017; January 16, 2018
Revised: March 8, 2018; January 10, 2019; June 2022 (KB); September 28, 2022;
October 12, 2023

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

How May We Help You Program Policy

Policy Number:

4.07

I. SUBJECT

How May We Help You Program

II. PURPOSE

- A. Individuals with developmental disabilities have a right to live in a healthy and safe environment and have access to the array and quantity of supports needed to enable them to participate in their community and experience relationships with others. Therefore, Muskingum County Board of Developmental Disabilities (County Board) shall provide a How May We Help You Program to promote person-centered planning, quality of life and independence. The program is a locally funded service provided to individuals with short term or one time cost funding to support them in their current situation. The funds can help offset special equipment needs, dietary resources, counseling, training, employment necessities, and education among other kinds of supports. .
- B. The How May We Help You Program shall also assist the individual to maximize self-sufficiency and prevent the person from moving to a more restrictive environment. Services and supports shall be tailored to the unique needs of the eligible individual. Support systems should seek and nurture partnerships between team members, and other supportive resources. Requests for funds shall identify how the support will build on strengths and characteristics of each individual. The team shall utilize the resources in each individual's social network and home community as well as respect the beliefs, values and structures of each individual.
- C. All requests must be prior approved by the Director of Community Services/Early Childhood Supervisor and/or their designee after ensuring it is an allowable service. The person must be eligible for county board services. The item/services must be noted in the person's plan and tied to an outcome. It must be of a short-term nature, and must prevent the need for more significant intervention by use of the funds. All exceptions to those statements as well as all final approvals will be completed by the Superintendent. The amount of funds is determined by the Board annually and are subject to change based on availability of local funding

III. APPLICATION

This policy applies to individuals who are determined eligible for County Board services and no other funding is available and all other options have been exhausted.

IV. ADMINISTRATION

The Muskingum County Board of Developmental Disabilities will assist the individual and their team with completing the administration process of the How May We Help You Program.

V. POLICY

- A. The Muskingum County Board of Developmental Disabilities sets an annual maximum allocation for the use of HMWHY funds. The maximum allocation is a combined total of all local funding sources of \$500.00 per individual.
- B. The How May We Help You Program is considered the payment of last resort. Individuals are to utilize other funding resources available to pay for supports that they request through the program. To ensure this occurs, the individual, with assistance from the Service & Support Administrator and other team members will contact alternative funding/resource options through other programs and organizations. These attempts to access other funding/resource options will be documented on the request form.
- C. If at any time the person is found to be fraudulent they will no longer be eligible for the program and restitution may be required.

VI. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Adopted: January 10, 2019

Revised November 10, 2022, October 12, 2023

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

How May We Help You Program Procedure

Procedure Number

4.07.1

I. SUBJECT

How May We Help You Program

II. PURPOSE

The purpose of this policy is to establish a How May We Help You Program (HMWHY) to provide support to a person with a developmental disability when no other resources are available.

III. DEFINITIONS

- A. How May We Help You Program** is a locally funded program that provides funds or reimbursement to individuals with developmental disabilities for resources in which no other funding is available and all other options have been exhausted.
- B. Counseling, training and education** means services that are provided to help families meet special needs of their child or adult with a developmental disability such as: behavioral, medical or emotional.
- C. Special diet** means a diet that is prescribed by a physician or a qualified dietician.
- D. Special equipment** is equipment that will help a person with a developmental disability to live more independently or safer in their home.
- E. Home modification** is an alteration made to a home to meet the needs of person with a developmental disability so they can live more independently and safely.
- F. Family guardianship** is an individual who is appointed as guardian for a person to whom he/she is related by blood or marriage.

G. Employment Necessities are items or services essential to help those served by the MCBDD remain successfully employed and/or items or services essential to obtaining employment.

IV. ALLOCATION

The Muskingum County Board of Developmental Disabilities (County Board) sets an annual maximum allocation for the use of HMWHY funds. The maximum allocation is a combined total of all local funding sources of \$500.00 per individual. The program is a first-come first-serve program. When funds are depleted, no services can be funded until additional funds become available regardless of the individual's allocation balance. Each year the program will end on December 31st and all available allocations end. All Request for Services/Verification of Need forms must be submitted to the County Board by November 1st for the calendar year.

V. ELIGIBILITY

The individual(s) must be eligible for County Board services prior to utilizing the How May We Help You Program. The individual and his/her team is to utilize other funding sources available to pay for services that are requested through the How May We Help You Program. To apply for assistance and complete an application contact your SSA. Individuals and families may also go to www.muskingumdd.org, click on Community Support and then open the How May We Help You Program tab. The SSA at the County Board may assist individuals and families with identifying sources that could be used for requested items/services. The How May We Help You Program is always the paer of last resort. Potential funding sources are listed below:

- A. Private Insurance
- B. Medicaid and/or Medicare
- C. Health Department
- D. Civic Organizations such as Rotary, Kiwanis, Sertoma, Eagles, American Legion, Elks Lodge, Jaycees, Knights of Columbus
- E. Eastside Community Ministries, Salvation Army, United Way, Catholic Social Services
- F. Christ's Table and food pantries

- G. Allwell Behavioral Health Services
- H. JFS Enhanced Medicaid Transportation
- I. Waiver Programs
- J. United Cerebral Palsy
- K. Easter Seals
- L. CMH
- M. FANS

VI. APPROVED USE OF HMWHY FUNDING

(Individuals will be required to apply for specific items / services through the County Board and all requests which are authorized will be identified in the Individual Service Plan (ISP) and linked to an outcome prior to implementation. The person must be eligible for services prior to the request for county board services.)

At times, the team will be asked to submit a picture of the item or share a catalog with the County Board with specific information about the item. It must be of a short-term nature, and must prevent the need for more significant intervention by use of the funds. The County Board will ensure that all requests are an allowable service before being authorized. The SSA Director or designee either initially approves or disapproves the request. Once the SSA Director or designee gives initial approval the request is then sent to the Superintendent's office for final review. The requests which are approved are then sent to the Fiscal Specialist for processing. A W-9 will be requested as necessary and must be submitted to the County Board prior to payment being made. If at any time a person(s) is found to be fraudulent they will no longer be eligible for the program and restitution may be required.

A. Training, Counseling and Education

Services provided to all team members to obtain the education and skills to assist the team with learning how to address special behavioral, medical, or emotional, therapeutic or personal need of the individual. Services that may be approved are listed below:

1. Counseling

2. Conferences or training (registration only; no travel or hotel costs)
3. Resource and training materials (i.e. sign language videos)
4. Consultation

Professional Recommendation

It is at the discretion of the County Board to ask for a professional recommendation in this area if the request is out of the ordinary. Recommendations may be accepted from a physician, psychiatrist, teacher or other licensed professional. The Interdisciplinary Team discussion is encouraged to discuss the need of services. Service requests linked to Training, Counseling, and Education must be linked to the ISP/IFSP outcomes.

B. Special Diet

Assistance with purchasing food or equipment items needed for a special diet due to medical, behavioral or disabling condition.

Food or equipment that may be approved:

1. Baby food for children or adults who cannot eat regular food
2. Special formulas or milk
3. Dietary Supplements such as Ensure or vitamins
4. Equipment to process food for needed texture
5. Special plates, spoons, etc.
6. All products must be FDA approved.

Professional Recommendation

Special Diets must be prescribed by a physician or dietician. Equipment can be ordered or recommended by physician, dietician, speech therapist or occupational therapist.

C. Purchase of Adaptive Equipment/Items

Special equipment/items that are needed to improve the living environment or to facilitate the care of the individual at home. Special equipment that may be purchased are listed below:

1. Adaptive seating for wheelchairs
2. Booster chairs
3. Wheelchairs/ambulating devices not covered by insurance

4. Bathing chairs, rails for bathtub or commode, elevated commode seats, etc.
5. Lifts for home use including tracks and installation of lifts/tracks or wheelchair lifts for vans
6. Specialty shoes, braces, AFO's etc.
7. Developmental/adaptive feeding supplies – easy grip fork & spoons, scooper bowls & training plates, etc.
8. Adaptive add-ons for computers (switches) or joy sticks, v-smile adaptor for communication devices.
9. Helmet needed for safety reason such as seizures
10. Diapers for individuals beyond training years (3+ years) and have been denied by their insurance for such items.

Professional Recommendation

The need for special equipment must be made by a physician, occupational therapist, physical therapist or speech therapist and/or linked to the person's Individual Support Plan (ISP).

D. Home Modifications

The requested home or property modifications must make the individual's home accessible. Home modifications that may be approved are listed below:

1. Ramps/walkways both inside and out of the home
2. Widening doorways to accommodate a wheelchair
3. Chairlift to access second floor
4. Special fire alarm equipment

Professional Recommendation

Request for professional recommendation will be at the discretion of the MCBDD.

E. Family Guardianship

Reimbursement of legal fees associated with initial letter of guardianship.

Professional Recommendation

A family guardian is accountable to the court.

F. Other

Other is a broad-based category that they team may request services not covered under any of the previous categories. Approval of these requests will be at the discretion of MCBDD and must be identified in the ISP/IFSP. These requests will not be approved if it is determined by

MCBDD that there is a potential health and safety risk to the eligible individual.

- a. Developmental Toys or Materials (These types of items must address specific goals/needs as specified in the individuals IFSP, IEP or ISP.) The type of item requested which will assist the child/adult in learning or maintaining skills such as:
 - i. Sensory stimulation development
 - ii. Increase fine & gross motor skills
 - iii. Improve/maintain reading skills
 - iv. Facilitate language development
 - v. Develop cognitive skills
- b. Camp/Recreation/Leisure Activities that provide opportunities for individuals with developmental disabilities to learn or maintain skills such as:
 - i. Specialized summer camp (Echoing Hills, NuHop, etc.)
 - ii. Membership fee to exercise/recreation facility. Membership fee must be the least costly admission cost (typically individual membership) and is a reimbursement only service.
- c. Safety Devices/Equipment
 - i. Plugs for electrical outlets
 - ii. Devices/locks to keep individuals from getting into cabinets, etc.
- d. Specialty Medical Supplies
 - i. Bandages, special tape
 - ii. Catheter holder
 - iii. Water-proof bed pads/sheets
- e. Utilities
 - i. Assistance paying for utilities to prevent them from being turned off or to pay a reconnect fee.
 - ii. Assistance with utilities will only be approved one time per grant year. Gas, electric or water are the ONLY utilities that will be approved through HMWHY. One time per year for internet in order to support technology in lieu of paid staff.
 - iii. Assistance with phone service if there is a medical or other health and safety reason and will only be approved one time per grant year in extenuating circumstances and only until the free 911 service can be started.

- f. Medical Bills
 - i. Medical bills not covered by insurance or Medicaid, but not copays or deductibles.
- g. Employment Necessities
 - i. Employment necessities may include, but are not limited to:
 - i. Job related apparel not provided by employer.
 - ii. Assistive technology required to complete job duties.
 - iii. Mileage/trip reimbursement for necessary transportation to/from work not otherwise available through local or waiver funding.
 - 1. Mileage must be logged and submitted and will be reimbursed at the federally mandated rate.
 - 2. If a ride sharing service (ex. Uber, lyft) is used for transportation to/from work receipts/invoices must be provided for reimbursement.
 - ii. Benefits analysis

Professional Recommendation

Request for a professional recommendation for the other category will be at the discretion of the County Board.

VII. USE OF HOW MAY WE HELP YOU PROGRAM NOT APPROVED
(When a request is not approved, the SSA will review the denial and explain why the service is being denied. The SSA will also provide the individual and their team with due proves and explain the appeal process.) Services/Items that will not be approved or reimbursed are listed below:

- A. Anything purchased prior to approved from the Muskingum County Board of Developmental Disabilities
- B. Anything that is available through a third party source/payer
- C. Any item/service that MCBDD determines that would be a possible health and safety risk for the individual
- D. Family vacations
- E. Rent deposits/mortgages
- F. Luxury items such as electronics (TV's, VCR's, DVD's video games, etc.)
- G. Trampolines (larger than 60 inches in diameter)
- H. Swimming pools

- I. Cribs for adults, or any veiled beds
- J. Insurance co-pays and deductibles
- K. School supplies
- L. Alcohol products
- M. Tobacco/vaping products
- N. Pornographic materials
- O. Medical Marijuana
- P. Pets, including therapeutic pets
- Q. Motorized riding toys
- R. Cable
- S. Damage to property
- T. Home repairs that are not related to the disability or if the home is not owned by the person receiving services or their immediate family
- U. Vehicles, vehicle repair/maintenance, fuel and insurance
- V. Employment services or related items that can otherwise be funded by Waiver Services or OOD funds.

Forms used with this procedure:

How May We Help You Program Guidelines

How May We Help You Program Pamphlet

How May We Help You Application

How May We Help You Program Verification of Need

Adopted: January 10, 2019

Revised: November 1, 2022, October 12, 2023

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Procedure For Pre-Admission Screening And Resident Review (PASRR)

Procedure Number

4.09.1

I. SUBJECT

Preadmission screening and resident review (PASRR) for nursing facility applicants and nursing facility residents with developmental disabilities.

II. PURPOSE

This procedure sets forth a process for the Muskingum County Board of Developmental Disabilities (MCBDD) to determine whether an individual is eligible for admission to a nursing facility or eligible to continue to receive services in a nursing facility.

III. APPLICATION

This procedure applies to individuals who are seeking admission to a nursing facility who have indications of developmental disabilities, individuals who are residents of a nursing facility who have indications of developmental disabilities, and persons acting on behalf of these applicants or residents. This rule does not apply to individuals seeking readmission to a nursing facility after having transferred from a nursing facility to a hospital for care nor to individuals transferring from one nursing facility to another nursing facility, with or without an intervening hospital stay.

IV. DEFINITIONS

For the purposes of this procedure, the following definitions shall apply:

A. "Adverse determination" means a determination made in accordance with this procedure and rules 5160-3-15.1, 5160-3-15.2, and 5122-21-03 of the Administrative Code, that an individual does not require the level of services provided by a nursing facility. A determination that an individual does not require nursing facility services shall meet both of the following conditions:

1. A face-to-face assessment of the individual and a review of the medical records accurately reflecting the individual's current condition is performed by one of the following professionals within the scope of his or her practice:
 - a. Physician

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- b. Registered nurse;
 - c. A person who holds a master-of-science in nursing degree;
 - d. Clinical nurse specialist;
 - e. Certified nurse practitioner;
 - f. Licensed social worker, under supervision of a licensed independent social worker;
 - g. Licensed independent social worker;
 - h. Professional counselor, under supervision of a professional clinical counselor;
 - i. Professional clinical counselor;
 - j. Psychologist;
 - k. Qualified intellectual disability professional; or
 - l. Service and support administrator.
2. Authorized personnel from the department and/or the Ohio Department of Mental Health and Addiction Services, other than the personnel identified in paragraph (IV)(1)(a) of this procedure who conducted the face- to-face assessment, have reviewed the assessment and made the final determination regarding the need for nursing facility services and specialized services for developmental disabilities and/or specialized services for serious mental illness.
- B. "Business day"** means a day of the week, excluding Saturday, Sunday, or a legal holiday as defined in section 1.14 of the Revised Code.
- C. "Categorical determination"** means a preadmission screening determination which may be made for an individual with developmental disabilities and/ or serious mental illness without first completing a full level II evaluation for developmental disabilities and/or level II evaluation for serious mental illness when the individual's circumstances fall within one of the following two categories:
- 1. The individual requires an emergency nursing facility stay, as defined in rule 5160-3-15 of the Administrative Code; or
 - 2. The individual is seeking admission to a nursing facility for a respite nursing facility stay, as defined in rule 5160-3-15 of the Administrative Code.
- D. "County board"** means a county board of developmental disabilities.
- E. "Department"** means the Ohio Department of Developmental Disabilities.

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F. **"Developmental Disabilities"** means:

1. A condition described in the American Association on Intellectual and Developmental Disabilities publication, "Intellectual Disability: Definition, Classification, and Systems of Supports" (eleventh edition, 2009); or
2. A related condition which means a developmental disability as defined in section 5123.01 of the Revised Code or a severe, chronic disability that meets all of the following conditions:
 - a. It is attributable to cerebral palsy, epilepsy, or any other condition other than mental illness, found to be closely related to an intellectual disability because it results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disability, and requires treatment or services; and
 - b. It is manifested before the person reaches the age of twenty-two; and
 - c. It is likely to continue indefinitely; and
 - d. It results in substantial functional limitations in three or more of the following areas of major life activity:
 - i. Self-care;
 - ii. Understanding and use of language;
 - iii. Learning;
 - iv. Mobility;
 - v. Self-direction;
 - vi. Capacity for independent living; or
 - vii. Economic self-sufficiency (for persons sixteen years and older).

G. **"Guardian"** has the same meaning as in section 2111.01 of the Revised Code.

H. **"Hospital discharge exemption"** means an exemption from preadmission screening for a new admission, as defined in rule 5160-3-15 of the Administrative Code, to a nursing facility. The discharging hospital shall request a hospital discharge exemption via the electronic system approved by the Ohio Department of Medicaid.

I. **"Individual"** means a person who is seeking admission, readmission, or

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transfer to a nursing facility, or who resides in a nursing facility.

- J. "Level I screening"** means the process by which the Ohio Department of Medicaid or its designee screens individuals who are seeking new admissions to identify those who have indications of developmental disabilities or serious mental illness, and who, therefore, shall be further evaluated by the department and/or the Ohio Department of Mental Health and Addiction Services.
- K. "Level II evaluation for developmental disabilities"** means the process by which the department determines:
1. Whether, due to the individual's physical and mental condition, an individual who has developmental disabilities requires the level of services provided by a nursing facility or another type of setting; and
 2. When the level of services provided by a nursing facility is needed, whether the individual requires specialized services for developmental disabilities.
- L. "Level II evaluation for serious mental illness"** means the process by which the Ohio Department of Mental Health and Addiction Services determines:
1. Whether, due to the individual's physical and mental condition, an individual who has serious mental illness requires the level of services provided by a nursing facility or another type of setting; and
 2. When the level of services provided by a nursing facility is needed, whether the individual requires specialized services for serious mental illness.
- M. "Nursing facility"** has the same meaning as in section 5165.01 of the Revised Code. A long-term care facility that has submitted an application packet for Medicaid certification to the Ohio Department of Medicaid is considered to be in the process of obtaining its initial Medicaid certification by the Ohio Department of Health and shall be treated as a nursing facility for the purposes of this rule.
- N. "Physician"** means a Doctor of Medicine or osteopathy who is licensed to practice medicine.

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- O. "Preadmission screening"** means the preadmission portion of the preadmission screening and resident review requirements mandated by section 1919(e)(7) of the Social Security Act, as in effect on the effective date of this procedure, which shall be implemented in accordance with this rule and rules 5160-3-15.1 and 5122-21-03 of the Administrative Code.
- P. "Psychiatric hospital"** means:
1. A hospital that the Ohio Department of Mental Health and Addiction Services maintains, operates, manages, and governs pursuant to section 5119.14 of the Revised Code for the care and treatment of persons with mental illness; or
 2. A free-standing hospital or unit of a hospital, licensed by the Ohio Department of Mental Health and Addiction Services pursuant to section 5119.33 of the Revised Code; or
 3. An out-of-state psychiatric hospital or psychiatric unit within an out-of-state hospital.
- Q. "Resident review"** means the resident review portion of the preadmission screening and resident review requirements mandated by section 1919(e)(7) of the Social Security Act, as in effect on the effective date of this procedure, which shall be implemented in accordance with this procedure and rules 5160-3-15.2 and 5122-21-03 of the Administrative Code.
- R. "Resident review for developmental disabilities"** means the process set forth in this procedure by which the department determines whether, due to the individual's physical and mental condition, an individual who is subject to resident review, and who has developmental disabilities, requires the level of services provided by a nursing facility or another type of setting and whether the individual requires specialized services for developmental disabilities.
- S. "Ruled out"** means that an individual has been determined not to be subject to further review by the department or the Ohio Department of Mental Health and Addiction Services. An individual may be ruled out at any point in the preadmission screening and resident review process if the department or the Ohio Department of Mental Health and Addiction Services finds that the individual being evaluated:
1. Does not have developmental disabilities or serious mental illness; or
 2. Has a primary diagnosis of dementia (including Alzheimer's disease or a related disorder) which is not acute or due to another medical condition; or

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3. Has a non-primary diagnosis of dementia without a primary diagnosis of serious mental illness and does not have a diagnosis of developmental disabilities or a related condition.

T. "Serious mental illness" has the same meaning as in rule 5122-21-03 of the Administrative Code.

U. "Specialized services for developmental disabilities" means the services or supports identified through the level II evaluation for developmental disabilities or the resident review for developmental disabilities. Specialized services for developmental disabilities shall be provided or arranged by the county board. Individuals determined through the processes set forth in this rule to require specialized services for developmental disabilities shall not be placed on a waiting list for such services. Specialized services for developmental disabilities shall be:

1. Individualized;
2. Based on person-centered assessment, rather than determined categorically based on disability or diagnosis;
3. Made available at the frequency and intensity required to address the individual's specific needs in each of the areas of major life activity (i.e., self-care, understanding and use of language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency) for which functional limitations have been identified; and
4. Unique services that support the individual's independence or reintegration to the community from an institutional setting (e.g., behavioral support) not otherwise available through the routine, rehabilitative services provided by the nursing facility.

V. Referral for level II evaluation for developmental disabilities

- A. After completion of the level I screening, the Ohio Department of Medicaid or its designee shall forward an alert (in DODD IS system) for a level II evaluation for developmental disabilities for an individual who has indications of developmental disabilities to the department.
- B. No one who has indications of developmental disabilities shall move into a nursing facility in Ohio until the level II evaluation for developmental disabilities determination has been made by the department.

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VI. Level II evaluation for developmental disabilities conducted by the MCBDD

- A. Within seven business days of receipt of the referral by the department of an individual for a level II evaluation for developmental disabilities, the county board shall gather data, complete an evaluation, and submit its recommendations in the form of a written evaluative report to the department (completed and submitted in DODD IS system) regarding whether the individual has developmental disabilities and whether nursing facility services and specialized services for developmental disabilities are required.
- B. The county board shall be responsible for requesting any information necessary to make the level II evaluation for developmental disabilities and recommendations. The evaluation shall be based on relevant data that are valid, accurate, and reflect the current functional status of the individual being evaluated.
- C. Persons completing the level II evaluation for developmental disabilities shall not have a direct or indirect affiliation with a nursing facility.
- D. The level II evaluation for developmental disabilities shall involve the individual being evaluated, the individual's guardian, and the individual's family if available and if the individual or guardian agrees to family participation.
- E. The level II evaluation for developmental disabilities shall be adapted to the cultural background, language, ethnic origin, and means of communication used by the individual being evaluated.
- F. The level II evaluation for developmental disabilities has three components:
 - 1. Developmental disabilities assessment based on documentation of:
 - a. The individual's intellectual functioning as measured by a psychologist or other related condition as identified by a physician.
 - b. A determination of whether the individual meets developmental disabilities eligibility criteria pursuant to section 5123.01 of the Revised Code.
 - 2. Nursing facility needs assessment based on evaluation of written documentation which shall include:
 - a. The history and physical examination performed by a registered nurse, a clinical nurse specialist, a certified nurse practitioner, a

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person registered by the state medical board as a physician assistant pursuant to Chapter 4730. of the Revised Code, or a physician. If the history and physical examination are performed by someone other than a physician, a physician shall review and concur with the conclusions. If the history and physical examination are performed by a clinical nurse specialist or a certified nurse practitioner who has entered into a standard care arrangement with a collaborative physician in accordance with section 4723.431 of the Revised Code, physician review is only required as indicated in the standard care arrangement.

- b. Current nursing care needs.
 - c. Current medications.
 - d. Current functional status including any therapy assessments and reports (e.g., physical therapy, speech therapy, occupational therapy, or respiratory therapy).
 - e. Current social history, including current living arrangement prior to admission and any medical problems, including their impact on the individual's independent functioning.
3. Specialized services for developmental disabilities needs assessment.
- a. The county board shall evaluate and recommend whether the individual currently has a need for specialized services for developmental disabilities. The county board shall submit, via the department's web- based assessment center, the recommendation, the type of specialized services for developmental disabilities to be provided, and who will provide the specialized services for developmental disabilities. When a determination is made to admit or allow to remain in a nursing facility an individual who requires specialized services for developmental disabilities, the determination shall be supported by assurances that the specialized services for developmental disabilities will be provided while the individual resides in the nursing facility.
- G. If the individual does not meet developmental disabilities eligibility criteria, no further review by the county board is required; the county board shall submit documentation and a recommendation to the department that the individual be ruled out.
- H. The county board shall submit its recommendations in the form of a written

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evaluative report (In DODD IS) to the department regarding whether the individual has developmental disabilities and whether nursing facility services and specialized services for developmental disabilities are required. The report shall:

1. Identify the name and professional title of the persons who performed the evaluations and the dates upon which the evaluations were performed;
 2. Provide a summary of the evaluated individual's medical and social history;
 3. If nursing facility services are recommended, identify the services which are required to meet the evaluated individual's needs;
 4. Identify whether specialized services for developmental disabilities are needed;
 5. Include the basis for the report's conclusions; and
 6. Include copies of the documentation gathered and reviewed in accordance with paragraph (E)(6) of this rule.
- I. The department may request additional information when necessary to make a determination.
- J. Within two business days of receipt of the county board's recommendations and documentation, the department shall determine:
1. Whether the individual has developmental disabilities.
 2. Whether the individual requires the level of services provided by a nursing facility based on a comprehensive analysis of all data and consideration of the most appropriate placement such that the individual's needs for treatment do not exceed the level of services that can be delivered in the nursing facility.
 3. Whether the individual requires specialized services for developmental disabilities.
- K. The department shall issue a determination in the form of a written report in accordance with paragraph (J) of rule 5123-14-01.
- L. One of two outcomes of the level II evaluation for developmental disabilities review is possible:

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1. The individual requires the level of services provided by a nursing facility and therefore may be admitted to a nursing facility.
2. The individual does not require the level of services provided by a nursing facility and therefore shall not be admitted to a nursing facility. The county board shall assist the individual and/or his or her guardian with alternative placement options, services, and resources as may be necessary to ensure the health and welfare of the individual.

VII. Referral for categorical determination

- A. The Ohio Department of Medicaid or its designee shall refer a request for a categorical determination made by or on behalf of an individual with developmental disabilities to the department.
- B. The department shall make a categorical determination that an individual requires the level of services provided by a nursing facility when:
 1. The individual is seeking admission to a nursing facility that is not to exceed a seven-day stay, pending further assessment in emergency situations requiring protective services, and such placement occurs within twenty- four hours from the date of the categorical determination or immediately following discharge from a hospital setting; or
 2. Within the next sixty days, the individual is seeking admission to a nursing facility for up to fourteen days of respite for the caregiver and plans to return to the caregiver at the end of the nursing facility stay.
- C. The department shall issue a determination in the form of a written report in accordance with paragraph (J) of rule 5123:14-03 which:
 1. Identifies the name and professional title of the persons making the categorical determination and the date on which the determination was made;
 2. Documents the type of categorical determination made and describes the nature of any further screening that is required;
 3. Identifies, to the extent possible based on the available data, nursing facility services, including mental health or specialized psychiatric rehabilitative services, that may be needed; and
 4. Includes the basis for the report's conclusions.

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- D. An individual who, on the basis of the categorical determination, requires the services provided by a nursing facility, shall not receive specialized services for developmental disabilities.

VIII. Level II evaluation for developmental disabilities for individuals being directly admitted to a nursing facility from a psychiatric hospital

- A. The department or its designee shall complete a written evaluative report regarding:
 - 1. Whether the individual has developmental disabilities;
 - 2. Whether the individual requires the level of services provided by a nursing facility based on a comprehensive analysis of all data and consideration of the most appropriate placement such that the individual's needs for treatment do not exceed the level of services that can be delivered in a nursing facility; and
 - 3. Whether the individual requires specialized services for developmental disabilities.
- B. The department shall issue a determination in the form of a written report in accordance with paragraph (J) of rule 5123:14-01.

IX. Resident review for developmental disabilities

- A. The nursing facility shall submit the resident review request to the department in accordance with rule 5160-3-15.2 of the Administrative Code.
- B. Upon receipt of the resident review request, the department shall notify the county board.
- C. Within seven business days of notification by the department, the county board shall gather data, complete an evaluation, and submit its recommendations and documentation to the department in accordance with the process set forth in paragraphs (VI)(2) to (EVI)(8) of this procedure.
- D. Within two business days of receipt of the county board's recommendations and documentation, the department shall determine whether the individual has developmental disabilities, whether the individual requires the level of services provided by a nursing facility, and whether the individual requires specialized services for developmental disabilities in accordance with the process set forth in paragraphs (VI) (9) to (VI)(11) of this procedure.

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E. Possible outcomes of the resident review for developmental disabilities include:

1. A nursing facility resident with developmental disabilities who is determined to require the level of services provided by a nursing facility may continue to reside in the nursing facility.
2. A nursing facility resident with developmental disabilities who has resided in a nursing facility for thirty months or longer who is determined not to require the level of services provided by a nursing facility, but does require specialized services for developmental disabilities, may choose to continue to reside in the nursing facility or receive covered services in an alternative setting. The department shall inform the resident of the institutional and non-institutional alternatives covered in the state plan for medical assistance. If the resident chooses to leave the nursing facility, the department shall clarify the effect on eligibility for services under the state plan for medical assistance, including its effect on readmission to the nursing facility. Wherever the resident chooses to reside, the county board shall meet the resident's needs for specialized services for developmental disabilities as identified in the individual's service plan.
3. A nursing facility resident with developmental disabilities who has resided in a nursing facility for less than thirty months who is determined not to require the level of services provided by a nursing facility, but does require specialized services for developmental disabilities shall be discharged to an appropriate setting where the county board shall meet the resident's needs for specialized services for developmental disabilities as identified in the individual's service plan. The county board, in conjunction with the nursing facility, shall arrange for a safe and orderly discharge to an appropriate setting.
4. A nursing facility resident with developmental disabilities who has resided in a nursing facility for less than thirty months who is determined not to require the level of services provided by a nursing facility shall be discharged. The county board, in conjunction with the nursing facility, shall arrange for a safe and orderly discharge to an appropriate setting.

X. Coordination with the Ohio Department of Mental Health and Addiction Services

The department shall coordinate with the Ohio Department of Mental Health and Addiction Services on determinations for individuals who are subject to both

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level II evaluation for developmental disabilities or resident review for developmental disabilities and level II evaluation for serious mental illness or resident review for serious mental illness.

XI. Notification of determination of level II evaluation for developmental disabilities or resident review for developmental disabilities

A. The department shall prepare a written report which includes:

1. The determination as to whether the individual has developmental disabilities;
2. The determination as to whether the individual requires the level of services provided by a nursing facility;
3. The determination as to whether the individual requires specialized services for developmental disabilities that shall be provided or arranged for by the county board resulting in continuous active treatment to address needs in each of the life areas for which functional limitations are identified by the county board;
4. The placement and/or service options that are available to the individual consistent with these determinations;
5. Discharge arrangements, if applicable; and
6. The right to appeal, as outlined in paragraph (L) of this rule.

B. The department shall provide a copy of its written report to:

1. The evaluated individual and when applicable, his or her guardian;
2. The individual's attending physician;
3. The admitting or retaining nursing facility for inclusion in the individual's medical record;
4. The discharging hospital if the individual is seeking nursing facility admission from a hospital;
5. The county board where the individual resides and when applicable, the county board where the nursing facility is located; and
6. In the case of a resident review adverse determination, the Ohio Department of Medicaid.

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- C. The department shall document all determinations in the individual's file which shall be maintained at the department.

XII. Hospital discharge exemption

- A. Upon notification from the Ohio Department of Medicaid or its designee of a nursing facility admission based on a hospital discharge exemption, the department shall begin to monitor the admission in accordance with rule 5160-3-15.1 of the Administrative Code.
- B. The department shall notify the county board in the individual's home county and when applicable, the county board where the nursing facility is located.
- C. The department may contact the nursing facility prior to the thirtieth day of the individual's stay to assess the need for a resident review.
- D. If the nursing facility indicates that the individual may need more than a thirty-day stay, the department shall request that the nursing facility initiate the resident review process.

XIII. Appeals

- A. The individual or the individual's guardian may appeal adverse determinations made by the department within ninety calendar days of the date of determination by filing an appeal with the Ohio Department of Medicaid in accordance with division 5101:6 of the Administrative Code.
- B. The department shall conduct an informal reconsideration of the case when notified of appeal or at the request of the individual or guardian.
- C. If the individual is subject to both level II evaluation for developmental disabilities or resident review for developmental disabilities and level II evaluation for serious mental illness or resident review for serious mental illness, the informal reconsideration and appeal shall be conducted jointly by the department and the Ohio Department of Mental Health and Addiction Services.

Adopted:

Revised: December 11, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Special Olympics Policy

Policy Number:

4.11

I. SUBJECT

Special Olympics

II. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) believes that Special Olympic participation contributes to the physical, social, and psychological development of the individual. Through successful experiences in sports, they gain confidence and build a positive self-image which carries over into the classroom, home, job, and community.

III. POLICY

A Special Olympics program will be available to all eligible individuals enrolled in the County Board's School or Adult Services programs.

IV. DEVELOPMENT OF PROCEDURES

The Board will follow the Procedures set forth under Ohio Special Olympics for the implementation of the County Board Special Olympics Program. It will be the duty of the contracted Special Olympics Coordinator to assure that the County Board's Special Olympics program and volunteer requirements aligns with the Ohio Special Olympics guidelines and the Board's policies including but not limited to, facilities and vehicle usage policies.

Board Adopted: February 3, 2005

Reviewed with approval: January 5, 2006; January 4, 2007; January 3, 2008; January 1, 2009;

Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013;

January 9, 2014 Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Waiting List Policy

Policy Number:

4.12

Ohio Revised Code Reference:

121.38, 5126.04, 5126.042, 5126.043, 5126.044,
5126.046, 5126.054, 5126.055, 5126.11, 5126.13

Ohio Administrative Code Reference:

5123-9-04, 5123-4-01

I. SUBJECT

Waiting List

II. PURPOSE

The purpose of this policy is to set forth the requirements for waiting lists established by the Muskingum County Board of Developmental Disabilities (County Board) under Section 5126.042 of the Ohio Revised Code.

III. POLICY

The Muskingum County Board of Developmental Disabilities (County Board) shall use the requirements set forth in Rules 5123-9-04 and 5123-4-01 of the Ohio Administrative Code to establish and maintain waiting list if it is determined that available resources are not sufficient to enroll individuals who are assessed to need and who choose home and community-based services in department-administered home and community-based waiver services.

IV. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: July 16, 2002

Revised with approval: July 14, 2005

Reviewed: January 8, 2004; February 3, 2005; January 5, 2006; January 4, 2007; January 3, 2008; January 14, 2010 January 6, 2011; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
Revised: August 9, 2018; February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Waiting List Procedure

Procedure Number:

4.12.1

I. WAITING LIST ASSESSMENT PROCESS

- A. SSA is informed of an unmet need from Individual/guardian/provider.
- B. **Within 15 days** of the notification of there being an unmet need the SSA gathers information related to the need including:
 - 1. Description of the need
 - 2. Strategies that have been tried to address the need other than waiver/locally funded services.
- C. SSA enters the information into the WLA tool on Brittco.
- D. SSA notifies the Director of Community Services and Director reviews.
 - 1. Director may ask for clarification and have SSA update the WLA.
- E. Director approves or denies WLA **within 45 days** of initial interview and notifies SSA.
- F. SSA creates a “WLA” Packet for individual in Brittco.
- G. SSA notifies individual/guardian of results of the WLA using the “Needs Assessment Result” letters within Brittco Packet:
 - 1. Along with the letter, the SSA must mail/email Due Process, explanation of Due Process (JFS 4059), a copy of the WLA, and other resources deemed appropriate by their Supervisor and/or Director.
 - 2. Distribution of this information must take place no later than 10 days after the completion of the assessment.
- H. SSA coordinates (via phone, email, in person visit) regarding planning to meet the identified needs **within 15 days** of the mailing date of the Needs Assessment Letter.

- I. SSA downloads WLA from Imagine system and uploads WLA to Brittco packet along with any “supplemental documents”.
- J. SSA marks the packs as “Ready to Review”.
- K. SSA Supervisor reviews/publishes the packet.
- L. Secretary 2 saves WLA Packet in individual Folder>Medical, Evaluations, Assessments>WLA titled Last Name, First Initial, WLA, Date.

II. CHANGE OF INDIVIDUAL’S COUNTY OF RESIDENCE

- A. When an individual is on the waiting list for a waiver and moves to a new county, the receiving county will review the waiting list within 90 calendar days, if notified by the individual/guardian. Then follow Section H of 5123-9-04 Ohio Administrative Code.

III. REMOVAL FROM THE WAITING LIST

- A. When a County Board determines the individual no longer has a condition described in (E)(1)(a) of 5123-9-04 Ohio Administrative Code.
- B. When there is no longer a current need.
- C. Upon request of the individual/guardian.
- D. Enrollment on a waiver.
- E. If waiver enrollment is declined or alternative services are sufficient to meet the individual’s needs.
- F. Individual/guardian fails to respond to attempts by the County Board in at least 2 different methods (email, traceable mail, personal service).
- G. When it is determined the individual does not have a developmental disability.
- H. When the individual is no longer an Ohio resident.
- I. Upon the individual’s death.

**All completion dates of steps are to be recorded on the WLA tab on the Master Caseload Spreadsheet.*

Forms used in this procedure:

ODJFS 2399 Home and Community-Based Waiver Referral

ODJFS 07334 Notice of Denial of your Application for Assistance
MCBDD Residential Services Referral Form
MCBDD Adult Services Referral Form

Approved: July 17, 2002

Reviewed: July 20, 2005; December 12, 2006; January 23, 2007; January 3, 2008

Revised: January 1, 2009

Reviewed: January 14, 2010; January 6, 2011

Revised: September 6, 2011;

Reviewed: January 5, 2012;

Revised: November 5, 2012

Reviewed: January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016

Revised: January 13, 2016

Reviewed: January 5, 2017; January 5, 2017; January 16, 2018

Revised: January 28, 2025, April 30, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Waiting List Procedure Residential Supports – Emergency Status Reviews

Procedure Number:

4.12.2

I. PURPOSE

The purpose of this rule is to set forth the requirements for waiting lists established by Muskingum County Board of Developmental Disabilities under section 5126.042 of the Revised Code.

II. POLICY

The Muskingum County Board of Developmental Disabilities shall establish and manage waiting lists consistent with OAC 5123:9-04 and ORC 5126.042, when available resources are inadequate to meet the needs of all individuals who have a current need for the services. The County Board may establish priorities for making placements on its waiting list for services according to the emergency status of the individual. Those priorities shall be in accordance with Ohio Revised Code Section 5126.042

III. DEFINITIONS

- A. “Adult” means an individual who is eighteen years of age or older.
- B. “Alternative Services” means the various programs, funding mechanisms, services, and supports, other than home and community-based services, that exist as part of the developmental disabilities service system and other service systems. “Alternative services” includes, but is not limited to, services offered through Ohio’s Medicaid state plan such as home health services and services available at an intermediate care facility for individuals with intellectual disabilities.
- C. Waiting List
- D. “Community-based alternative services” means alternative services in a setting other than a hospital, an intermediate care facility for individuals with intellectual disabilities, or a nursing facility.
- E. “County Board” means a county board of developmental disabilities.

- F. “Current need” means an unmet need for home and community-based services within twelve months, as determined by a county board based upon assessment of the individual using the waiting list assessment tool. Situations that give rise to a current need include:
1. An individual is likely to be at risk of substantial hardship due to:
 - a. The primary caregiver’s declining or chronic physical or psychiatric condition that significantly limits his or her ability to care for the individual;
 - b. Insufficient availability of caregivers to provide necessary supports to the individual; or
 - c. The individual’s declining skills resulting from lack of supports.
 2. 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.
 3. An individual has an ongoing need for continuous supports to address significant behavioral, physical, or medical needs.
 4. An individual is aging out of or being emancipated from children’s services and has needs that cannot be addressed through community based alternative services.
 5. An individual requires waiver funding for adult day services or employment related supports that are not otherwise available as vocational rehabilitation services funded under section 110 of the Rehabilitation Act of 1973, 29 U.S.C. 730, as in effect of the effective date of this rule, or as special education or related services as those terms are defined in section 602 of the Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. 1401, as in effect on the effective date of this rule.
- G. “Date of request” means the earliest date and time of any written or otherwise documented request for home and community-based services made prior to the effective date of this rule.
- H. “Department” means the Ohio department of developmental disabilities.
- I. “Home and community-based services” has the same meaning as in section 5123.01 of the Revised Code.

- J. “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:
1. 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.
 2. A resident of a nursing facility has received a thirty-day notice of intent to discharge in accordance with Chapter 5160-3 of the Administrative Code.
 3. A resident of a nursing facility has received an adverse determination in accordance with rule 5123:2-14-01 of the Administrative Code.
 4. 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:
 - a. Impending loss of the caregiver creates a risk of substantial harm to the individual; and
 - b. There are no other caregivers available to provide necessary supports to the individual.
 5. An adult or child is engaging in documented behavior that creates a risk of substantial harm to the individual, caregiver, or another person.
 6. There is impending risk of substantial harm to the individual or caregiver as a result of:
 - a. The individual’s significant care needs (i.e., bathing, lifting, high-demand, or twenty-four-hour-care); or
 - b. The individual’s significant of life-threatening medical needs.
 7. An adult has been subjected to abuse, neglect, or exploitation and requires additional supports to reduce a risk of substantial harm to the individual.
- K. “Individual” means a person with a developmental disability.
- L. “Intermediate care facility for individuals with intellectual disabilities” has the same meaning as in section 5124.01 of the Revised Code.

- M. “Locally-funded home and community-based services waiver” means the county board pays the entire non federal share of Medicaid expenditures in accordance with sections 5126.059 and 5126.0510 of the Revised Code.
- N. “Nursing facility” has the same meaning as in section 5162.01 of the Revised Code.
- O. “Service and support administration” means the duties performed by a service and support administrator pursuant to section 5126.15 of the Revised Code.
- P. “State-funded home and community-based services waiver” means the department pays, in whole or in part, the nonfederal share of Medicaid expenditures associated with an individual’s enrollment in the waiver.
- Q. “Status date” means the date on which the individual is determined to have a current need based on completion of an assessment of the individual using the waiting list assessment tool.
- R. “Transitional list of individuals waiting for home and community-based services” means the list maintained in the department’s web-based individual data system which shall include the name and date of request for each individual on a list of individuals waiting for home and community-based services on the day immediately prior to the effective date of this rule established in accordance with rule 5123:2-1-08 of the Administrative Code as that rule existed on the day immediately prior to the effective date of this rule.
- S. “Waiting list assessment tool” means the Ohio assessment for immediate need and current need contained in the appendix to this rule, which shall be used for purposes of making a determination of an individual’s eligibility to be added to the waiting list for home and community-based services defined in paragraph (B)(20) of this rule and administered by persons who successfully complete training developed by the department.
- T. “Waiting list date” means, as applicable, either;
 - 1. The date of request for an individual whose name is included on the transitional list of individuals waiting for home and community-based services; or
 - 2. The earliest status date for an individual whose name is included on the transitional list of individuals waiting for home and community-based services.
- U. “Waiting list for home and community-based services” means the list established by county boards and maintained in the department’s web-based waiting list management system which shall include the name, status date,

date of request (as applicable), waiting list date, and the criteria for current need by which an individual is eligible base on administration of the waiting list assessment tool, for each individual determined to have a current need on or after the effective date of this rule.

IV. GENERAL WAITING LIST REQUIREMENTS

A. There shall be no waiting list for the following services:

1. A child who is subject to a determination under 121.38 of ORC and requires a home and community based waiver.
2. An individual who has an immediate need. The county may choose to provide services through local funds, home & community based waiver services, or alternative community services.
3. The County Board shall not place an individual's name on the waiting list for a home and community- based services when the individual:
 - a. Is a child who is subject to a determination under section 121.38 and requires home and community- based services
 - b. Has an immediate need, in which case the County Board shall take action necessary to ensure the immediate need is met. The County Board will provide options that may include:
 - i. Placement in an Intermediate Care Facility of the individual or guardian's choice.
 - ii. Enrollment in a home and community based services waiver
 - iii. Alternative services that meet the need of the individual.

B. Request for a Home and Community Based Waiver:

1. An individual or the individual's guardian, who thinks the individual has an immediate need or a current need may contact the county board to request an assessment of the individual using the waiting list assessment tool. The county board shall initiate an assessment of the individual using the waiting list assessment tool within thirty calendar days.
2. The individual's name shall be placed on the waiting list for a home and community based service when based on the assessment the individual has the following:
 - a. A condition that is:

- i. Attributable to a mental or physical impairment or a combination of both.
- ii. Manifested before the age of 22
- iii. Likely to continue indefinitely
- b. A current need which cannot be met by community- based alternative services in the county where the individual resides.

C. Order of Enrollment

1. The Department shall determine the order for enrolling individuals in state- funded home and community services waivers.
2. Individuals shall be selected for enrollment of locally funded home and community based services in this order:
 - a. Individuals who have immediate needs that require waiver funding to address the immediate need.
 - b. Individuals who have met multiple criteria for current need for 12 or more months and who were not offered enrollment in a home and community based service waiver in the prior calendar year. When 2 or more individuals meet the same number of criteria for current need, the individual with the earliest date of either status or request shall be selected for enrollment.
 - c. Individuals who have met multiple criteria for current need for less than twelve consecutive months. When two or more individuals meet the same number of criteria for current need, the individual with the earliest of either the status date or date of request shall be selected for enrollment.
 - d. Individuals who meet a single criterion for current need. When two or more individuals meet a single criterion for current need, the individual with the earliest of either the status date or date of request shall be selected for enrollment.
 - i. Individuals with immediate need and individuals with current need may be enrolled in locally-funded home and community-based services waivers concurrently.

- ii. Meeting the criteria for immediate need and/or current need does not guarantee enrollment in a locally-funded home and community-based services waiver within a specific timeframe.
- iii. When an individual is identified as next to be enrolled in a locally-funded home and community-based services waiver, the county board shall determine the individual's eligibility for enrollment in a home and community-based services waiver. When the county board determines an individual is eligible for enrollment in a home and community-based services waiver, the county board shall determine which type of locally-funded home and community based services waiver is sufficient to meet the individual's needs in the most cost-effective manner.

D. Waiting list for home and community-based services:

- 1. A record will be created in DODD's web-based waiting list for home and community- based services.
 - a. If the person was on the transitional waiting list this record will include their date of request.
 - b. If the person was not placed on the transitional waiting list the record will include their status date.
- 2. The County Board will notify the individual or guardian that the person's name has been placed on the waiting list for home & community based services.
- 3. The County Board will provide contact information from the SSA Assistant to the individual and the guardian to assist in identifying and accessing alternative services that address the individual's needs.

V. CHANGES IN THE INDIVIDUAL'S COUNTY OF RESIDENCE

- A. When an individual on the waiting list moves from one county to another. The individual or guardian notifies the receiving county board. The receiving county board shall within 90 days of receiving notice to review the individual's assessment tool.
- B. When the receiving county board determines that the individual has a current need which can be met by community based alternative services in the receiving county, the receiving county shall assist the individual or the guardian in identifying and accessing those services.

VI. ANNUALLY

- A. Review the waiting list assessment tool and service needs of each individual whose name is included on the waiting list for home and community based services with the individual and the individual's guardian, as applicable.
- B. Assist the individual or the individual's guardian, as applicable, in identifying and accessing alternative services.
- C. Through this process, if the individual's needs change, the DODD system must be updated to reflect the change and services to address the needs will occur.

VII. REMOVAL FROM THE WAITING LIST FOR HOME AND COMMUNITY-BASED SERVICES

- A. A county board shall remove an individual from the waiting list for a home and community based services:
 - 1. When the County Board determines that the individual no longer has a condition as described in paragraph (B) (2) (a) of the rule.
 - 2. When the county board determines that the individual no longer has a current need.
 - 3. Upon request of the individual or guardian.
 - 4. Upon enrollment of the individual in a home or community based service waiver that meets the individual's needs.
 - 5. If the individual declines enrollment in a home and community based services waiver or community based alternative services that are sufficient to meet the individual's needs.
 - 6. If the individual or the individual's guardian fails to respond to attempts by the county board to contact the individual guardian by at least two different methods, one of which shall be certified mail to the last known address of the individual or guardian.
 - 7. When the county board determines the individual does not have a developmental disabilities level of care in accordance with rule 5123:2-8-01 of the Administrative Code.
 - 8. When the individual is no longer a resident of Ohio
 - 9. Upon the individual's death.

VIII. WAITING LISTS FOR NON-MEDICAID PROGRAMS AND SERVICES

- A. If a county board determines that available resources are not sufficient to meet the needs of all individuals who request Non-Medicaid programs or services, the county board shall
 - 1. Establish one or more waiting lists for such programs or services as (in accordance with the county board's plan developed under section 5126.04 of the Revised Code).
- B. Due Process for non- Medicaid programs with rule 5123:2-1-12 of the Administration Code and shall be available to an individual aggrieved by an action of the county board related to the establishment or maintenance of placement on, the failure to offer services in accordance with or removal from a waiting list for non- Medicaid programs. See policy 4.17 for Administrative Resolution of Complaints Policy.

IX. DUE PROCESS

- A. Due process shall be available to an individual aggrieved by an action of a county board related to any of the following:
 - 1. The approval, denial, withholding, reduction, suspension, or termination of a service funded by the state Medicaid program.
 - 2. Placement on, denial of placement on, or removal from the waiting list for home and community-based services or the transitional list of individuals waiting for home and community-based services; or
 - 3. A dispute regarding an individual's date of request or status date.

X. INTERNAL PROCESS FOR COMPLETING WAITING LIST ASSESSMENT

- A. SSA- is informed of an unmet need from Individual/guardian/provider.
- B. SSA- **Within 15 days** of the notification of there being an unmet need the SSA gathers information related to the need including:
 - 1. Description of the need.
 - 2. Strategies that have been tried to address the need other than waiver/locally funded services.

- C. SSA- Enters information into the WLA tool.
- D. SSA- notifies Director of Community Services and Director reviews.
 - 1. Director may ask for clarification and have SSA update the WLA.
- E. Director- Approves or denies WLA **within 45 days** of initial interview and notifies SSA.
- F. SSA- Creates “WLA” Packet for individual in Brittco.
- G. SSA- notifies individual/guardian of results of the WLA using the “Needs Assessment Result” letters within Brittco Packet:
 - 1. Along with the letter, the SSA must mail/email Due Process, explanation of Due Process (JFS 4059), a copy of the WLA, and other resources deemed appropriate by their Supervisor and/or Director.
 - 2. Distribution of this information must take place **no later than 10 days after** the completion of the assessment.
- H. SSA- Coordinates (via phone, email, in person visit) regarding planning to meet the identified needs within 15 days of the mailing date of the Needs Assessment Letter.
- I. SSA- Downloads WLA from Imagine system and uploads WLA to Brittco packet along with any “supplemental documents.”
- J. SSA- Marks packet as “ready to review.”
- K. SSA Supervisor- Reviews and then publishes packet.
- L. Secretary 2- Saves WLA Packet in individual Folder>Medical, Evaluations, Assessments>WLA titled Last Name, First Initial, WLA, Date

Relevant Forms:

Needs Assessment Results Letter

ODJFS 4074
ODJFS 4059
ODJFS 7334
MCBDD County Conference Request Form

Approved: July 26, 2012
Reviewed: January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016;
January 5, 2017; January 16, 2018
Revised:

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Technology First Policy

Policy Number:

4.14

Ohio Revised Code Reference:

5123.025

I. SUBJECT

Technology First (ORC 5123.025)

II. POLICY

Muskingum County Board of DD (The County Board) will ensure that technology is considered as a part of all services and support plans for people with 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 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.

III. PROCEDURE

A. Implementation

1. The County Board 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. The County Board 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. The County Board 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.

B. Process

1. The County Board 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, Muskingum 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. The County Board 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 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.

- e. 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 individual and the individual's team at the conclusion of the trial period.
 - f. 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.
 - 4. Annually Muskingum County Board of DD will review and update, as applicable, its goals and objectives related to increasing the use of technology solutions by individuals served.

Adopted: June 9, 2022

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Early Intervention Services Policy

Policy Number:

5.00

Ohio Administrative Code Reference:

5180-10-01; 5180-10-02; 5180-10-05

I. SUBJECT

Early Intervention Services

II. PURPOSE AND PHILOSOPHY

The purpose of the Muskingum County Board of Developmental Disabilities (County Board) Early Intervention (EI) Program is to meet the identified needs of eligible infants and toddlers, and preschoolers, birth through age 5, and to meet the needs of the family related to enhancing their child's development. The County Board shall coordinate with other community agencies, the Family & Children First Council (FCFC), and families so that services are flexible, build upon family strengths and respond to their needs.

III. DESCRIPTION OF SERVICES

The County Board EI service is based upon the following premises. The EI Services are:

- A. Family centered, community based, responsive to priorities and needs of the family, and provided in natural environments. Families may enter and exit the system at any time and may determine the extent of their involvement in a range of program options;
- B. Coordinated with families, other community agencies, the Early Intervention system and the FCFC so that services are flexible, accessible, and built upon family strengths and needs;
- C. Culturally sensitive to the diversity in beliefs, values, and family structures;
- D. Empowering for families including supporting individual family members to assist their child;
- E. Organized upon a framework that shall include child find and eligibility determination, family involvement and support, interdisciplinary assessment,

comprehensive services, Individualized Family Service Plan (IFSP) or Individual Service Plan (ISP) process, follow-along, service coordination, outcome-based program evaluation, procedural safeguards, and a comprehensive system of personnel development.

- F. Prevention-oriented to reflect efforts to prevent the further development of disabilities, and include participation in collaborative prevention efforts;
- G. Future-oriented to reflect transition toward the next environment, including linking with agencies serving preschool children.
- H. Funded through local public dollars and Title XX funding at no cost to eligible children and families.
- I. EI Services shall be available on a year-round basis for a minimum of two hundred fifty-two days, providing that funds are available. If year-round services are not provided, the County Board will work with other agencies within the Family & Children First Council (FCFC), to help assure continuity of services for families.

IV. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: July 16, 2002

Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006;

Reviewed: January 4, 2007; January 3, 2008; January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: June 14, 2018; September 10, 2020; February 10, 2022; June 9, 2022; February 13, 2025; June 12, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL

Early Intervention Services Procedure

Procedure Number:

5.00.1

I. PROGRAM

A. Program content shall include, but not be limited to the following:

1. Language stimulation and communication development
2. Self-help and adaptive behavior development
3. Physical (vision, hearing, nutrition, fine and gross motor) development
4. Social emotional development
5. Cognitive development
6. Sensory development

B. Facility, Materials, and Equipment

Early Intervention (EI) services are provided in a variety of settings including the home, early intervention offices, in the community or through virtual technology. Programs are designed to accommodate both the needs of the infant, toddler and the family. This shall include at a minimum:

1. Equipment and materials which are developmentally and age appropriate and reflect functional abilities and safety needs of infants and toddlers;
2. Equipment and materials which are appropriate for imparting information to families;
3. Thoughtful use of resources, materials (toys, play equipment) in the school, home and community.

C. Description of the role of The Muskingum County Board of Developmental Disabilities (County Board) in the Early Intervention System:

1. The County Board provides EI Services at no cost to eligible residents of Muskingum County.
2. Intake
 - a) All new referrals are assigned an Early Intervention Service

Coordinator by the Health Department at the time of referral.

3. Evaluations

- a) The evaluation includes the use of a research based tool and informed clinical opinion and covers all required developmental areas.

- 4. The following chart illustrates the role of the County Board in the provision of Early Intervention program components:

Activity	Help Me Grow Home Visiting	Early Intervention Service Coordination	Muskingum County Board of DD
1. Outreach/Child find/intake procedural safeguards.		X	X
2. Prenatal visits.	X		
3. Newborn home visits.	X		
4. Ongoing home visiting services.	X		
5. Service coordination/individualized family service plan development, implementation, and review.		X	
6. Family Support Services			X
7. Evaluation to determine eligibility and ongoing assessment.			X
8. Specialized services in everyday routines, activities, and places.			X

5. Services

- a) The County Board is one of several specialized service providers in the county. EI staff, families, and service coordinators work to identify strengths and needs of the family and child. Service options and

frequency are determined through these discussions and included in the Individual Family Service Plan (IFSP). EI is considered an education program following evidence based practices that encourages and supports parent involvement and participation. Families are given information and taught skills so that they can be their child's best teacher. Many service options are available in order to meet the needs of a family. The setting for services may be home, school (child care) or community based. Services may be provided in a small group or an individual basis.

6. Staff

- a) The program consists of the Developmental Specialists and other support services as deemed necessary.

7. Transition

- a) The Early Intervention Service Coordinators organize transition activities. However, upon request, Developmental Specialists and other County Board specialized service providers assist with this process in order to ensure a smooth and timely transition from Early Intervention or into other services. Helping families and children make a smooth transition to other programs is considered an ongoing process and not a one-time event. No fewer than ninety calendar days, but not more than nine months before a child's third birthday, a transition planning meeting is held to ensure that services can continue uninterrupted as the child moves to another setting. At this meeting, options are identified and appropriate forms are completed.

II. CALENDAR

EI Services shall be available on a year-round basis for a minimum of two hundred fifty-two days, providing that funds are available. If year-round services are not provided, the County Board will work with other agencies within the Family & Children First Council (FCFC), to help assure continuity of services for families.

III. ELIGIBILITY DEFINITION

- A. The County Board shall provide services and supports to children less than 3 years of age with developmental delays or disabilities and their families. Children aged 3 to 5 years may receive Early Intervention services provided they continue to demonstrate a delay in development or need for continued supports. The Service Coordination will be transitioned from the Health Department to the County Board once the child turns three. They will be assigned a Service and Support Administrator and an Individual Support Plan

(ISP) will be developed as a team using a person centered thinking approach.

- B. To be eligible for Early Intervention services and supports provided by a County Board, an infant or toddler shall;
1. Have a developmental delay in one or more of the following areas, as measured by a research-based developmental evaluation tool and informed clinical opinion as refined by the lead agency:
 - a) Cognitive development,
 - b) Physical development including vision, hearing and nutrition,
 - c) Communication development,
 - d) Social or emotional development,
 - e) Adaptive development (self –help); or
 2. Have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay or disability that is based on a written medical report; or
 3. Have already been determined Part C eligible in the state of Ohio and shall have a child assessment conducted annually.
 4. For children over the age of 3 the following exceptions will be considered:
 - a) A child who reaches his 3rd birthday while enrolled in the County Board operated EI program may remain in EI if:
 - (i) The required transition activities have been completed;
 - (ii) There is space available in the program as determined by the Early Childhood Supervisor; there is an Individual Educational Plan (IEP) that defines structure, purpose, and duration for the child's stay in EI.
 - (iii) The child is dually enrolled in preschool with an IEP and receiving PLAY Project services
 - (iv) The child meets eligibility requirements for 3-5 year olds and demonstrates a continued need for County Board Early Intervention services either by consultation or with an ISP, including PLAY Project.
- C. To determine if an infant or toddler has a developmental delay or disability, the evaluation to determine eligibility shall:
1. Be preceded by a developmental screening completed by the Early

Intervention Service Coordinator if applicable. If offered, the developmental screening must be completed and shared with the family within forty-five calendar days of referral to the Early Intervention system.

2. Be completed by the developmental evaluation team, which includes the parents, Service Coordinator, and at least two appropriately licensed or certified professionals from two different disciplines. A member of the evaluation team must have specialized training or expertise with the child's suspected need or primary area of delay (i.e. Developmental Specialist, a person with an academic background and experience in special education also meets this requirement).
3. Be based on at least one department approved evidence-based developmental evaluation tool and informed clinical opinion. If a delay is not confirmed using a developmental evaluation tool, then informed clinical opinion can be used by the members of the developmental evaluation team to determine a delay.
4. Include the 5 developmental areas specified in paragraph (III) (B) (1) of this procedure with a focus on the child's unique strengths and needs in each domain as related to the child's participation in the family routines and activities.
5. Be provided at no cost to the family.
6. Include a review of pertinent records related to the child's health, developmental and medical history. If a child has already had an evaluation in all or some of the domains including a medical evaluation within the past ninety days, this information must be used as part of the developmental evaluation.
7. Be preceded by informed, written parental consent for the screening and evaluation.
8. Be conducted in collaboration with the family in settings and at times that are selected by families.
9. Be administered in the primary language of the child and family or other mode of communication unless it is clearly not feasible to do so.
10. Be selected and administered so as not to be racially or culturally discriminatory.
11. Be coordinated by the family's Service Coordinator.
12. Be written and include the date or dates of the evaluation, evaluation

method, statement of eligibility, identification of the domains that are delayed, and each evaluator's agency, degree, certification and/or professional license.

13. Be completed and a copy of the report shared with the family within five calendar days of eligibility being determined. If the child is eligible, the IFSP is developed and signed within forty-five calendar days of the initial referral to the system and without undue delay. If the family disagrees with the eligibility determination, their rights shall be explained and, upon consent, the appropriate referral made. In the event of exceptional family circumstances, which make it impossible to complete the developmental evaluation within forty-five calendar days, the Service Coordinator shall document the exceptional circumstances and that the parents were informed and understood that there is an alternative timeline and are in agreement.
 14. A family directed assessment shall be conducted by an Early Intervention Service Coordinator or other qualified Early Intervention personnel. The assessment shall be voluntary on the part of each family member participating in the assessment. Family assessments are to be conducted initially and at least annually, no more than 90 calendar days before the IFSP.
 15. If the County Board is not involved in the evaluation to determine eligibility for Early Intervention as described in paragraphs (III)(A) and (III)(B) of this procedure, the County Board 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. To be eligible for Early Intervention services and supports provided by the County Board, 3-5 year olds shall;
1. Have a developmental delay in two or more of the following areas, as measured by a research-based developmental evaluation tool and informed clinical opinion:
 - a) Cognitive development,
 - b) Physical development including vision, hearing and nutrition,
 - c) Communication development,
 - d) Social or emotional development,
 - e) Adaptive development (self-help); or
 2. Have a qualifying diagnosis as defined by the Department that is based on a written medical report; or
 3. Have already been determined Part B eligible in the state of Ohio and receives services in two or more areas of development based on the most

recent ETR/IEP.

- E. Within 45 calendar days of initial contact to the Early Intervention, the County Board shall assure cooperation in the completion of the evaluation for eligibility and the assessment for program planning.
- F. Ongoing family and child assessment
 - 1. Children who are eligible for Part C Early Intervention services and supports and their families shall receive ongoing family and child assessments. Within forty-five calendar days of the initial referral to the system, the first family and child assessment shall be completed to gather information on the strengths, needs and choices of the child and family for the purpose of program planning.
 - 2. Ongoing assessments for program planning shall be completed by qualified personnel and shall be summarized, documented, and provide detailed strength-oriented information on the child's abilities and recommended approaches for future interventions. This information shall be provided to parents and other team members as parental consent allows. The family shall be provided every opportunity to take an active role in the assessment process. For children receiving ongoing County Board services, the team members must review all current existing developmental and family information so that duplication of information gathered does not occur.

IV. INTAKE AND REFERRAL

- A. Upon receipt of a request from the family or other source, the County Board will forward all requests to Early Intervention Service Coordination or County Board Intake Coordinator if the child is over the age of 3 but under the age of 6. Upon initial contact to Early Intervention by the parent or other referral source, the family shall receive communication within 2 working days from the Early Intervention system.
- B. Prior to conducting an evaluation to determine eligibility, the County Board shall receive copies of the following from the Early Intervention Service Coordinator:
 - 1. Documentation of date of referral to Early Intervention System
 - 2. Informed consent for evaluation and assessment from parent
 - 3. Results of all Screenings and Assessments (i.e.- ASQ, Family Assessments)

4. Parent Consents to Release Information for Any Related Services (i.e.- Dr. office, outpatient therapies, etc.)
 5. Medical records
 6. Documentation that parents received “Parents rights in Early Intervention”.
 7. The following records will be requested if available:
 - a) Verification of Birth
 - b) Social Security Card
 - c) Immunization Record
 - d) Any Previous or Interim IFSPs
- C. For children aged 3 through 5 years, eligibility documents will be obtained by the Intake Coordinator or the child’s Primary Service Provider if transitioning from Part C services prior to evaluation.
1. Including but not limited to:
 - a) Child Info Sheet
 - b) Any medical records that indicate child’s medical diagnosis
 - c) Any Part B documents including child’s ETR/IEP

V. RECORDS

- A. For each child birth through 5 years of age enrolled in the County Board to receive EI services and supports from the County Board, the following information shall be compiled and kept on file:
1. Verification of birth. Acceptable documents which may be copied and kept on file include: a passport or attested transcript of a passport filed with a registrar of passports at a point of entry of the United States showing the date and place of birth of the child, an attested transcript of the certificate of birth, an attested transcript of the certificate of baptism or other religious record showing the date and place of birth of the child, an attested transcript of a hospital record showing the date and place of birth of the child, or a birth affidavit.
 2. Documents used to determine eligibility, the written report of the developmental evaluation, or the written medical report.
 3. Documentation verifying the date of request for or referral to services in the Early Intervention system and the date of initial contact with the County Board if the County Board is assisting in the initial evaluation/assessment process.

4. Any ongoing assessments of the child and family.
 5. A health record that contains ongoing pertinent health information, which includes a record of current immunizations or the exemption or waiver where an immunization is medically contraindicated.
 6. Unusual Incident /Major Unusual Incident Forms.
 7. Documentation from each early intervention service provider that shall include date, duration, frequency, method of delivery, location, and all activities related to outcomes in accordance with the IFSP or ISP.
 8. Current IFSP/ISP, subsequent reviews, written notices regarding meetings, and other related correspondence with the family.
 9. Signed written consents and releases including, but not limited to, informed written consent for the developmental screening, developmental evaluation, family assessments, and ongoing services.
 10. Documentation that a request for a copy of any required information was made, but the information was not available.
 11. New Enrollee Form/Eligibility Determination form signed by Early Childhood Supervisor
- B. For children birth through 2 years, files will be kept until the child's 9th birthday, in compliance with Early Intervention record retention policy found in the Ohio Administrative Code 5123-10-01 and the County Board Records Retention Procedure.
- For children aged 3 through 5 years, files will be kept as described in accordance with County Board Records Retention Procedure.

VI. INDIVIDUAL FAMILY SERVICE PLAN (IFSP) DEVELOPMENT AND CONTENT

A. IFSP Development

The child's Early Intervention Service Coordinator is responsible to ensure the development, implementation, review and monitoring of the IFSP and its timelines. The County Board shall participate in the development, implementation, review, and monitoring of the IFSP. The County Board direct service providers shall be available for the initial, annual and one hundred and eighty day review meetings and shall attend when appropriate or if requested by the family or other member of the team. If the service provider is unable to attend, arrangements shall be made to supply appropriate information to the review team.

B. County Board service providers shall:

1. Participate with the parent(s) and other service providers in the development of each IFSP.
2. Provide information related to the IFSP process to the child's Early Intervention Service Coordinator, the IFSP team, or the parent, as appropriate, including evaluation or assessment information.
3. Supply required information for the IFSP when the County Board is requested to provide or fund a service or support leading accomplishment of a child or family outcome. The County Board must consent to the provision or funding of a service or support before it is listed on and obligated by the IFSP.
4. Participate in data collection and ongoing assessment related to the accomplishment of child and family outcomes for the IFSP and review at least every one hundred eighty days and for the annual meeting to evaluate the IFSP and to revise its provisions as needed.
5. Participate in transition planning as requested by the Service Coordinator or parent at the IFSP meeting closest to the child's 2nd birthday or when the child exits the system at any other time.
6. Maintain Early Intervention case notes that are completed within thirty days of any activity related to the provision of Early Intervention Services.

VII. PARENT'S RIGHTS AND PROCEDURAL SAFEGUARDS PROCESS

For infants and toddlers in the Early Intervention system, the lead agency has established parents' rights and procedural safeguards that protect the rights of parents and their eligible children. The lead agency, in partnership with the state and the Muskingum County Family and Children First Council, is responsible for assuring effective implementation of these parents' rights and procedural safeguards by each local agency that is involved in the provision of EI Services.

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

1. Comply with the Ohio Department of Developmental Disabilities "Early Intervention Services-Procedural Safeguards" policy as described in section 5180-10-01 of the Ohio Administrative Code;
2. Ensure that parents are informed of these procedural safeguards afforded under the lead agency, provide a copy upon receipt of a complaint and

upon request, and ensure that families are aware that they may file a complaint with the lead agency at any time;

3. Ensure parents are afforded all requirements under section 5123.63 of the Revised Code, distribution of the "Bill of Rights."
 4. Ensure that parents are informed of their rights as outlined in the "Parents Rights in Early Intervention" brochure and document that the parent has received a copy of the "Parents Rights in Early Intervention" brochure.
- B. For all eligible children aged 3 through 5 served by the County Board, the County Board shall:
1. 1. Comply with the "Resolution of Complaints & Appeals of Adverse Action" policy set forth by the County Board under section 5123-4-04 of the Ohio Administrative Code;
 2. Ensure that parents are informed of these procedural safeguards afforded under the lead agency, provide a copy upon receipt of a complaint and upon request, and ensure that families are aware that they may file a complaint with the lead agency at any time;
 3. Ensure parents are afforded all requirements under section 5123.63 of the Revised Code, distribution of the "Bill of Rights."

C. EI Policies and Procedures

The County Board shall communicate its EI policies, procedures, and the description of services to families, county agency partners, and regulatory bodies for the purpose of clarifying the County Board's role within the Early Intervention system.

VIII. STAFFING

A. Staffing Ratios

1. The County Board EI staffing requirements shall be based upon IFSP and resulting feedback in the provision of those supports for families. The administration of the County Board shall review the previous trends of service delivery and supports to evaluate current resources for reallocation for the purpose of better meeting the needs of those served.
2. The staffing review shall be a component of the Annual Action Plan development and be responsive to the feedback received from program surveys, interviews, IFSP needs assessments, public meetings and any other vehicles used to gather data for analysis. Partnerships and linkages

with other community agencies will also be considered in the staffing requirement analysis. The County Board shall collaborate with Early Intervention Service Coordinators for children enrolled in the EI program. The County Board will utilize the guidelines set forth in the Early Intervention program related to Federal Part C entitlements for infants and toddlers.

3. The Early Childhood Supervisor shall develop and recommend to the Superintendent EI services staffing requirements specific to each program area based on the typical service/support needs of individuals receiving services in programs provided by the County Board. Some variables that may affect the ration include;
 - a) The extent and intensity of the family supports provided;
 - b) The extent and intensity of the child's needs;
 - c) Location of services and supports including travel time for home-based services;
 - d) The involvement and assistance of other services, supports, and agencies;
 - e) The participation of age-eligible, typically developing children in School-based programming;
 - f) The resources available within the County Board and the community.
4. The EI staffing ration procedure shall be reviewed annually.

B. Certification of Staff

1. The person employed as the Developmental Specialist shall possess a currently valid Developmental Specialist certificate issued and maintained by the Ohio Department of Developmental Disabilities (DODD).
2. A person who substitutes in any one assigned Developmental Specialist position for more than sixty consecutive working days shall obtain either a substitute or a temporary Developmental Specialist level certificate issued and maintained by DODD.
3. Ancillary professional staff providing services in their discipline to infants and toddlers shall possess a currently valid Ohio license or certification issued by that professional licensing/certifying entity that governs requirements for the respective service provided.

4. It shall be the policy of the County Board to meet or exceed such requirements as defined by the DODD, related to the certification standards for staff working in EI positions with the County Board or its contract agencies.
5. These standards shall apply to all professional and paraprofessional employees working for the County Board in positions either providing direct services or on behalf of infants/toddlers/preschoolers enrolled in EI programs or managing those employees providing such services.
6. In the EI program, employees directly supervising these service employees shall be required to hold appropriate certification. Staff of agencies contracting with the County Board shall be required to have applicable certification until such time as the County Board is appropriately accredited, licensed or certified to perform particular services or activities.
7. The Superintendent shall make recommendations to the department of the applicability of the accreditation, licensing or certification of the contract agency under consideration and request approval accordingly. Staff employed in positions requiring licensure or certification issued by another County Board or agency is exempt from these standards.
8. The types of certification applicable to this policy are in compliance with the Ohio Administrative Code 5180-10-05.
9. Employees shall be responsible for meeting the professional, educational, continuing education and/or experience requirements applying to their position in order to maintain the proper state required certification(s).
10. The required fees for certification/registration/license applications, renewals, or for course work, related to certification and licensing shall be the responsibility of the individual staff member.
11. An employee holding a certificate or evidence of certification may have such certificate or evidence of certification denied, suspended or revoked by the DODD, if DODD determines that such employee is guilty of intemperate, immoral or other conduct unbecoming to the employee's position is guilty of incompetence or negligence within the scope of the employee's duties, or the employee has been convicted or plead guilty to any of the offenses listed in Ohio Revised Code 5126.28.
12. No person will be employed or compensated by the County Board if the person does not hold the certificate evidence of certification or license required for the position. The Superintendent may employ, at the Superintendent's discretion, an individual pending the issuance of the proper certificate, registry or license if the person has met the

requirements for such and has applied for certification, registry or license and the application has not been denied.

13. If required license/certificate/registration is permanently revoked, is not renewed, or lapses that person's employment shall be terminated by the County Board pursuant to Section 5126.082 of the Ohio Revised Code, and in accordance to the County Board's progressive discipline policy/procedures.

Approved: August 29, 2002

Reviewed: February 24, 2003; July 26, 2005

Revised: November 14, 2006

Reviewed: January 4, 2007; January 3, 2008; January 1, 2009; January 14, 2010;

January 6, 2011; Reviewed: January 5, 2012; January 10, 2013; January 9, 2014;

January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018

Revised: June 21, 2018; August 9, 2019; May 28, 2020; February 8, 2022; June 10, 2022, July 2, 2024, May 21, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Starlight School Preschool And School Age Policy

Policy Number:

6.01

I. SUBJECT

Addressing the Starlight School PreK-12 program to ensure students are receiving the required educational supports.

II. PURPOSE

- A. The preschool and school age programs of the Muskingum County Board of Developmental Disabilities (County Board) shall provide educational services to eligible students that are appropriately placed by the Local Educational Agency (LEA). Starlight School shall only serve students whose needs are so comprehensive that the IEP team and their district of residence determines the least restrictive environment to be Starlight School.

III. POLICY

- A. The Preschool and School-Age Programs serves identified students who have mild, moderate, severe or profound intellectual disability or other substantial developmental disability. The Preschool Program also serves partners, which are students that have not been identified to have any suspected disabilities.
- B. To be eligible for admission to the Preschool Program, the student shall be:
 - 1. Between 3 and 5 years of age.
 - 2. Identified students shall be recommended for placement in the program as the least restrictive environment by the school district of residence in accordance with the Rule 3301-51-02 of the Administrative Code.
 - 3. Identified students must meet the eligibility determination requirements through the Ohio Department of Developmental

Disabilities and be assigned a Serviced & Support Administrator (SSA) through the Muskingum County Board of DD.

To be eligible for admission to the School-Age Program, the student shall be:

1. At least six and not yet twenty-two years of age, except that a five-year-old is eligible for admission to the school program, if such placement is deemed appropriate through the Individual Education Plan (IEP) process.
 2. Recommended for placement in the program as the least restrictive environment by the school district of residence in accordance with the Rule 3301-51-02 of the Administrative Code.
 3. Meet the eligibility determination requirements through the Ohio Department of Developmental Disabilities and be assigned a Serviced & Support Administrator (SSA) through the Muskingum County Board of DD.
- C. Pursuant to section 3301-31 of the Rules for the Education of Preschool Children with Disabilities, the local school district will provide an initial evaluation to determine the disability(s). The parent must give permission for the evaluation before it can take place. Upon completion of the evaluation, a placement meeting is held to review all of the information and determine the appropriate educational placement for the child

Each identified student shall have an IEP developed and reviewed in accordance with Rule 3301-51-02 of the Administrative Code. The IEP shall include transportation assistance needs. The LEA of residence for the enrolled student in collaboration with the staff of the Starlight School is responsible for the development of the IEP.

For Partners, staff will perform the Early Learning Screening Inventory to assure the child is within normal range of development in the following areas: self-care, fine motor, language, gross motor, and cognitive.

Each partner is accepted on a 60-calendar day trial basis. If there are concerns about a child's ability to serve as a good partner, parent(s) shall be contacted. Starlight School reserves the right to ask a parent

to withdraw a child if it is deemed they are not a good fit as a partner.

- D. Curriculum obtained, developed, and approved by the Muskingum County Board of Developmental Disabilities shall be utilized. Courses of study shall describe the domains, life spaces, developmental sequences or other appropriate approaches which meet the standards of pupils. All curriculum and instruction shall be characterized by systematic planning, articulation, implementation, and evaluation.
- E. Preschool class size shall not exceed 12 students, 6 identified students and 6 partners. School age class size shall not exceed 8 students and the age range shall not exceed sixty months unless a waiver is requested from ODEW Ohio Department of Education and Workforce.
- F. There shall be at least one Intervention Specialist and one full time Classroom Assistant assigned to each class.
- G. All school activities must be approved by the Superintendent to assure they are operated in accordance with the philosophy and goals of the Muskingum County Board of Developmental Disabilities
- H. Student progress shall be reported to parents on a 9 week basis by parent conferences, written reports, or a combination thereof. Staff shall be available upon parental request to discuss progress as needed. All pupil achievement shall be monitored on a regular basis.
- I. The following information shall be maintained for each Preschool student (as applicable):
 - 1. Verification of birth
 - 2. Initial or re-evaluation and IEP.
 - 3. A medical evaluation current within thirty days of enrollment and updated annually while enrolled.
 - 4. A record of immunizations as required by Section 3313.67 of the Ohio Revised Code, which include immunizations required by Section 3313.671 of the Ohio Revised Code as appropriate for their age upon entry;
 - a. DTaP (Diphtheria, Tetanus, Pertussis)- 4 dose or more doses

- b. Polio- 3 or more doses
 - c. MMR (Measles, Mumps, Rubella)- 1 or more doses
 - d. Hepatitis B- 3 doses
 - e. Varicella (Chicken Pox)- 1 or more doses
5. Emergency contact sheet which contains child information as required by Section 3301-37-08 of the Ohio Revised Code;
 6. Information Notice Forms and Unusual Incident (UI) reports;
 7. Reports of progress on IEP goals and objectives;
 8. Behavioral program plans and data summaries;
 9. Data noting other services, such as counseling with parents and referral services to other professional services and community agencies.

The following information may be requested and included:

1. Previous programmatic and instructional records;
2. Current family and child data;
3. Information to determine or substantiate eligibility for other services such as supplemental security income, Medicaid, etc.; and
4. Any additional information necessary to complete the placement process.

The following information shall be maintained for each School Age student:

1. Application for enrollment
2. Verification of birth
3. An initial or re-evaluation and IEP.
4. A medical evaluation current within ninety days of enrollment

5. A record of immunizations as required by Section 3313.67 of the Ohio Revised Code, which include immunizations required by Section 3313.671 of the Ohio Revised Code as appropriate for their age upon entry;
 - a. DTaP (Diphtheria, Tetanus, Pertussis)- 4 dose or more doses, 5th dose is required if 4th doses was before the 4th birthday; Tdap- 1 dose required for grades 7-12, given on or after 10th birthday
 - b. Polio- 4 doses with final dose given on or after 4th birthday
 - c. MMR (Measles, Mumps, Rubella)- 2 doses
 - d. Hepatitis B- 3 doses
 - e. Varicella (Chicken Pox)- 2 doses
 - f. MCV4 (Meningococcal)- Grade 7 requires 1 dose given on or after 10th birthday; 2 doses required by grade 12 with second dose given on or after 16th birthday.
6. Emergency contact sheet;
7. Accident or unusual incident reports;
8. Reports of progress on IEP goals and objectives;
9. Behavioral program plans and data summaries;
10. Data noting other services, such as counseling with parents and referral services to other professional services and community agencies.

The following information may be requested and included:

1. Previous programmatic and instructional records;
2. Current family and child data;
3. Information to determine or substantiate eligibility for other services such as supplemental security income, Medicaid, etc.; and
4. Any additional information necessary to complete the placement process.

- J. If patterns of irregular attendance emerge, the Director of Educational Services will be notified and contact will be made with the home to discuss any problems. Further action may be taken through the Local Education Agency pursuant to the Ohio Revised Code.
- K. Ancillary Services are specialized services intended to improve and preserve one's ability to function independently and, to the extent possible, prevent progressive disabilities. Ancillary Services provided to a student shall be based on assessment of the student and, based upon the needs indicated in the assessment, made part of the IEP.

Ancillary Services provided directly by Starlight or the child's home district may include:

- 1. Communication Skills;
- 2. Physical Development;
- 3. Physical Therapy;
- 4. Speech Therapy
- 5. Occupational Therapy;
- 6. Psychological Services:
- 7. Health Education;
- 8. Supplemental Services such as art and music, mobility, sign language, behavior management, social services.
- 9. Nursing Services.

L. Parent/Guardian/Individual Rights

- 1. Right to deny permission for any proposed evaluation activities.
- 2. Right to review and inspect all records upon which educational decisions are made and to obtain a copy of such records and to request amendments be made to the data.
- 3. Right to obtain an independent evaluation of the student at their

own expense and introduce such information into the student's record.

4. Right to present complaints with respect to the evaluation or placement.
 5. Right to a due process hearing conducted by an impartial hearing officer.
 6. Right to be fully informed in written and oral form of all proposed evaluation, placement and periodic review, activities and decisions in the native language of the home.
 7. Right to obtain a description of the kinds and number of facilities, program options, services and personnel providing education and training by the agency.
 8. Right to have a conference (or communicate in other ways) with any person participating in decisions during the evaluation, placement, and/or periodic review process.
- M. In order to protect the rights of the child when the parents of the child are unknown or unavailable, or when the child is a ward of the state, the following guidelines are established: The Muskingum County Board of Developmental Disabilities will follow the LEA policy of the child's residence/placement. Copies of each of the involved LEA's policies on Parent Surrogates in the county shall be requested and kept on file in the administrative office. The Muskingum County Board of Developmental Disabilities will work with the appropriate LEA when it is determined that a parent surrogate is needed for a particular individual.

The Director of Educational Services/Designee shall provide access to the student's records to the law enforcement officials who are conducting the investigation.

- N. The Muskingum County Board of Developmental Disabilities shall ensure that all students are accounted for at all times. In the event staff discover that a student is missing, the following procedure will be followed: (Also see Starlight School Safety Plan)
1. The Director of Educational Services or designee should be contacted immediately, identifying:

- a. Student
 - b. Description of the clothing the student was wearing
 - c. Approximate time when the student was last seen
 - d. Location where the student was last seen
2. All areas of the school - including closets, mechanical room laundry, and office area - shall be checked.
 3. A search (checking all areas mentioned above and other areas as appropriate) will be organized/conducted by the building authority or designee.
 4. An on-grounds search that includes the property of the facility and surrounding areas will also be conducted.
 5. All staff involved in the search shall contact the building authority or designee to report on their individual search.
 6. It will be the responsibility of the Director of Educational Services or designee to contact the Police Department after fifteen minutes has elapsed since determining a student is missing. (Contact with the Police Department may occur earlier than fifteen minutes, depending upon the nature and needs of the missing person.) A summary of the missing person's vital statistics, clothing, medical conditions and medications shall be prepared for the police by the building authority or designee. The family will be contacted by administrative staff alerting them of the situation.
 7. All staff involved in the search for the missing student should continue searching until they are advised otherwise by the building authority or designee.
 8. The Director of Educational Services will immediately notify the Superintendent or his/her designee, the individual's family/legal guardian, and case management to notify them of any prolonged absence.
 9. It is the responsibility of each staff member on duty to be able to account for those students under his/her supervision.
- O. The Muskingum County Board of Developmental Disabilities shall

request from each LEA placing individuals into the Muskingum County Board of Developmental Disabilities programs their respective Due Process Procedures. The appropriate LEA policies and procedures shall be followed according to the individual involved. Children ages 3 through 21 covered by LEA's policies.

- P. In an emergency, the Superintendent or designee may remove a student from curricular, or extracurricular activities on the premises if the student poses a continuing danger to himself/herself or others or participates in the destruction of property.
 - 1. If the student has been placed by the LEA, such removal shall be reported immediately to the parent and the LEA. A written incident report shall be prepared by the end of the work day. A copy of the incident report shall be forwarded within 24 hours to the school district. Such removal may be accomplished despite an individual's handicapping condition, but are subject to the due process procedures of O. R. C. Section 3313.66.
 - 2. Emergency removal may be a planned component of a behavior management program when the program has been approved by the parents and the LEA.
- Q. When inclement weather conditions would justify closing, delaying the opening, or early dismissal of Starlight School the School Principal/designee will contact the Superintendent as early as possible for a final decision. In the event the Superintendent is unavailable, the School Principal/designee shall make the decision.
 - 1. The School Principal/designee will notify all staff of the decision via the One Call Now system.
 - 2. Vehicle operators are instructed to use their best judgment when road conditions are hazardous so it is possible that if some road(s), lane(s) are dangerous, not all students will be picked up. This decision is based on the safety and welfare of the students being transported.
 - 3. When weather conditions make it impossible to travel some roads, the vehicle operator should be sure to call the parents, guardians or others as appropriate as soon as possible to let them know it was not possible to get through. If excessive delays occur in the morning or afternoon (twenty (20) minutes or more), the School Principal/designee should make arrangements for notifying staff and/or parents, guardians or others as appropriate

4. The following TV stations to be notified of the decision:
WHIZ-TV/Fox 5 Zanesville
- R. The Board's plan for career advising includes, providing:
1. Annual Employability and Life Skills Assessments that align with the extended standards as indicated by the Ohio Department of Education and Workforce.
 2. Transition planning for students age 14 and above, which includes meeting with each student at least once annually to discuss academic and transition pathway opportunities.
 3. Training for employees on how to advise students on transition pathways, including use of the tools available on the ODEW website and with other sources provided by the school.
 4. Documentation on transition advising for each student and student's parent, guardian or custodian to review, as well as programs that the student may attend in the future. These include activities that support the student's academic, career and social/emotional development.
 5. The supports necessary for students to transition successfully from school to their postsecondary destinations.
- S. Harassment, intimidation, bullying, and/or bullying in person or by an electronic act of students is strictly prohibited on the Muskingum County Board of DD (Board) Property and at Board sponsored activities.
1. Definitions: "Electronic act" means an act committed through the use of a cellular telephone, computer, pager, personal communication device, or other electronic communication device. "Harassment, intimidation, or bullying" means either of the following: Any intentional written, verbal, electronic, or physical act that a student has exhibited toward another particular student more than once and the behavior both: Causes mental or physical harm to the other student; Is sufficiently severe, persistent, or pervasive that it creates an intimidating, threatening, or abusive educational environment for the other student. Violence within a dating relationship.
 2. Parents, guardians, and/or students who have been harassed, intimidated, bullied, or bullied by an electronic act have the right

to file a formal or informal complaint.

3. If a staff member witnesses or receives a report that a student has been harassed, intimidated, bullied, or bullied by an electronic act, the incident shall be reported and documented using an Unusual Incident Report (UIR) and may be considered for a Major Unusual Incident (MUI) if the event meets MUI criteria.
4. All complaints and/or incidents of harassment, intimidation, or bullying shall be investigated by an Investigative Agent for MUI consideration, Director of Educational Services, and/or a designee assigned by the Director of Educational Services or Board Superintendent.
5. The custodial parent or guardian of any student involved in a prohibited incident be notified and, to the extent permitted by section [3319.321](#) of the Revised Code and the "Family Educational Rights and Privacy Act of 1974," 88 Stat. 571, 20 U.S.C. 1232g, as amended, have access to any written reports pertaining to the prohibited incident.
6. Nothing in this section prohibits a victim from seeking redress under any other provision of the Revised Code or common law that may apply.
7. This section does not create a new cause of action or a substantive legal right for any person.

IV. DEVELOPMENT OF PROCEDURES

The board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes. Policies and procedures specific to MUI and UI shall be reviewed annually and revised as necessary to ensure systems of ensuring health and welfare of individuals are adequate for protecting individual's rights.

Adopted: November 12, 2020

Revised: August 10, 2023; February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Starlight School Wellness Policy

Policy Number:

6.03

Public Law:

108.265

I. PURPOSE

Our Board recognizes the link between student health and learning and desires to provide a comprehensive program promoting healthy eating and physical activity for our students. The Starlight School Health and Wellness Committee shall coordinate and align efforts to support student wellness through health education, physical education and activity, health services, nutrition services, and a safe and healthy school environment. In addition, the Starlight School Health and Wellness Committee shall develop strategies for promoting staff wellness and for involving parents/guardians and the community in reinforcing students' understanding and appreciation of the importance of a healthy lifestyle. Members of the Health and Wellness Committee will be reviewed and appointed annually by the Director of Educational Services.

The policies outlined within this document are intended to create a school environment that protects and promotes the health of our students. This policy applies to all students in the school. Our commitments to providing nutrition education and regular physical activity, as well as access to nutritious foods for all students, are described here.

II. SCHOOL HEALTH AND WELLNESS COMMITTEE

The Starlight School Health and Wellness Committee may consist of: Teacher representative(s), parent(s), administrator(s), food service employee(s), board member(s), student(s), and health professionals. The goal of the Starlight School Health and Wellness Committee is to identify health and wellness concerns and design and implement policies that will promote the health and wellness of our students. The Starlight School Health and Wellness Committee will work to establish volunteer-based wellness committees. The committee and teachers/staff will work together to evaluate the current Pre K-12 nutrition education programs, to determine areas of improvement.

To encourage participation in the Starlight School Health and Wellness Committee:

- A. Parents will be notified via the quarterly newsletter, website, social media page, and through additional correspondence about the Starlight School Health and Wellness Committee and how to get involved.
- B. School administration and staff will be notified about the Starlight School Health and Wellness Policy at school in- service trainings.
- C. Outreach will be conducted to include additional participants, such as outside health professionals and families.
- D. The committee will meet four times per year to establish goals and oversee the school nutrition and physical activity processes. Oversight for the Starlight School Health and Wellness Policy will be maintained by the Superintendent, Director of Education, Food Services Supervisor, and School Nurse, who have the authority to implement and enforce the policy.
- E. At least once every three years the committee will evaluate compliance and implementation of the wellness policy.
- F. All committee meeting dates and times will be listed on the Starlight School Monthly Meeting Calendar.

III. NUTRITION EDUCATION AND PROMOTION

- A. Teachers will integrate nutrition education into core curriculum using activities associated with USDA's federal nutrition guidelines. Nutrition education lessons and activities will be age appropriate and meet the cognitive abilities of every student. USDA guidelines are reviewed with staff annually during professional development day and educational items are distributed to classrooms throughout each school year.
- B. Nutrition promotion will include participatory activities such as contests, farm visits, and experience working in school gardens.
- C. The nutrition education program will follow federal nutrition guidelines.
- D. Nutrition education will be provided to families via newsletters, postings on the website, and with additional correspondence.

IV. NUTRITION STANDARDS FOR ALL FOOD AND BEVERAGES SOLD OR SERVED ON SCHOOL GROUNDS

A. USDA School Meals

School meals will include a variety of healthy choices while accommodating special dietary needs and ethnic and cultural food preferences. Starlight School shall participate in the USDA school breakfast and school lunch food programs.

In addition:

1. All reimbursable meals will meet nutrition standards mandated by the USDA, as well as any additional state nutrition standards that go beyond USDA requirements;
2. The school meal programs will be administered by a team that will include Food Service Supervisor and kitchen staff. All kitchen/cafeteria staff will be provided training on USDA meal plans/reimbursable meals as well as cooking techniques, recipe implementation, sanitation, food safety and personal hygiene annually.
3. All menus will be provided monthly and will be available on the school website.
4. Students will be provided at least 20 minutes to eat breakfast and 30 minutes to eat lunch after being seated.
5. Meals will be served in a clean and pleasant setting and under appropriate supervision.
6. Lunch will be scheduled between 11a.m. and 1p.m.
7. Students will have access to hand washing/hand sanitizing facilities before meals and snacks.
8. Information on the nutritional content and ingredients of meals can be provided by the Food Service Supervisor and available upon request. Parents and students will be informed that information is available, and information shall be kept up-to-date.
9. Participation in school meal programs will be promoted. Parents will be notified of the availability of breakfast and lunch, and will be encouraged to provide verification of eligibility for reduced or free meals if applicable.

10. Nontraditional breakfast service to increase participation will be utilized when necessary, such as breakfast served in the classroom.

B. Nutrition Guidelines for the School Breakfast Program

Starlight School participates in the National School Breakfast Program, which offers a nutritious breakfast to all students before classes begin each day. Research shows that children who regularly eat breakfast have fewer nutrient deficiencies than those who skip breakfast, and have better memory, attention, test scores, and school attendance records.

National School Breakfast Program Requirements:

The following must be offered throughout the 5-day school week:

- At least 5 cups of fruit (grades K-12).
- 7-10, 8-10, or 9-10 ounces of grains/bread or meat/meat alternatives (grades K-5, 6-8, and 9-12, respectively).
- At least 8 ounces of milk (grades K-12).
6 ounces of milk (Pre-K).

The following components must be offered daily:

- At least $\frac{1}{2}$ cup of fruit for preschool.
At least 1 cup of fruit (or vegetable as a substitute) (grades K-12).

C. Nutrition Guidelines for the School Lunch Program

Starlight School participates in the National School Lunch Program, which offers nutritious, well-balanced, age appropriate lunches to all students.

National School Lunch Program Requirements:

The following must be offered throughout the 5-day school week:

- 2.5 cups of fruit (grade K-8), or 5 cups of fruit (grades 9-12)
- 3.75 cups of vegetables (grades K-8), or
5 cups of vegetables (grades 9-12)

- The vegetables offered each week must include at least:
 - ½ cup dark leafy green vegetables (grades K-12)
 - ¾ cup orange vegetables (grade K-8), or 1 ¼ cups (grades 9-12)
 - ½ cup legumes (grades K-12)
 - ½ cup starchy vegetables (grades K-12)
 - ½ cup “other” vegetables (grades K-8), or ¾ cup (grades 9-12)
 - Plus 1 to 1 ½ additional cups from any category
- 8-9 ounces of grains/bread (grades K-5),
8-10 ounces (grades 6-8), or
10-12 ounces (grades 9-12)
- 8-10 ounces of meat/meat alternatives (grades K-5),
9-10 ounces (grades 6- 8),
10-12 ounces (grades 9-12)
- 8 ounces of milk, with at least two different types of milk offered
(flavored or unflavored fat free, unflavored low fat) (grades K-12)

The following must be offered daily:

- At least ¼ cup of fruit (preschool),
at least ½ cup of fruit (grades K-8),
at least 1 cup of fruit (grades 9-12)
- At least ¼ cup of vegetables (preschool),
at least ¾ cup of vegetables (grades K-8),
at least 1 cup of vegetables (grades 9-12)
- At least ½ ounce serving of grains (preschool),
at least 1-ounce of grains (K-8),
at least 2 ounces of grains (grades 9-12)
- At least 1 ½ ounces of meat or meat alternatives (preschool),
at least 1-ounce of meat or meat alternatives (grades K-8),
at least 2 ounces of meat or meat alternatives (grades 9-12)
- At least 6 ounces of milk (preschool) or
8 ounces of milk (grades K-12)

Average Weekly Calorie and Sodium Requirements per Meal:

Average Weekly Calorie and Sodium Requirements per Meal:

- Grades K-5: 550-650 calories, <10% calories from saturated fat, no more than 935 mg of sodium
- Grades 6-8: 600-700 calories, <10% of calories from saturated fat, no more than 1035 mg of sodium
- Grades 9-12: 750-850 calories, <10% calories from saturated fat, no more than 1080 mg sodium

Field Trip Guidelines:

In the event of field trips, the kitchen staff will offer sack lunches. All sack lunches will follow the USDA guidelines for nutritional standards and requirements.

D. Competitive Foods and Beverages

All foods and beverages sold on school grounds to students outside of reimbursable school meals are considered “competitive foods”. Competitive foods include items sold a la carte in the cafeteria, from vending machines, school stores and for in- school fundraisers. All competitive foods must comply with the district’s nutrition standards, as well as all applicable state and USDA Smart Snacks Rule.

Starlight School serves students with medical, behavioral, and cognitive disabilities; therefore, we do not sell any additional foods or beverages outside of the national school breakfast and lunch program to students.

E. Access to Drinking Water

Students and school staff members will have access to free, safe, and fresh drinking water always throughout the school day. Water jugs and cups will be available in Home Living near the ice & water machine. Supervisory staff will facilitate access to water in the multipurpose room and other areas as needed. Students will be allowed to bring drinking water from home to classroom.

F. Fundraisers

Starlight School does not participate in “in school” fundraising. Students do not have the opportunity to purchase additional food or beverages.

G. Celebrations

Celebrations involving food will be encouraged to follow nutritional standards, as well as to include fruits and/or vegetables.

H. Healthy Snacks

Healthy snacks meeting federal nutritional guidelines will be encouraged for all students. Due to the nature of Starlight School's programming, it is understood that exceptions due to a student's dietary needs or medical exemptions will be acceptable.

V. PHYSICAL ACTIVITY

All students will have developmentally appropriate opportunities for physical activity daily alongside classroom staff. The use of the gym, playground, and outdoor walking path will be available to all students and staff.

In accordance with the Ohio Department of Education, K-12 students will have two 15-minute periods a day of supervised recess before and after lunch period, during which moderate to vigorous activity will be encouraged. Outdoor recess will only be withheld in the event of extreme weather, as defined by the Board.

Preschool students will receive 30 minutes of unstructured outdoor activity when the weather is appropriate. Teacher discretion will be used for inclement weather (active precipitation) and adverse playground conditions. In such instances, alternative activities will be provided (gym, classroom, and multipurpose room).

Adopted: November 12, 2020

Revised: February 13, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Title IX Policy Regarding Sexual Harassment And Misconduct

Policy Number:

6.04

I. INTRODUCTION

Title IX of the Education Amendments of 1972 (20 U.S.C. §1681(a)) generally states:

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance.

Thus, Title IX prohibits the Board from discrimination in its educational programs or activities, admission/enrollment/placement, and employment. Pursuant to Title IX and its implementing regulations (34 C.F.R. 106), sexual harassment is a form of prohibited sex discrimination. The Board does not and shall not discriminate on the basis of sex (including sexual orientation or gender identity), in its educational programs or activities. The Board is committed to an educational environment that is free from unlawful discrimination on the basis of sex and hereby prohibits unlawful discrimination on the basis of sex, including sexual harassment, as defined by Title IX and under other law, in all of its programs and services, including education.

When the Board has actual knowledge of sexual harassment it shall promptly respond in a manner that is not clearly unreasonable in light of the circumstances known to the Board, meaning the Board will not be deliberately indifferent in its response. The Board shall provide “supportive measures” to a person who has been the victim of sexual harassment that will restore or preserve that person’s access to the Board’s educational programs and activities. The Board shall take all necessary and appropriate action when an individual is determined responsible for violating this policy. Those persons, including third parties over whom the Board has control, who commit sexual harassment shall be subject to disciplinary sanctions set forth in this Policy.

II. SCOPE OF POLICY

All students participating in the Board’s educational programs and activities and all Board staff and members are subject to this Title IX Policy. For all Starlight School students investigations of sexual abuse and sexual harassment, as well as all other Major Unusual Incidents will follow ORC 5123.61 and OAC

5123-17-02. Children Services Board and law enforcement will be the lead for all investigations. This Policy applies to unlawful discrimination based upon sex and sexual harassment that occurs in the United States, on or after August 14, 2020, and within the Board's educational programs and activities, whether committed by a student, employee, member, contractor, vendor, parent, visitor or guest. This Policy applies to persons, locations, events, and circumstances over which the Board exercises substantial control over both the Respondent, defined in Procedure 6.04.1 (II) (25) and the context in which the Prohibited Conduct, defined in Procedure 6.04.1 (11) (20) occurs. The Board may not have the authority or ability to implement disciplinary action in every circumstance. When that is not possible, the Board shall nevertheless comply with its obligations under Title IX by evaluating conduct reported to it, providing supportive measures, assisting a Complainant, defined in Procedure 6.04.1 (11) (4) in identifying external reporting options, and taking reasonable action to end the Prohibited Conduct.

This Policy may not apply to certain misconduct that is prohibited by another Board policy or procedure or applicable federal and state laws and regulations.

III. NOTICE OF NON-DISCRIMINATION AND TITLE IX POLICY

In accordance with Title IX and this Policy, the Board requires the Superintendent to notify applicants for admission/enrollment/placement and employment; students; parents or legal guardians of students; Board employees and members and volunteers with the Board of the following information (said notice will be posted on the MCBDD website and in the Starlight School Parent Manual and the Board Policy Manual):

Pursuant to and in accordance with Title IX and its regulations, the Board does not discriminate on the basis of sex in its educational programs or activities. The requirement not to discriminate in its educational program or activity extends to admission/enrollment/placement and employment. The Board's Title IX Coordinators are:

BRENT BRANNON
DIRECTOR OF EDUCATIONAL SERVICES
1330 NEWARK RD ZANESVILLE, OH 43701
740-455-4176 EXT. 1680
BBRANNON@MUSKINGUMDD.ORG

MELINDA RUSSELL
HUMAN RESOURCES DIRECTOR
1304 NEWARK RD. ZANESVILLE, OH 43701
740-453-4829 EXT. 1213
MRUSSELL@MUSKINGUMDD.ORG

Any inquiries about the application of Title IX and its regulations to the District may be referred to the Board's Title IX Coordinators (listed above), the Assistant Secretary for the U.S. Department of Education's Office for Civil Rights, or both.

The Board has adopted Policy No. 6.04 – Title IX Policy and The Superintendent Approved Procedure Regarding Sexual Harassment and Misconduct, which contains a complaint and investigation process that provide for the prompt and equitable resolution of complaints alleging any action that is prohibited by Title IX and/or its regulations. Policy No. 6.04 is available at: <https://www.muskingumdd.org/>. Policy No. 6.04 along with Procedure No. 6.04.1 addresses how to report a complaint of sex discrimination or harassment, how to file a formal complaint of sexual discrimination or harassment, and how the Board will respond.

The Superintendent shall conspicuously display the Title IX Coordinators' contact information and this Policy on the Board's website and in the Starlight School Parent Manual and the Board Policy Manual.

IV. MISCELLANEOUS

A. Training

The Title IX Coordinators, Investigator, decision-maker(s), Appeal Officer, or other person(s) designated to facilitate an informal resolution process shall receive training on:

1. the definition of Prohibited Conduct (as that term is used in this Policy);
2. the scope of the Board's educational programs and activities;
3. how to conduct an investigation and implement the investigation and decision-making process under this Policy, including appeals and Informal Resolution, as applicable; and
4. how to serve in their respective role impartially, including by avoiding prejudgment of the facts at issue, presumption of responsibility by the Respondent, conflicts of interests, and bias.

Materials used for training shall not rely on sex stereotypes and must promote impartial investigations and determinations of Formal Complaints.

Any Investigator appointed shall receive training on issues of relevance, including how to apply the rape shield protections provided only for Complainants, in order to create an Investigative Report that objectively

evaluates and fairly summarizes all relevant evidence gathered by the Investigator.

Any decision-maker appointed shall receive training on evaluating evidence, including, but not limited to, determining issues of relevance and including how to apply the rape shield protections provided only for Complainants, and when questions and evidence about the Complainant's sexual predisposition or prior sexual behavior are not relevant. Decision-maker should outsource legal counsel as needed.

Upon hire and during initial orientation all Starlight School employees shall be trained concerning their legal obligation to report Prohibited Conduct to the Title IX Coordinator under this Policy. Board members will also be trained concerning their legal obligation to report Prohibited Conduct to the Title IX Coordinator under this Policy. Such training shall address how to identify Prohibited Conduct.

B. Conflict of Interest or Bias

No person involved in the investigation and decision-making process, including, but not limited to, the Title IX Coordinators, Investigator, decision-maker, Appeal Officer, or any other person appointed to facilitate Informal Resolution shall have a conflict of interest or bias for or against complainants or respondents generally or an individual Complainant or Respondent in a particular case. A conflict of interest exists if the person has prior involvement in or knowledge of the allegations at issue in the case, has a personal relationship with one of the parties or witnesses, or has some other source of bias. The Superintendent shall take reasonable actions to ensure that no person involved in the investigation and decision-making process has a conflict of interest or bias.

C. Recordkeeping

The Board shall maintain the following records permanently in the HR files in the Board's Administration Office as established in an approved records retention schedule:

1. Records of each investigation of Prohibited Conduct, including any determination regarding responsibility, any Sanctions recommended and/or imposed on the Respondent, and any Remedies provided to the Complainant;
2. Records of any appeal and the resulting Notice of Outcome of Appeal;
3. Records of any Informal Resolution; and

4. All training materials.

D. Criminal Acts

A person may file criminal charges with appropriate law enforcement simultaneously with filing a Formal Complaint. A person does not need to wait until the Title IX investigation is completed before filing a criminal complaint. Likewise, questions or complaints relating to Title IX may be filed with the U.S. Department of Education's Office for Civil Rights at any time.

At any point, the Board, its Title IX Coordinator, or the Investigator may involve local law enforcement and/or file criminal charges related to allegations of Prohibited Conduct that involve a sexual assault or other crime.

If the decision-maker(s) determines a Third Party Respondent is responsible for violating this Policy (*i.e.*, engaging in Prohibited Conduct), the decision-maker(s) shall recommend appropriate Remedies, including the imposition of Sanctions.

E. Retaliation

Neither the Board nor any other person may intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title IX, its implementing regulations, or this Policy, including making a report or filing a Formal Complaint, testifying, assisting, or participating or refusing to participate in any manner in an Investigation or proceeding under this Policy. Such actions, for the purpose of interfering with any right or privilege secured by Title IX, its implementing regulations, or this Policy, constitute retaliation.

Proven retaliation is a violation of this Policy, which shall result in the imposition of Sanctions and/or other appropriate Remedies. A person subject to retaliation may file a complaint with the Title IX Coordinator, the Superintendent, or the Board President.

Taking action against a person for making a materially false statement in bad faith in the course of the investigation and decision-making process under this Policy shall not constitute retaliation. A determination regarding responsibility itself does not mean a person made a materially false statement in bad faith.

F. Confidentiality

Except in order to carry out its responsibilities under Title IX and this Policy, or as permitted by the Family Educational Rights and Privacy Act ("FERPA"),

20 U.S.C. §1232g, and FERPA's regulations, and Ohio law, including Ohio Revised Code §5126.044, the Board and its staff and agents shall keep confidential the identity of all Complainants, Respondents, and Witnesses. Disclosure of such information may be required by federal or state law, and the Board's commitment and obligation to keep such information confidential shall not impair or otherwise affect the Complainant's and Respondent's right to receive the information under this Policy and Title IX.

Approved: January 14, 2021

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Title IX Procedure Regarding Sexual Harassment And Misconduct

Procedure Number:

6.04.1

I. PURPOSE

The Muskingum County Board of DD, during its operation of the Starlight School will comply with Title IX of the Education Amendments Act of 1972 as the federal law that states: "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."

II. DEFINITIONS

This Policy adopts certain terms as defined by Title IX. Where a word is not defined by this Policy, Ohio law requires that the words be construed in accordance with their plain and ordinary meanings.

A. Actual Knowledge

"Actual knowledge" means notice of sexual harassment or allegations of sexual harassment to the Title IX Coordinator or any Board employee or member who has authority to institute corrective measures on behalf of the Board. The ability or obligation to report Sexual Harassment or to inform a student about how to report sexual harassment, or having been trained to do so, does not qualify an individual as one who has authority to institute corrective measures on behalf of the Board. "Notice" includes, but is not limited to, an oral, written or electronic report of sexual harassment to the Title IX Coordinator.

B. Appeal Officer

A professional neutral decision-maker (such as a retired judge) experienced and trained in adjudicating matters of civil rights, sexual harassment and/or sexual violence and trained on this Policy, who will review the parties' appeals and issue a Notice of Outcome of Appeal.

C. Board Community

"Board community" refers to students and Board employees, as well as

Board members, agents, volunteers, or other persons subject to the control and supervision of the Board.

D. Complainant

An individual who is alleged to be the victim of conduct that could constitute conduct prohibited by Title IX.

E. Educational Program or Activity

“Educational program or activity” refers to all operations of the Board over which it exercises substantial control, including in-person and online educational instruction, employment, extra-curricular activities, athletics, performances, community engagement, and outreach programs. The term applies to all activity that occurs on property owned or occupied by the Board. It also includes events and circumstances that take place off-school property/grounds if the Board exercises substantial control over both the Respondent and the context in which the conduct prohibited by Title IX occurs.

F. Exculpatory Evidence

“Exculpatory evidence” is evidence that tends to clear or excuse a Respondent from allegations of conduct prohibited by Title IX.

G. Formal Complaint

“Formal complaint” means a document filed by a Complainant or signed by the Title IX Coordinator alleging conduct prohibited by Title IX against a Respondent and requesting that the Board investigate an allegation of conduct prohibited by Title IX. At the time of filing a Formal Complaint with the Board, a Complainant must be participating in or attempting to participate in the Board’s educational programs or activities. A “document filed by a complainant” means a document or electronic submission (such as by electronic mail or through an online portal that the Board provides for this purpose) that contains the Complainant’s physical or digital signature, or otherwise indicates that the Complainant is the person filing the Formal Complaint. If the Title IX Coordinator signs a Formal Complaint, the Title IX Coordinator does not become a Complainant and is not a party to the Formal Complaint.

H. Formal Resolution

An investigation and decision-making process initiated when a Formal Complaint is signed and filed alleging conduct prohibited by Title IX against a Respondent, and also requests that the Formal Complaint be investigated.

The Formal Resolution includes an investigation, a decision, and appeal.

I. Inculpatory Evidence

“Inculpatory evidence” is evidence that tends to establish a Respondent’s responsibility for alleged conduct prohibited by Title IX.

J. Informal Resolution

A voluntary process that the parties may consent to participate in, as described in Section VII.F.

K. Initial Report

A report of conduct that may constitute conduct prohibited by Title IX, which may be made by any person, even if not the person alleged to have experienced the conduct. An Initial Report is made prior to a Formal Complaint, and triggers the Title IX Coordinator’s obligation to contact the Complainant and inform the Complainant of the availability of Supportive Measures

L. Investigation

The phase of the investigation and decision-making process when the parties are invited to provide evidence and identify witnesses to the Investigator related to the allegations in the Notice of Formal Complaint.

M. Investigative Report

A formal written document that fairly summarizes the relevant evidence gathered during the Investigation and that is provided to the parties to allow them to review and provide a response.

N. Investigator

The person assigned by the Title IX Coordinator to investigate Formal Complaints under this Policy. The Investigator shall have been trained on all elements of an Investigation as required by federal and state law.

O. Mandated Reporter

All Board employees, members, volunteers, and vendors are required to disclose to the Title IX Coordinator any conduct prohibited by Title IX of which they are aware to ensure the Board is able to provide a prompt, thorough, and supportive response.

P. Notice of Dismissal

Formal notification issued by the Title IX Coordinator following a determination that the matter does not meet the definitional or jurisdictional standards of Title IX and stating the reasons for dismissal.

Q. Notice of Formal Complaint

Formal notification issued by the Title IX Coordinator that a Formal Complaint has been filed and that includes the details set forth in Section VII.C.1.

R. Notice of Outcome of Appeal

A written determination describing the Appeal Officer's final decision of an appeal of a determination of responsibility.

S. Preponderance of the Evidence

This term is an evidentiary burden of proof. A preponderance of the evidence means that the evidence provided is more likely than not to be true.

T. Prohibited Conduct

Conduct prohibited by Title IX and this Policy, which includes sexual harassment, sexual assault, dating violence, domestic violence, and stalking, as those terms are defined by and listed in Section IV.30 of this Policy.

U. Privacy

This term means that information related to a complaint will be shared with only a limited number of Board employees who "need to know" in order to assist in the assessment, investigation, and resolution of any report of Prohibited Conduct. All employees who are responsible for the Board's response to Title IX Prohibited Conduct shall receive specific training and guidance about sharing and safeguarding private information in accordance with state and federal law. The privacy of student education records will be protected in accordance with the Family Educational Rights and Privacy Act ("FERPA"), and the privacy of employee records will be protected in accordance with Ohio law and Board policy.

V. Remedies

Individualized measures implemented after a determination is made or as part of an Informal Resolution that are designed to restore or preserve equal access to the Board's educational programs and activities. Remedies may

include Supportive Measures, but Remedies need not be non-disciplinary or non-punitive and need not avoid burdening the Respondent.

W. Reporting Party

Any person who files a report of conduct prohibited by Title IX.

X. Representative or Advisor

An individual that serves as an advisor to a party after a Notice of Formal Complaint is issued, at the party's choosing, and that is permitted to be, but need not be, an attorney.

Y. Respondent

An individual who has been reported to have committed conduct prohibited by Title IX.

Z. Sanctions

Individualized measures implemented after a determination of responsibility that may be disciplinary in nature.

AA. Supportive Measures

"Supportive measures" means non-disciplinary, non-punitive individualized services offered as appropriate, as reasonably available, and without fee or charge to the Complainant or the Respondent before or after the filing of a formal complaint or where no formal complaint has been filed. Such measures are designed to restore or preserve equal access to the Board's educational programs or activities without unreasonably burdening the other party, including measures designed to protect the safety of all parties or the Board's educational environment or to deter sexual harassment. Supportive measures may include counseling, extensions of deadlines or other course-related adjustments, modifications of work or class schedules, school escort services, mutual restrictions of contact between the parties, changes in work locations, leaves of absence, increased security and monitoring of certain areas of the Board's buildings and facilities, referral to an Employee Assistance Program, and other similar measures.

BB. Third Parties

"Third parties" include, but are not limited to, guests and/or visitors on Board property (e.g., visiting speakers, participants on opposing athletic teams, parents), contractors or vendors doing business with, or seeking to do business with the Board, and other individuals who come in contact with

members of the Board community at school-related events/activities (whether on or off Board property).

CC. Title IX Coordinators

The individuals designated by the Board to coordinate its efforts to comply with Title IX responsibilities.

DD. Title IX Sexual Harassment

“Sexual Harassment” means conduct on the basis of sex that satisfies one or more of the following:

1. A Board employee conditions the provision of an aid, benefit, or service of the Board on an individual’s participation in unwelcome sexual conduct (“*quid pro quo*” harassment);
2. Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the Board’s educational programs or activities; or
3. “Sexual assault” as defined in 20 U.S.C. 1092(f)(6)A(v); “dating violence” as defined in 34 U.S.C. 12291(a)(10); “domestic violence” as defined in 34 U.S.C. 12291(a)(8); or “stalking” as defined in 34 U.S.C. 12291(a)(30).
 - a. Sexual harassment may involve the behavior of a person of any gender against a person of the same or another gender. Examples of sexual harassment may include, but are not limited to, the following actions:
 - i. Unwelcome sexual propositions, invitations, solicitations, and/or flirtations;
 - ii. Unwanted physical and/or sexual contact;
 - iii. Threats or insinuations implying that a person’s conditions of education or employment may be adversely affected by not submitting to sexual advances;
 - iv. Unwelcome sexual verbal expressions, including graphic sexual commentaries about a person’s body, dress, appearance, or sexual activities; unwelcome sexually degrading language, profanity, jokes, or innuendoes;

- v. Sexually suggestive objects, pictures, graffiti, videos, posters, audio recordings or literature;
 - vi. Unwelcome and inappropriate touching, patting, or pinching;
 - vii. Asking about, or telling about, sexual fantasies, sexual preferences, or sexual activities;
 - viii. Speculations about a person's sexual activities or sexual history, or remarks about one's own sexual activities or sexual history;
 - ix. Giving unwelcome personal gifts such as lingerie that suggests the desire for a romantic relationship; and
 - x. Leering or staring at someone in a sexual way, such as staring at a person's breasts, buttocks, or groin.
- b. "Sexual assault" means any sexual act directed against another person, without the consent of the victim, including instances where the victim is incapable of giving consent. Sexual assault includes rape, sodomy, sexual assault with an object, fondling, incest, and statutory rape.
- i. Rape is penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim, including instances where the victim is incapable of giving consent because of age or because of temporary or permanent mental or physical incapacity. This definition includes attempted rape.
 - ii. Sodomy is oral or anal sexual intercourse with another person, without the consent of the victim, including instances where the victim is incapable of giving consent because of age, disability, or temporary or permanent mental or physical incapacity.
 - iii. Sexual assault with an object is using an object or instrument to unlawfully penetrate the genital or anal opening of the body of another person, without the consent of the victim, including instances where the victim is incapable of giving consent because of age or because of temporary or permanent mental or physical incapacity. An "object" or "instrument" is anything used by the offender other than the offender's genitalia.

- iv. Fondling is the touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of age or because of temporary or permanent mental or physical incapacity.
 - v. Incest is sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by State law.
 - vi. Statutory rape is sexual conduct with a person who is under the statutory age of consent as defined by Ohio Revised Code §2907.04.
 - vii. Consent refers to words or actions that a reasonable person would understand as agreement to engage in sexual conduct. A person may be incapable of giving consent because of age, disability, or temporary or permanent mental or physical incapacity. A person who is incapacitated is not capable of giving consent.
 - viii. Incapacitated refers to the state where a person does not understand and/or appreciate the nature or fact of sexual activity due to the effect of drugs or alcohol consumption, medical condition, disability, or due to a state of unconsciousness or sleep.
- c. “Domestic violence” includes felony or misdemeanor crimes of violence committed by:
- i. A current or former spouse or intimate partner of the victim;
 - ii. A person with whom the victim shares a child in common;
 - iii. A person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner;
 - iv. A person similarly situated to a spouse of the victim under the domestic or family violence laws of Ohio; or
 - v. Any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of Ohio.
- d. “Dating violence” means violence committed by a person who is

or has been in a social relationship of a romantic or intimate nature with the victim. The existence of such a relationship shall be determined based on consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.

- e. “Stalking” means engaging in a course of conduct directed at a specific person that would cause a reasonable person to (1) fear for the person’s safety or the safety of others or (2) suffer substantial emotional distress.

III. DESIGNATION AND ROLE OF TITLE IX COORDINATOR

- A. The Board designates and authorizes the following individuals to oversee and coordinate its efforts to comply with Title IX and its regulations. The Title IX Coordinators for the Muskingum County Board of DD are:

BRENT BRANNON
DIRECTOR OF EDUCATIONAL SERVICES
1330 NEWARK RD ZANESVILLE, OH 43701
740-455-4176 EXT. 1680
BBRANNON@MUSKINGUMDD.ORG

MELINDA RUSSELL
HUMAN RESOURCES DIRECTOR
1304 NEWARK RD. ZANESVILLE, OH 43701
740-453-4829 EXT. 1213
MRUSSELL@MUSKINGUMDD.ORG

- B. The Title IX Coordinators shall report directly to the Superintendent. The Superintendent shall assign a Title IX Coordinator to handle a report of Prohibited Conduct. Questions about this policy should be directed to the Title IX Coordinators.
- C. The Title IX Coordinators shall be informed of all reports of Prohibited Conduct shared with Board employees and members and shall manage the Board’s review, investigation, and resolution of those reports to ensure the Board’s compliance with Title IX and the effective implementation of this Policy. All references to actions by the Title IX Coordinators may be performed by the Title IX Coordinators. The Title IX Coordinators shall be:
 - 1. Knowledgeable of and trained in Board policies and procedures and relevant state and federal laws;
 - 2. Available to advise any individual, including a Reporting Party, Complainant, or Respondent about the courses of action, formal or informal, available at the Board and in the community;

3. Responsible for offering and implementing reasonably available Supportive Measures;
 4. Available to provide assistance to any Board employee regarding how to respond appropriately to a report of Prohibited Conduct;
 5. Responsible for monitoring full compliance with all procedural requirements, record keeping and timeframes outlined in this Policy;
 6. Responsible for managing training, prevention and education efforts; and
 7. Responsible for facilitating periodic review of this Policy as needed to maintain compliance with state and federal law.
- D. In addition to addressing complaints against a particular party, the Title IX Coordinators shall address reports that the Board's policies or practices may discriminate on the basis of sex, gender, gender identity, gender expression, or sexual orientation. The Title IX Coordinators shall assess such concerns and, using procedures appropriate given the circumstances, shall advise and work with the Board to ensure that its policies and practices are compliant.

IV. REPORTING

A. General Reporting Obligations

1. Any person may report Prohibited Conduct (whether or not the person reporting is the person alleged to be the victim of Prohibited Conduct), in person, by mail, by telephone, or by electronic mail, using the Title IX Coordinators' contact information, or by any other means that results in the Title IX Coordinators receiving the person's oral or written report. The Board encourages persons filing a report to submit it directly to the Title IX Coordinators, but a report may be made to any Board employee. Reports may be made at any time. Reports can be made orally or in writing and should be as specific as possible.

To the extent possible, the report should:

- a. Identify the alleged victim(s);
- b. Identify the alleged perpetrator(s)
- c. Identify any witnesses;
- d. Identify the date of the incident;
- e. Identify the location of the incident;
- f. Identify the of the incident;
- g. Identify the nature of the conduct (provide specific details);
- h. Identify the date of any previous report;
- i. Identify to whom any previous report was made; and
- j. Provide any written evidence or reports in the person's possession.

2. For all students enrolled in the Starlight School, investigation of sexual assault and sexual harassment, as well as, all other Major Unusual Incidents will follow ORC 5123.61 and OAC 5123-17-02. Children Services and law enforcement will be the lead for all incidents involving sexual assault and sexual harassment. All Board employees and members are mandatory reporters pursuant to Title IX regulations. Therefore, Board employees and members witnessing Prohibited Conduct shall report such Prohibited Conduct to a Title IX Coordinator or to any Board employee or member within twenty-four (24) hours. A Board employee or member that receives a report of Prohibited Conduct shall notify the Title IX Coordinators within twenty-four (24) hours of receipt. Members of the Board's Community and Third Parties are encouraged to report Prohibited Conduct promptly to a Title IX Coordinator or to any Board employee. A Board employee's failure to make any report required by this Policy may result in disciplinary action, up to and including termination of employment. A Board member's failure to make any report required by this Policy may result in removal from the Board pursuant to Ohio Revised Code §5126.0213.
3. Nothing in this Policy relieves a Board employee, member or volunteer, when acting in an official or professional capacity and with knowledge or reasonable cause to suspect, that a child less than 18 years of age or a person under 21 years of age with a developmental disability or physical impairment, has suffered or faces a threat of suffering a physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child or person, from immediately reporting that knowledge or suspicion to county law enforcement officer, the public children's services agency in the county, or the Board's Investigative Agent in accordance with Ohio Revised Code §5123.61 and Ohio Administrative Code 5123-17-02. Nothing in this Policy shall negate the obligation to report or delay the timeline to make a mandatory report under either Ohio Revised Code §5123.61 or Ohio Administrative Code 5123-17-02.
4. The Board encourages a Complainant to seek assistance from a medical provider and/or law enforcement immediately after an incident of Prohibited Conduct, whether or not the Complainant plans to pursue criminal charges. This allows for the preservation of evidence and a timely response by law enforcement.
5. If an individual believes that the Title IX Coordinators have engaged in Prohibited Conduct or have otherwise behaved inappropriately, the individual should contact the Superintendent or Board President. In such case, the Superintendent will either serve in place of the Title IX Coordinator for purposes of addressing that particular report of Prohibited Conduct or appoint another person to serve as a Title IX

Coordinator.

B. Anonymous Reporting

1. A report of Prohibited Conduct can be made without disclosing one's own name, identifying the Respondent, or requesting any action. Depending on the level of information available about the incident or the individuals involved, anonymous reporting may limit the Board's ability to respond or take further action.
2. If not submitted to the Title IX Coordinators, anonymous reports shall be shared with the Title IX Coordinator. Where there is sufficient information, the Title IX Coordinators shall ensure that anonymous reports are reviewed. Board employees and members have a duty to report information to the Title IX Coordinator under this Policy and may not make such reports anonymously.

C. Reporting Considerations - Timeliness of Report

In order to ensure the Board's ability to respond promptly and effectively, any person, other than a Board employee or member, affected by Prohibited Conduct is encouraged to file a report as soon as possible. A Board employee or member that witnesses Prohibited Conduct or receives a report alleging Prohibited Conduct shall notify the Title IX Coordinators within twenty-four (24) hours of receipt. If a Respondent is no longer a student or employee at the time of the report, the Board may not be able to take disciplinary action against them. The Board shall provide reasonably available Supportive Measures to a Complainant, as well as assistance in identifying appropriate external reporting options.

D. Report Resolution

A report to the Title IX Coordinator is not the same as a Formal Complaint. In order for a report to be officially resolved, a Formal Complaint must be filed in writing alleging Prohibited Conduct against a Respondent and requesting that the Board officially investigate and resolve the allegation. The Formal Complaint may be resolved through either Informal Resolution (*see* Section V.F.) or through the Formal Resolution (*see* Section V.G.).

V. INVESTIGATION AND DECISION-MAKING PROCESS: INITIAL RESPONSE, FORMAL COMPLAINT, INITIAL ASSESSMENT, NOTICE OF FORMAL COMPLAINT, INVESTIGATION, INFORMAL RESOLUTION, FORMAL RESOLUTION, AND APPEAL

A. General Principles

The Board shall promptly investigate and resolve student and employee complaints alleging Prohibited Conduct. In addressing allegations of Prohibited Conduct, the Board shall (1) treat Complainants and Respondents equitably, (2) provide reasonable supportive measures to both the Complainant and Respondent, as appropriate, and (3) follow the provisions of this Section VII before imposing any Remedies, other than Supportive Measures, against the Respondent.

The process described in Section VII relates exclusively to complaints brought under this Policy. The Board will continue to handle complaints subject to the Board's other non-discrimination and anti-harassment policies separately.

B. Receipt of an Initial Report of Title IX Prohibited Conduct

1. Offer of Supportive Measures

Upon receipt of notice of an Initial Report of Prohibited Conduct, the Title IX Coordinator shall, within two (2) calendar days contact the Complainant (in instances where the Complainant is a student, the Title IX Coordinator will involve the student's SSA during this contact) and:

- a. Discuss the availability of Supportive Measures;
- b. Consider the Complainant's wishes with respect to Supportive Measures;
- c. Inform the Complainant of the availability of Supportive Measures with or without the filing of a Formal Complaint;
- d. Explain to the Complainant the process for filing a Formal Complaint;
- e. Advise the Complainant that, if the reported conduct could be a crime, the Complainant has the right but not the obligation to file a police report, and that if there is a police investigation, the Title IX Coordinator will coordinate with law enforcement; and
- f. Discuss the importance of preserving evidence and identification and location of Witnesses.

If, on the face of the Initial Report, the Title IX Coordinator determines that the conduct alleged does not fall within the scope of Title IX, the Title IX Coordinator may inform the Complainant that the matter may be referred for decision by the Superintendent pursuant to other Board policies. Even then, the Complainant shall receive an offer of Supportive Measures.

The Title IX Coordinators are responsible for coordinating the effective implementation of Supportive Measures. Supportive Measures are based

on individualized review and may not be the same in every situation. The Title IX Coordinators shall consider the Complainant's wishes with respect to Supportive Measures. The Board shall maintain as private any Supportive Measures provided to the Complainant or Respondent, to the extent that maintaining such privacy would not impair the ability of the Board to provide the Supportive Measures.

2. Privacy

Notice to the Title IX Coordinator or another Board employee of Prohibited Conduct requires the Board to follow its obligations under this Policy to review the available information and determine whether to proceed to an Investigation. In this context, "privacy" means that information related to a complaint will be shared with only a limited number of Board employees who "need to know" in order to assist in the assessment, investigation, and resolution of the report. The privacy of student education records will be protected in accordance with the Family Educational Rights and Privacy Act ("FERPA") and the privacy of employee records will be protected in accordance with Ohio Law and Board policy.

Once a report has been shared with the Title IX Coordinator, a Complainant may request that his/her identity not be shared with the Respondent (request for anonymity), that no investigation occur, or that no disciplinary action be pursued. The Board will balance this request in the context of its obligation to provide a safe and non-discriminatory educational environment and its obligation under OAC 5123-17-02 and ORC 5123.61. Confidentiality will not always be possible. Whether or not the Complainant requests confidentiality, the Board shall maintain privacy with respect to the identity of all Complainants, Respondents, and witnesses, except as necessary to carry out this Policy or as may be required by applicable state or federal law. Should a Complainant make a request that the Board not disclose the Complainant's identity to the Respondent, the Title IX Coordinator will inform the Complainant that the Board's ability to investigate the allegations effectively may be limited if the request is granted. A Complainant who initially requests confidentiality is not prohibited from later requesting that the Board conduct a full investigation.

3. Initial Actions by Board

Based upon an Initial Report or Formal Complaint of Prohibited Conduct, the Title IX Coordinator may undertake an individualized safety and risk analysis to determine whether the allegations of Prohibited Conduct indicate a Respondent who is a student poses an immediate threat to the physical health or safety of any other student or

person. If it is determined that removal from the Board's educational programs and facilities is appropriate in light of the existing circumstances, the Board shall provide notice to the Respondent and an opportunity to challenge the Board's decision immediately following the removal. Any removal under this Policy must be conducted consistently with student due process rights regarding emergency removal, suspension or expulsion, and consistently with any applicable obligations under the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act.

The Board may place a Board employee on administrative leave with pay in accordance with Ohio Revised Code §124.388 after notice of a report of Prohibited Conduct and during the pendency of resolution of the matter. After notice of a report of Prohibited Conduct by a Board member, appropriate measures will be taken, including, but not limited to, the process described in Ohio Revised Code §§5126.0213-5126.0217.

When faced with a report of Prohibited Conduct against a Third Party, the Board may take appropriate preventative action with the Third Party to ensure the health and welfare of the Complainant.

C. Filing a Formal Complaint

After the Initial Report, further proceedings on the Initial Report will not occur unless and until a Formal Complaint is filed. A Formal Complaint can be filed by a Complainant or Title IX Coordinator. A Complainant may complete and sign a Formal Complaint alleging Prohibited Conduct against a Respondent and requesting that the Board investigate the allegation of Prohibited Conduct.

If the Complainant does not respond to contact by the Title IX Coordinators after the filing of the Initial Report or declines to file a formal complaint, the Title IX Coordinators must consider the Complainant's wishes, safety of students and employees, and the Board's obligation to maintain an environment free from Prohibited Conduct, the Board's obligation under ORC 5123.61 and OAC 5123- 17-02 and determine whether to initiate a Formal Complaint. In considering a Complainant's request to take no action and evaluating whether to proceed, the Title IX Coordinator will assess and consider:

1. the preferences and concerns of the Complainant;
2. the nature and circumstances of the allegation;
3. the severity and impact of the reported conduct;
4. any pattern or evidence of other similar conduct by Respondent;
5. the respective ages of the parties, including whether the Complainant is a minor (under the age of 18);

6. whether the Respondent has admitted to the conduct;
7. whether the Respondent has been the subject of other complaints or reports of Prohibited Conduct under this policy;
8. whether the Respondent threatened sexual violence or other violence against the Complainant or others;
9. whether the report indicates that multiple respondents were involved;
10. whether the report indicates that the conduct was perpetrated with a weapon;
11. whether the Respondent is an employee; and,
12. whether the Board possesses independent means to obtain relevant evidence (e.g., witnesses, security cameras or personnel, or physical evidence).

Where the Board is unable to take action consistent with the request of the Complainant, the Title IX Coordinators shall inform the Complainant in writing about the chosen course of action, and implement necessary Supportive Measures. The Board's response must be reasonable in light of the known circumstances. If a report alleges conduct by a Board employee member against a student, the Title IX Coordinator shall follow ORC 5123.61 and OAC 5123-17-02 and complete a Formal Complaint and initiate an Investigation.

D. Receipt or Execution of Formal Complaint

Upon receipt of a Formal Complaint by a Complainant or execution of a Formal Complaint by the Title IX Coordinators, the Title IX Coordinators shall provide written notice of the following to the parties who are known:

- a. Notice of the Board's investigation and decision-making process, including any informal resolution available. When the Complainant is a student or legal authorities are involved, the notice may not occur until the legal investigation is complete and the Title IX Coordinator is given the authority to release details of the investigation. Notice of the allegations of Prohibited Conduct, including sufficient details known at the time and providing sufficient time for a party to prepare a response before any initial interview. Sufficient details include the identities of the parties involved in the incident, if known, a description of the Prohibited Conduct, and the date and location of the alleged incident, if known. The written notice must also:
 - a. Include a statement that the Respondent is presumed not responsible for the alleged conduct and that a determination regarding responsibility will be made at the conclusion of the grievance process;

- b. Inform the parties that they may have a Representative or Advisor of their choice, who may be, but is not required to be, an attorney, and who may proffer, inspect and review evidence;
- c. Inform the parties of any provision in this Policy or any other policy that prohibits knowingly making false statements or knowingly submitting false information during the grievance process.
- b. If, during the course of the Investigation, the Investigator decides to investigate allegations about the Complainant or Respondent that are not included in the original notice provided to the parties, the Title IX Coordinator shall provide notice of the additional allegations to the parties whose identities are known.

To the extent practicable, the Board shall conclude the Investigation and decision- making process, including resolving any appeals, no later than 60 calendar business days from receipt of the Formal Complaint. Based upon good cause, a Title IX Coordinator may approve requests for temporary delays or limited extensions with written notice to either the Complainant or the Respondent and the reasons for the action. “Good cause” includes, but is not limited to, absence of a party, a party's Representative or Advisor, or a Witness; concurrent law enforcement activity; the need for language assistance or accommodation of disabilities.

E. Responsibilities and Rights of Parties and Witnesses

During an Investigation, the Complainant, Respondent and Witnesses have the following responsibilities and rights.

1. Responsibilities

- a. Complainant, Respondent and Witnesses have the responsibility to be truthful, to cooperate with the process, and to follow the directions of Board staff and agents responsible for administering this process. Knowingly making false statements or knowingly submitting false information shall result in disciplinary action or other consequences;
- b. Complainant, Respondent and Witnesses have the responsibility not to retaliate against, intimidate, harass, or threaten any individual who has reported Prohibited Conduct or who has participated as a party or witness in the process. The Board shall investigate allegations of a person engaging in any act of retaliation, intimidation, harassment, or threat;

- c. Complainant, Respondent and Witnesses have the responsibility to keep private documents, materials, and information received from the Board during this process; and
- d. Complainant, Respondent and Witnesses have the responsibility to destroy, when so directed by the Board, evidentiary materials and/or writings submitted by the other party as party of the process.

2. General Rights

- a. A person has the right to be protected from retaliation and intimidation where he/she has reported Prohibited Conduct or participated as a party or witness in the process;
- b. A person has the right to be treated equitably and receive the equal access to Supportive Measures;
- c. A person has the right to have the investigation and decision-making process completed within a reasonably prompt timeframe;
- d. A person has the right to a Representative or Advisor to support and/or advise the party during the investigation and decision-making process;
- e. A person has the right to receive a Notice of Formal Complaint that provides sufficient detail about the allegations for the Respondent to be able to respond and for both parties to understand the scope of the Investigation;
- f. A person has the right to decline to give a statement about the allegations made in a Formal Complaint;
- g. A person has the right to participate in the Investigation, including by identifying Witnesses and identifying and/or providing inculpatory, exculpatory and other relevant information and evidence to the Investigator;
- h. A person has the right to receive any Notice of Dismissal;
- i. A person has the right to appeal any Notice of Dismissal or determination of responsibility;
- j. A person has the right to review all evidence directly related to the allegations, in electronic format or hard copy, and for a period of time to allow the parties to inspect, review, and respond to the evidence.
- k. A person has the right to receive an Investigative Report that

summarizes relevant evidence, in electronic format or hard copy, and for a period of time to allow the parties to respond;

- l. A person has the right to receive a written determination regarding responsibility for the alleged Prohibited Conduct (if any);
- m. A person has the right to receive a written Notice of Outcome of Appeal.

3. Rights of the Respondent

- a. A Respondent has the right not to have any Sanctions imposed before a determination of responsibility in accordance with this Policy; and
- b. A Respondent has the right to be presumed not responsible for the alleged Prohibited Conduct until a determination regarding responsibility is made.

F. Initial Assessment of Formal Complaint

The Title IX Coordinator shall make an initial assessment as to whether a Formal Complaint submitted by a Complainant contains sufficient allegations on its face to describe an act of Prohibited Conduct, to permit an Investigation to be conducted, or to issue a Notice of Formal Complaint (for example, the identity of the Respondent is not provided). If it does not, the Title IX Coordinator may seek new or additional information from the Complainant and inform the Complainant that a Notice of Formal Complaint cannot be issued and an Investigation cannot be conducted until the Complainant provides additional information.

G. Withdrawal or Dismissal of Formal Complaint

A Complainant may withdraw a Formal Complaint by informing the Title IX Coordinator in writing that he/she wants to withdraw the Formal Complaint or the allegations. The Title IX Coordinator may choose to dismiss a Formal Complaint if a Respondent is no longer participating in the Board's educational programs or activities, is no longer a member or employee of the Board, or is no longer a member of the Board's Community or Third Party, the Complainant submits a written request to withdraw the complaint, or specific circumstances prevent the Board from gathering evidence sufficient to reach a determination; unless prohibited by ORC 5123.61 or OAC 5123-17-02.

The Board shall investigate a Formal Complaint unless the conduct alleged by a Complainant (a) would not constitute Prohibited Conduct, even if proved; (b) did not occur in the Board's educational programs or activities; or (c) did not occur against a person in the United States. If one of the preceding

circumstances exist, the Title IX Coordinator shall dismiss the Formal Complaint. Even if dismissed, the Board may still investigate and take appropriate action with respect to alleged misconduct pursuant to any other Board policy.

The parties will be notified in writing of any dismissal, including the reasoning.

H. Informal Resolution

After a Formal Complaint has been filed, the Title IX Coordinator may offer to the parties an Informal Resolution process. An Informal Resolution is the resolution of a Formal Complaint through informal interventions such as remedies and mediation. Informal Resolution is voluntary and shall occur only with written consent of both parties. Participation in Informal Resolution is not a required condition of admission/enrollment/placement or continuing enrollment/placement, or employment or continuing employment, or the enjoyment of any other right, and a party's election to participate in Informal Resolution does not constitute a waiver of the right to an Investigation and determination of a Formal Complaint of Prohibited Conduct. Any person who facilitates an Informal Resolution shall be experienced and trained in dispute resolution and trained on this Policy.

1. Prior to initiating Informal Resolution, the Title IX Coordinator will issue each party a written notice disclosing:
 - a. the allegations;
 - b. the requirements and procedure of the Informal Resolution process; and
 - c. any consequences resulting from participating in the Informal Resolution process, including the records that will be maintained or could be shared.
2. At any time, either party has the right to withdraw from Informal Resolution and request that the Formal Complaint be resolved through Formal Resolution. If the parties are not able to resolve the Formal Complaint through Informal Resolution, the Formal Complaint shall be resolved through Formal Resolution. Informal Resolution shall not be used to resolve allegations that a Board employee or member engaged in Prohibited Conduct.

I. Formal Resolution

Formal Resolution may be pursued only after a Formal Complaint has been filed. The Title IX Coordinator shall identify the potential violations and prepare the initial notification of Investigation outlining the charges to be investigated and assessed. At the completion of the Investigation and any

appeal, the Formal Complaint shall be resolved by a written determination of responsibility by the appointed decision-maker. Both parties will have the opportunity to appeal the written determination regarding responsibility.

1. Investigation

The Title IX Coordinator shall designate an individual to conduct the Investigation of a Formal Complaint. The Investigator may designate either an employee of the Board or an external person. The Title IX Coordinator shall send the parties the identity and contact information for the Investigator and provide written notice of the date, time, location, participants, and purpose of all investigative interviews or other meetings, with sufficient time for a party to prepare to participate in such investigative interview or meetings.

The Investigator may gather information in multiple ways. The Investigator may collect relevant documents and other information and may also interview parties and/or Witnesses. In addition, a Complainant or Respondent may:

- a. submit documents to the Investigator;
- b. submit a list of Witnesses to be interviewed by the Investigator; and/or
- c. request that the Investigator attempt to collect documents and other information that are not accessible to the requesting party.

During the Investigation, neither party shall be restricted from discussing the allegations under investigation or gathering and presenting relevant evidence. During the Investigation, the parties have an equal right to:

- a. Present witnesses, including fact and expert witnesses, and other inculpatory and exculpatory evidence; and
- b. Have others present during any interview or meeting, including the opportunity to be accompanied to any related meeting or proceeding by a Representative or Advisor of his/her choice. The Board shall not limit the choice or presence of a Representative or Advisor for either the Complainant or Respondent in any interview or meeting. Any restrictions the Board imposes on participation by a Representative or Advisor will apply equally to both parties.

The burden of gathering evidence sufficient to reach a determination regarding responsibility rests on the Board and not the parties.

- a. Unless part of an investigation under OAC 5123-17-02 or ORC 5123.61 a person's medical, counseling/psychological, and similar treatment records are privileged and confidential documents that a party shall not be required to disclose during a Title IX investigation. The Investigator shall not access, consider, disclose, or otherwise use any information or documents that are subject to a privilege and maintained by a professional (including, but not limited to a physician, psychiatrist, or psychologist) in connection with the provision of treatment to a party, unless voluntary, written consent from that party is executed and provided to the Investigator during a Title IX investigation. Where a party provides written consent to share medical, counseling/psychological, and similar treatment records as part of the Investigation, only the portion of the records directly related to the allegations raised in the Formal Complaint shall be included in the case file for review by the other party and for use in the Investigation.
- b. Questions and evidence about the Complainant's sexual predisposition or prior sexual behavior are not relevant, unless such questions and evidence about the Complainant's prior sexual behavior are offered to prove that someone other than the Respondent committed the conduct alleged by the Complainant, or if the questions and evidence concern specific incidents of the Complainant's prior sexual behavior with respect to the Respondent and are offered to prove consent.

2. Disclosure of Evidence

After the Investigator has concluded the collection of evidence, the Investigator shall send the parties all evidence directly related to the allegations, in electronic format or hard copy, as requested by the parties, including (a) the evidence upon which the Board may not rely in reaching a determination regarding responsibility and (b) all inculpatory or exculpatory evidence. Each party shall have ten (10) calendar days to review the evidence. A party may, but is not required, provide a response to the Investigator, and any response made shall be in writing.

The parties may identify and proffer new evidence or rebuttal evidence only to allow the consideration of information that was not available earlier in the Investigation or that could not have been reasonably anticipated to be relevant to rebut an issue that came to light. "New evidence" is evidence that was not available earlier in the Investigation, could not have been available based on reasonable and diligent inquiry, and is relevant to the matter. "Rebuttal evidence" is evidence presented to contradict other evidence in the file, which could not have been reasonably anticipated by a party to be relevant information

at the time initial information, documents or witness statements were provided to the Investigator. The opportunity to review evidence does not permit a party who previously declined to give a statement about the Formal Complaint during the Investigation to offer a statement for the first time after the Investigator has concluded the collection of all other evidence.

3. Investigative Report.

After the Investigator has received and considered the parties' responses to the evidence, if any, the Investigator may conduct any follow up interviews or collection of evidence deemed necessary, shall complete an Investigative Report that objectively evaluates and summarizes the relevant evidence, and shall submit the Investigative Report to the Title IX Coordinator and to the parties in electronic format or hard copy, as requested by the parties. The parties shall have ten (10) calendar days to respond in writing to the Investigative Report and shall submit such responses to the Title IX Coordinator. After the Title IX Coordinator has reviewed the parties' responses to the Investigative Report, if any, the Title IX Coordinator shall make the determination whether to dismiss the Formal Complaint or submit it to a decision-maker for a determination of responsibility.

4. Dismissal after Investigation

a. Mandatory Dismissal

The Board must dismiss the Formal Complaint after the Investigation if the Title IX Coordinator determines that the conduct alleged in the Formal Complaint does not constitute Title IX Prohibited Conduct, even if proven; did not occur in the Board's educational programs or activities; or did not occur against a person in the United States.

b. Discretionary Dismissal

The Board may dismiss the Formal Complaint if:

- i. The Respondent is no longer enrolled or employed by the Board;
- ii. Specific circumstances prevent the Board from gathering sufficient evidence to reach a determination; or
- iii. The Complainant informs the Title IX Coordinator in writing that the Complainant desires to withdraw the Formal Complaint.

c. Appeal of Dismissal

The Title IX Coordinator shall promptly send a Notice of Dismissal (mandatory or discretionary) and the basis for the dismissal to the Parties.

Either party may appeal a Notice of Dismissal by sending a written appeal to an appropriately trained staff member designated by the Title IX Coordinator within ten (10) calendar days from the receipt of the Notice of Dismissal

The scope of the appeal is limited to the following questions:

- a. Were there any procedural irregularities that substantially affected the outcome of the matter to the detriment of the Complainant?
- b. Was there any substantive new evidence that was not available at the time of the decision that could not have been available based on reasonable and diligent inquiry that would substantially affect the outcome of the decision?
- c. Did the Title IX Coordinator have a conflict of interest or bias that affected the outcome of the matter?
- d. Is the decision one that a reasonable person might have made?

The remedy on appeal is limited to directing the Title IX Coordinator to designate a decision-maker and submitting the record to the decision-maker for a determination of responsibility.

5. Determination by decision-maker

The Title IX Coordinator shall appoint a decision-maker to issue a determination of responsibility. The Title IX Coordinator, the Investigator, and the Appeal Officer shall not act as the decision-maker. The Title IX Coordinator shall ensure that the designated decision-maker has received appropriate training under this Policy.

Before the decision-maker reaches a determination of responsibility, the decision-maker shall afford each party the opportunity to submit written, relevant questions that a party wants asked of any party or witness, provide each party with the answers, and allow for additional, limited follow-up questions from each party. The decision-maker shall set the time frame for receiving response from the parties and allowing for additional, limited follow-up questions. If the decision-maker excludes any particular question posed to him/her, the decision-maker shall explain any decision to exclude such question.

The decision-maker shall reach his/her decision by using the preponderance of the evidence standard and shall consider the totality of the evidence presented during the Investigation and to the decision-maker. When evaluating evidence, the decision-maker shall first evaluate the quality. The decision-maker shall consider all of the information and evidence regardless of its origin. Any information or evidence the decision-maker finds to be of high quality should be given more weight than any information or evidence the decision-maker finds to be of low quality. Quality may or may not be identical with quantity,

and sheer quantity alone should not be the basis for a determination of responsibility. The testimony of a single party or witness or a single piece of information or evidence may be sufficient to establish a fact. A decision that requires the use of the evidentiary standard shall be made after the decision-maker assesses the quality of the information or evidence and determines that the decision is justified. That is, the decision-maker should find that there is sufficient evidence that is relevant, probable, and persuasive to convince him/her that a particular assertion is more likely than not and that the evidence supporting such an assertion outweighs any evidence to the contrary.

The decision-maker shall issue a written determination regarding responsibility to the parties and the Title IX Coordinator. The written determination shall include:

- a. Identification of the Prohibited Conduct found by the Investigation to have occurred;
- b. A description of the steps taken from the receipt of the Formal Complaint through the determination, including any notifications to the parties, interviews with parties and witnesses and other methods used to gather other evidence;
- c. Findings of fact;
- d. Conclusions about whether the alleged Prohibited Conduct occurred;
- e. Rationale for the result as to each allegation of Prohibited Conduct;
- f. Identification of any Sanctions set forth that should be imposed on the Respondent;
- g. Identification of any Remedies that the Board must provide to the Complainant
- h. Identification of the steps a party must follow to appeal the determination.

The decision-maker shall explain his/her decisions on responsibility, Sanctions (if applicable) and Remedies with sufficient detail for the parties to be able to file meaningful appeals. In determining Sanctions to be imposed, the decision-maker shall consider the following factors, to the extent the information is available:

- a. The Respondent's prior conduct history;
- b. How the Board has sanctioned similar incidents in the past;
- c. The nature of the Prohibited Conduct, including whether acts violence were committed by Respondent;
- d. The impact of the conduct on the Complainant;

- e. Whether the Respondent has accepted responsibility for his/her actions; and
- f. Any other mitigating or aggravating circumstances.

6. Appeal

Subject to this paragraph, either party has the right to appeal a written determination regarding responsibility on the limited bases set forth below. A party may appeal only on the following grounds:

- a. Were there any procedural irregularities that substantially affected the outcome of the matter to the detriment of the appealing party?
- b. Was there any substantive new evidence that was not available at the time of the investigation and determination and that could not have been available based upon the reasonable and diligent inquiry of a party that would substantially affect the outcome of the determination?
- c. Did the Title IX Coordinator, Investigator, or decision-maker have a conflict of interest or bias for or against Complainants or Respondents that affected the outcome of the matter?
- d. Are the sanctions and/or remedies ones that could have been issued by a reasonable person given the findings of the case?
- e. Is the decision of the Investigators or the decision-maker clearly erroneous based upon the evidentiary record?

In a request for an appeal, the burden of proof lies with the party requesting the appeal. Mere dissatisfaction with the determination of responsibility is not grounds for appeal. A Complainant may not appeal or challenge any Sanction or disciplinary action imposed upon the Respondent.

Within ten (10) calendar days from receipt of written determination regarding responsibility, a Complainant or a Respondent may submit a notice of appeal in writing to the Title IX Coordinator, who shall forward the notice of appeal to a designated Appeal Officer to decide the appeal. The Appeal Officer shall not be the Investigator or decision-maker. Any appeal filed by a party shall be shared with the other party. The Title IX Coordinator shall share the identity and contact information of the Appeal Officer with the parties.

The Appeal Officer shall offer both parties the opportunity to submit a written statement to the Appeal Officer with respect to any appeal of the determination regarding responsibility. The Appeal Officer shall establish the format for any written statement and shall require the parties to submit their written statements to the Appeal Officer and the Title IX Coordinator within five (5)

business days after receipt of such notice from the Appeal Officer.

The Appeal Officer may reject the appeal in whole or in part, issue a new determination regarding responsibility, modify the imposition of Sanctions and Remedies, including ordering new Sanctions or Remedies, or refer the matter to a new decision-maker. The Appeal Officer shall provide the written Notice of Outcome of Appeal to the Title IX Coordinator no later than ten (10) calendar days after receipt of all appeal documents. The Title IX Coordinator shall send the Notice of Outcome of Appeal to the parties. If necessary, the Appeal Officer shall consult with the Title IX Coordinator regarding the management of ongoing remedies.

Unless there is an appeal, the determination of responsibility by the decision-maker shall be final. Otherwise, the Notice of Outcome of Appeal by the Appeal Officer shall be the final decision, and neither party is afforded any further appeal.

7. Sanctions and Remedies

The Title IX Coordinator shall ensure prompt implementation of any Remedies identified by the decision-maker or the Appeal Officer for the Complainant. Such Remedies may include Supportive Measures, and Remedies may be disciplinary or punitive in nature and may burden the Respondent.

Students who engage in Prohibited Conduct shall be subject to Sanctions including disciplinary action, up to and including suspension and expulsion.

Board employees who engage in Prohibited Conduct shall be subject to Sanctions, including but not limited to, appropriate disciplinary action, up to and including termination of employment. Board members who engage in Prohibited Conduct are subject to Sanctions including, but not limited to, removal from the Board pursuant to Ohio Revised Code §5126.0213.

Any other member of the Board Community or a Third Party who is alleged to be a Respondent and is determined to have committed Prohibited Conduct shall be subject to Sanctions.

Reviewed and approved: November 6, 2024

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Child Nutrition Program Procurement Procedures

Procedure Number:

6.05.1

I. General Procurement

- A. The plan for procuring items for use in the School Nutrition Programs (SNP) is as follows. The procurement procedures maximize full and open competition, transparency in transactions, comparability, and documentation of all procurement activities.
- B. If the SNP is purchasing an item or items with an aggregate total of \$10,000 or less, they may conduct a **micro-purchase** (open market). To the extent practicable, they must distribute micro-purchases equitably among qualified suppliers. Micro-purchases may be awarded without soliciting competitive quotations if the SNP considers the price to be reasonable as required by 2 CFR 200.320.
- C. For purchases of material goods and non-professional services between \$10,001 and \$24,999 and professional services up to \$49,999, the SNP must conduct informal procurement at a minimum. They must draft specifications for the goods or services being procured and solicit quotes from at least three (3) qualified vendors.
- D. For purchases of \$25,000 or more for goods and non-professional services and \$50,001 or more for professional services, formal procurement procedures must be used as required by 2 CFR 200.320.

II. Formal Procurement

When a formal procurement method is required, the SNP must solicit through a Request for Proposal (RFP) or Invitation for Bid (IFB).

- A. A solicitation of an IFB or a RFP must be placed in a public news publication in order to publicize the intent of the Board to purchase needed items. The advertisement for bids/proposals must run at least once over two consecutive weeks. The solicitation will include:
 - 1. general description of goods/services being purchased;

2. contact information where potential vendors can get more information/bid packet;
 3. date of pre-bid meeting (if applicable) and if attendance is a requirement for bid award;
 4. deadline for submission of sealed bids or proposals.
 5. time and location of bid opening
- B. In an IFB or RFP, each vendor must be given an opportunity to bid on the same specifications.
- C. The developer of written specifications or descriptions for procurements is **prohibited** from submitting bids or proposals for such products or services.
- D. The IFB or RFP must clearly define the purchase conditions. The following list includes requirements, not exclusive, to be addressed in the procurement document:
1. contract period;
 2. date, time, and location of IFB/RFP opening;
 3. how vendor is to be informed of bid acceptance or rejection;
 4. delivery schedule;
 5. requirements (terms and conditions) that bidder must fulfill in order for bid to be evaluated;
 6. benefits to which the SNP will be entitled if the contractor cannot or will not perform as required;
 7. statement assuring positive efforts will be made to involve minority and small business;
 8. statement regarding the return of purchase incentives, discounts, rebates, and credits to the SNP account;
 9. contract provisions as required in 7 CFR 250.53(b) for all cost reimbursable contracts;
 10. contract provisions as required in 7 CFR 250.53(a) for food service

management company contracts;

11. price adjustment clause (tied to a standard index, i.e., consumer price index, or other as stated in terms and conditions for pricing and price adjustments);
 12. method of evaluation and type of contract to be awarded (solicitations using an IFB are awarded to the lowest responsive and responsible bidder; solicitations using a RFP are awarded to the most advantageous bidder/offeror with price as the primary factor among factors considered);
 13. method of award announcement and effective date (if intent to award is required by state or local procurement requirements);
 14. method of shipment or delivery upon contract award;
 15. provision requiring contractor to maintain all required records for three years after final payment and all other pending matters (audits) are closed for all negotiated contracts
 16. description of process for enabling vendors to receive or pick up orders upon contract award;
 17. signed Debarment/Suspension Certificate;
 18. "Buy American" as outlined in 7 CFR Part 210.21(d); and
 19. specifications and estimated quantities of products and services prepared by the SNP and provided to potential contractors desiring to submit bids/proposals for the products or services requested.
- E. The following criteria will be used in awarding contracts as a result of bids/proposals. Price must be the highest weighted criteria. Examples of other possible criteria include quality, service, delivery, and availability.
- F. In awarding a RFP, a set of award criteria in the form of a weighted evaluation sheet will be provided to each bidder in the initial bid document materials. Price alone is not the sole basis for award, but remains the primary consideration among all factors when awarding a contract. Following evaluation and negotiations, a firm fixed price or cost reimbursable contract is awarded.
1. The contracts will be awarded to the responsible bidder/proposer whose bid or proposal is responsive to the invitation and is most advantageous to the Board, price as the primary and other factors

considered. Any and all bids or proposals may be rejected in accordance with the law.

2. A Muskingum County Board of Developmental Disabilities (Board) representative is required to sign on the bid tabulation of competitive sealed bids or the evaluation criterion score sheet of competitive proposals signifying a review and approval of the selections.
3. Any time an accepted item is not available, the SNP will select the acceptable alternate. The contractor must inform the Starlight School Food Services Supervisor if a product is not available. In the event a nondomestic agricultural product is to be provided, the contractor must obtain, in advance, written approval for the product. The vendor must comply with the Buy American Provision.
4. Full documentation regarding the reason an accepted item was unavailable, and the procedure used in determining acceptable alternates, will be available for audit and review.
5. The Food Services Supervisor is responsible for maintaining all procurement documentation.

III. Small Purchase Procedures

If the amount of purchases for items less than \$25,000 for goods and non-professional services or less than \$50,000 for professional services, the following small purchase procedures including quotes can be used. (The kitchen can always conduct a formal procurement review even when goods or services are below the formal procurement threshold).

- A. Quotes from an adequate number of qualified sources (at least 3) are required.
- B. Written specifications will be prepared and provided to potential vendors.
- C. Each vendor will be contacted and given an opportunity to provide a price quote on the same specifications. A minimum of three vendors must be contacted.
- D. The price quotes will receive appropriate confidentiality before award.
- E. Quotes will be awarded to the most responsive and responsible vendor with price being the primary consideration.
- F. The SNP will be responsible for documentation of records to show selection of vendor, reasons for selection, names of all vendors contacted, price quotes from each vendor, and written specifications. If the Board awards to a vendor

that is not the lowest price quote, a written explanation must be documented as to why.

- G. Bids will be awarded on the following criteria. Price must be the highest weighted criteria. Examples of other possible criteria include quality, service, delivery, and availability.

IV. Additional Responsibilities:

- A. The Board shall agree to retain all books, records, and other documents relative to the award of the contract for three (3) years after final payment. If there are audit findings that have not been resolved, the records shall be retained beyond the 3-year period as long as required for the resolution of the issues raised by the audit. Specifically, the Board shall maintain, at a minimum, the following documents:

1. a copy of the original solicitation;
2. the selection of contract type (fixed/cost-reimbursable);
3. pre-bid meeting attendance logs (if applicable);
4. the basis for vendor selection;
5. the basis for award cost or price;
6. the terms and conditions of the contract;
7. billing and payment records;

V. Code of Conduct

- A. No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a Federal, State, or local award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract.
- B. The officers, employees, and agents of the Board may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, they may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value.

- C. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the Board. Based on the severity of the infraction, the penalties could include a written reprimand to their personnel file, a suspension with or without pay, or termination.
- D. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.
- E. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.
- F. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaintfilint_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:
 - 1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
 - 2. fax: (202) 690-7442; or
 - 3. email: program.intake@usda.gov

The Muskingum County Board of Developmental Disabilities is an equal opportunity provider.

Approved: March 16, 2021
Revised: January 28, 2025

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Peanut and Food Allergy Policy

Policy Number:

6.06

I. SUBJECT

Peanut and Food Allergy Policy

II. PURPOSE

- A. The board of education of each city, local, public separate school, exempted village, and joint vocational school district and the governing authority of each chartered nonpublic school must establish a written policy with respect to protecting students with food allergies. The policy must be developed in consultation with parents, school nurses and other school employees, school volunteers, students and community members.

Muskingum County Board of Developmental Disabilities (MCBDD) Starlight School is committed to the health and safety of all students and employees. In accordance with this and pursuant to Ohio Revised Code 3313.719, the purpose of this policy is to:

1. Provide a safe and healthy learning environment for students with food allergies;
2. Reduce the likelihood of severe or potentially life-threatening allergic reactions; and
3. Protect the rights of food allergic students to participate in all school activities.

III. POLICY

- A. The Muskingum County Board of Developmental Disabilities Program Nurse shall implement an Emergency Care Plan (ECP) specific to that student which is consistent with this policy, providing students with protections while they are attending school or participating in school- sponsored activities. The protocols shall be reviewed and updated as needed, as well as after any serious allergic reaction has occurred at school or at a school- sponsored activity.
- B. If needed the MCBDD will post signs in a conspicuous place at every point of entry and within the lunch room, advising that there are students with allergies

to peanuts/tree nuts. The exact wording on the sign may vary, in accordance with the measures contained in the student's ECP and the school protocol.

- C. The MCBDD shall identify school personnel who might be involved in managing an emergency in a school, including anaphylaxis. Training will be provided for these personnel on the signs and symptoms of anaphylactic shock, and identified staff will be trained to administer emergency prescription, epinephrine auto-injector administration, adverse reactions, accessing 911 emergency medical system, and preparation for movement and transport of the student. At all times during normal school hours or at onsite school-sponsored activities, at least one person must be trained and responsible for the administration of epi-pen auto-injector. All trained personnel shall review emergency protocols on an annual basis.
- D. MCBDD shall ensure that all school employees who may be involved in the care of a student diagnosed with a peanut/tree nut allergy shall be informed of the ECP, as appropriate. These symptoms of an allergic reaction, know what to do in an emergency, and work with other school staff to eliminate the use of food allergies in the allergic student's snacks and meals, educational tools, arts, and craft projects, or incentives.
- E. If deemed appropriate each student at risk for anaphylaxis shall be allowed to carry an epinephrine auto-injector with him/her at all times. If this is not appropriate the epinephrine auto-injector shall be kept in a conspicuous place in the classroom, lunch room, physical education facility, nursing clinic, and/or other areas where it is most likely to be used with reasonable safeguards in place to ensure its safekeeping. A medically identified student may self-administer the epinephrine auto-injector, if appropriate.
- F. In the event of an episode of anaphylaxis, a designated staff member shall verbally notify the student's parents/guardian as soon as possible. Following the episode, the staff member providing the care shall complete the appropriate documentation which is to be filed in the student health record.
- G. All threats and harassment of student's food allergies will be taken very seriously and will be dealt with in accordance with the MCBDD UI/MUI and school policies.

IV. CONFIDENTIALITY

Pursuant to Section 504 of the Rehabilitation Act of 1973 (Section 504), the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Rules and Regulations

for School Health Programs (R16-21-SCHO), and other statutes and regulations, the confidentiality of students with food allergies shall be maintained, to the extent appropriate and as requested by the student's parents/guardians.

V. EVALUATION AND REVIEW

This policy shall be reviewed and updated on a regular basis, particularly after a serious allergic reaction has occurred at school or at a school-sponsored activity.

Adopted: June 10, 2021

Revised: February 13, 2025