



Policy and Procedures

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Vision Statement

We are a leading organization that champions for and supports people with developmental disabilities, while cultivating relationships that enrich our community.

Purpose Statement

To support people in their individual pursuit of a fulfilling life.

Core Values

Innovation - our founders pioneered the opportunities that exist today for people with developmental disabilities. We build on their courageous tradition of innovation and creativity in the design and delivery of our services

Integrity - we operate with integrity in all that we do - as a service provider, as an employer, and as members of our community

Respect - we treat everyone with respect. Dignity, choice, ability, privacy and opinion are fundamental principles of who we are

Quality - we embrace the highest standards in all that we do.
Quality in service and character drives our actions and attitudes

Caring - we act with a genuine sense of caring. A sincere interest in and concern for the complete well-being of all people define our actions

Leadership Competencies

Organizational Agility

Knowledgeable about how organizations work; knows how to get things done both through formal channels and the informal network; understands the origin and reasoning behind key policies, practices, and procedures; understands the cultures of organizations

Managing Vision and Purpose

Creates and communicates a compelling and inspired vision or sense of core purpose; sees beyond today; sees possibilities; is optimistic; creates mileposts and symbols to rally support behind the vision; makes the vision sharable by everyone; can inspire and motivate entire units or organizations

Customer Focus

Is dedicated to meeting the expectations and requirements of internal and external customers; gets first hand customer information and uses it for improvements in products and services; talks and acts with customers in mind; establishes and maintains effective relationships with customers and gains their trust and respect.

Motivating Others

Creates a climate in which people want to do their best; can motivate many kinds of direct reports and team or project members; can assess each person's hot button and use it to get the best out of him/her; pushes tasks and decisions down; empowers others; invites input from each person and shares ownership and visibility; makes each individual feel his/her work is important; is someone people like working for and with

Conflict Management

Steps up to conflicts, seeing them as opportunities; reads situations quickly; good at focused listening; can hammer out touch agreements and settle disputes equitably; can find common ground and get cooperation with minimum noise

Programs & Services

RESIDENTIAL

The Arc community residential homes create personalized living arrangements known as Alternative Living Units (ALU) for people with disabilities living in the community. The ALUs consist of a network of homes throughout Carroll County operated by The Arc, enabling individuals with developmental disabilities to live in their communities and experience as much independence as possible. Staffing plans provide individualized support depending on the needs of each resident. All Residential Advisors and Community Living Assistants are required to meet the training regulations mandated by The Developmental Disabilities Administration.

The Arc's Residential Program will be guided by the following procedures: Residential Advisors, Community Living Assistants and/or Certified Nursing Assistants provide support in meeting resident needs. This program provides the residents with the opportunity to be involved in meaningful activities and leisure activities of their choice.

Staff ratios differ depending upon resident needs. Services are developed from an assessment of each person's strengths, abilities and preferences.

Residential Goal and Available Services

Goal:

The Arc's residential homes create personalized living arrangements for people with developmental disabilities living in the community. The program strives to provide an enriched living environment that fosters personal growth, well-being and community inclusion.

Available Services:

- Assistance in developing and achieving personal outcomes
- Assistance with managing finances, medical appointments and follow up, medication administration, personal living skills and activities to promote community inclusion
- Grocery Shopping
- Behavioral Supports
- Assistance with providing opportunities to experience independence

Admission Criteria for Residential

Any person without regard to race, color, creed, national origin, sex or disabling condition who needs residential services is eligible for consideration to participate in the program. Staff ratios will be established by the Deputy Executive Director based on intake documentation and recommendations from staff. Admission to programs is

contingent on availability of funding needed to meet staffing requirements. In addition, each person must be at least 21 years of age, have a Social Security Number, and be eligible for funding through the Developmental Disabilities Administration.

Documentation Required

- Copies of records concerning social, vocational and education history.
- Reports by staff regarding pre-screening interviews and situational assessment, if applicable.

The Deputy Executive Director may request additional information including, but not limited to, medical and psychological exams completed within the previous 12 months prior to taking action for acceptance or rejection of the application.

The above noted criteria provide guidelines. Exceptions to the criteria may be made in order to meet individual needs.

Transition begins upon entry of each program as the goal for each person should be independence.

PERSONAL SUPPORT SERVICES

The Arc's Personal Support Services Program will be guided by the following procedures:

The Personal Support Services program seeks to provide assistance to people with developmental disabilities whose challenging behaviors and/or other disabling conditions may be a barrier to community inclusion and involvement. The program also seeks to provide assistance to people and their families needing assistance with personal care, respite, obtaining adaptive equipment, in home services, medical supplies, recreation and transportation. This program will provide people the opportunity to be involved in meaningful activities and leisure activities of their choice. Services are developed from an assessment of each person's strengths, abilities and preferences.

Personal Support Services Goal and Available Services

Goal:

To provide a range of creative services designed to enable people with developmental disabilities to live more independently in the home of their choice and to be active members of the community.

Available Services:

Personal Supports: Personal Support services include a broad spectrum of supports intended to enhance individuals' opportunities to exercise choice and control over

their own lives. This may include, but is not limited to, trainings to increase integration and productivity, adaptive equipment, medication management, assistive technology, personal assistance services to include assistance with managing finances, medical needs, and/or medication administration. Respite care and 24 hour emergency assistance. Support Aides are required to meet the training regulations mandated by the Developmental Disabilities Administration.

Family and Individual Support Services (FISS): FISS is a range of creative services designed to enable individuals with disabilities to live more independently or with family and to be active members of their community. Flexible services under Family and Individual Support Services include respite care, personal care, transportation, and in home care as well as assistance with obtaining medical care and supplies, adaptive equipment or architectural modifications. All Support Aides are required to meet the training regulations mandated by The Developmental Disabilities Administration.

Individual Family Care (IFC): IFC services provide comprehensive services within a family setting to individuals who are unrelated to the care provider. Care providers are required to meet the training regulations mandated by the Developmental Disabilities Administration and site licensing requirements in their home.

Admission Criteria for Personal Support Services:

Any person without regard to race, color, creed, national origin, sex or disabling condition, who needs family and individual services, is eligible for consideration to participate in the program. Staff ratios will be established by the Deputy Executive Director based on intake documentation and recommendations from staff. Admission to programs is contingent on availability of funding needed to meet staffing requirements. In addition, each person must have a social security number and be eligible for funding through the Developmental Disabilities Administration or have the ability to pay privately.

Documentation Required

- Copies of records available concerning social, vocational and education history.
- Reports by staff regarding pre-screening interview and situational assessment, if applicable.

The Deputy Executive Director may request additional information including, but not limited to, medical and psychological exams completed within the previous 12 months prior to taking action for acceptance or rejection of the application.

The above noted criteria provide guidelines. Exceptions to the criteria may be made in order to meet individual needs.

Transition begins upon entry of each program as the goal for each person should be independence.

MEANINGFUL DAY SERVICES

The Meaningful Day Services Department is made up of 3 distinct programs: Educational Partnerships, Day Services, and Employment. Each program works together within the department to form a continuum of services, making up a comprehensive service-delivery system. Individuals are assessed at intake and placed within the program of their choosing. There is fluency in moving between services throughout the day. The scope of the program models is defined in the *Code of Maryland Regulations (COMAR) 10.22.07.03*.

Educational Partnerships:

This program is an offsite program that works in conjunction with the *Carroll County Public School* system (CCPS). Educational Instructors assist in training and teaching high school and post-secondary students (under age 22) on job readiness and work skills. The Director of Employment and Educational Initiatives supervises educational instructors who provide classroom instruction, job sampling opportunities, and paid employment in a variety of service venues in partnership with CCPS. Current venues include: *Transition Connections Program (TCP)*, *Vocational Opportunities for Independent change and Empowerment (VOICE)*, *Transitional Education at McDaniel College (TE@CH)*, and *Seamless Transition at Carroll Community (ST@CC)*. The Educational Partnerships program is dynamic and growing: Venues develop and evolve to meet the needs of the CCPS student body.

This program also works in conjunction with the *Division of Rehabilitation Services (DORS)*. Educational Instructors assist in self-advocacy, computer coding, food service, customer services, college orientation, and public speaking for high school and post-secondary students. Current programs include *Work Based Learning Experiences (WBLE)*, *Summer Youth Experience (SYE)*, and *Pre-Employment Training Services (Pre-ETS)*.

Educational instructors attend student's IEP meetings and advocate The Arc's services as the student exit the school system and enter adult services. Staff provide guidance to families through the transition process from school services to adult agency services. The Educational Department staff participate in parent and school advocacy groups, such as *Carroll County Transition Council (CCTC)* and *Special Education Citizen Advocacy Council (SECAC)*. Educational Partnerships also educates staff, family members, and school personnel on *Employment First* strategies while incorporating the Arc's Person-Centered Career Planning Process in the areas of:

- Discovery: Gathering information about the individual and forming an *Action Plan*.
- Job Preparation and Exploration:
- Assisting with resume building, job applications, and skill assessments, including *Community Based Vocational Assessments* (job sampling).
- Pursuit: Exploring vocational opportunities in the community in *Job Development*.

- Employment: Assisting staff on coaching duties
- On-going Support: Monitor *stabilized* individuals and assisting staff on job maintenance strategies and recordkeeping.

Day Program:

This program takes place at The Arc's main administration building and is a structured 6 hour day from 9 am -3 pm. The Day Program provides instruction, training, supervision and support at The Arc Carroll County in compliance with individual goals and objectives as specified in the *Person-Centered Plan (PCP)*. Program Coordinators provide overall coordination of the program: Supervising Day Support Specialists I and II. Coordinators engage in case management assuring that individuals served in this program are engaged in a variety of activities adhering to an *Employment First* philosophy promoting employment, positive growth, meaningful activities, education, and socially valued roles in the community. The program provides person-centered support and positive outcomes. The Day Program offers training and in social skills, health and wellness, continuing education, self-care, individual rights and self-advocacy, math, reading, safety, and community access skills. Individuals may have medical, physical, or behavioral care components. Day habilitation promotes participation in structured activities designed to increase or maintain motor skills, communication skills, personal hygiene skills, leisure skills, and community integration (COMAR 10.22.07.03 E). In-house activities include: Life skills, art class, cooking, and physical education. The program collaborates with a variety of nonprofit and community endeavors and seeks to give back through volunteerism.

Pre-employment:

This program takes place primarily in the community and is a structured 6 hour day from 9 am -3 pm. The Vocational Program provides instruction, training, supervision and support in compliance with individual goals and objective as specified in the *Person-Centered Plan (PCP)*. Program Coordinators provide for overall coordination of the program. Coordinators engage in case management assuring that individuals served in this program are engaged in a variety of activities adhering to an *Employment First* philosophy promoting employment, positive growth, meaningful activities, education, and socially valued roles in the community. Coordinators assure the program provides person-centered support and positive outcomes. The program offers training and job coaching in: Job readiness skills, Job development, job exploration, job retention practices, social skills, health and wellness, continuing education, self-care, individual rights and self-advocacy, math, reading, safety, and community access skills. Employment Specialist I & II, Job Developers, work to support community partnerships throughout the region. Participants engage in paid work and/or volunteer opportunities. Services under Pre-Employment include Discovery, Job Development, Career Exploration, and Community Development Services.

Community Employment:

The primary goal of the Community Employment program is to provide supports necessary to assure vocational success. Individuals are supported in the community at the job site through employment specialists. The Arc employs Program Coordinators and Employment Specialists (Level I and II) to ensure positive outcomes. Employment Specialists act as job coaches. The Community Employment program offers employment supports based on individual's unique needs and abilities based on the individual's goals and objectives as specified in the Person-Centered Plan (PCP). The Arc adheres to an *Employment First* philosophy assisting individuals in ongoing supports or follow-along supports. Once employment is secured, individuals work in individualized placements. The Arc observes best practices when possible and follows a *Place-Train-Maintain* model. Employment Specialists provide instruction, training, supervision, and support to people working within the community in this model. Ongoing Supports are designed to support participants in job coaching, facilitation of natural supports, ongoing job supports, systematic instruction, travel training, personal care, behavioral supports, and delegated nursing tasks. When appropriate, ongoing job supports must include a fading plan. Follow Along Supports ensure the participant has the assistance necessary to maintain their job which includes two monthly direct support contacts.

Transportation Services:

This program is designed to provide transportation services to children and adults with disabilities throughout Carroll County. Door to door transportation is provided to adults participating in Arc sponsored programs and to the worksite for supported employees. Specially equipped vans and buses are maintained to meet the various needs of riders. The Arc chooses the most integrated environment when transporting individuals and contracts with the Carroll Transit System (CTS) to achieve this. Daily transportation is provided to 500 students attending specialized programs in the Carroll County Public School system. The Arc operated ALUs are also assigned vehicles to provide 24 hour transportation for resident shopping, recreation, church services, medical appointments, and inclusion in other community activities. All van drivers and assistants are required to meet the training regulations mandated by The Developmental Disabilities Administration. All school bus drivers are required to meet the training regulations mandated by Carroll County Public Schools

POLICY AND PROCEDURES FOR OBTAINING INPUT FROM PEOPLE RECEIVING SUPPORTS

The input of people receiving supports is a key part of the process used to structure the organization. This input is used to be responsive to their expectations and help facilitate their participation in society.

The Arc will obtain input from all people receiving supports at their annual meeting or more frequently, if necessary. A satisfaction survey will be used along with periodic meetings to get this input. This information will be submitted to the appropriate administrative staff for review and used, if needed, to change the policies and practices of the organization.

POLICY ON ACCESSIBILITY

Reasonable Accommodations

The Arc Carroll County is committed to the implementation of its Affirmative Action Plan, which ensures the promotion of equal opportunity for people with disabilities to participate as staff members, volunteers and members of the Board of Directors. In addition, reasonable accommodations are provided through the use of accessible meeting areas, supports, modification of activities and tasks, and the use of assistive technology. The Arc Carroll County will consult with the special education program at McDaniel College to secure appropriate assistive devices for any individual or applicant who has such a need.

Community Activities

The organization demonstrates participation in community activities that promote opportunities for people with disabilities.

The Arc sponsors, supports, and encourages the involvement of professional staff in civic organizations in Carroll County. The Arc maintains membership in the Carroll County Chamber of Commerce.

All of this community outreach provides a forum to promote the full inclusion of people with disabilities in all aspects of life in our community.

Additionally, the Arc fosters and supports self advocacy activities by individuals throughout the community.

The Arc distributes a newsletter to individuals, employers, and organizations. News releases are issued to the media frequently.

Eligibility and Entrance Criteria

It is the policy of The Arc that all people with disabilities may apply for entry into The Arc's Employment Services and Community Living Programs. The eligibility determination process will be applied uniformly to all applicants using specific admission criteria and in such a way to assure that no person shall be subjected to adverse discrimination on the basis of race, color, sex, age, national origin, marital status, sexual preference, physical or mental disability, religion, or veteran status. Refer to the Policies and Procedures for Intake and Orientation and the Admission Criteria for Employment Services and Community Living.

Accessibility Plan

It is the policy of The Arc Carroll County to remove attitudinal, architectural, employment, transportation, communication and any other barriers to people with disabilities within the organization and the community. The Arc headquarters is a barrier free facility.

The Arc Administration will complete a self evaluation of its programs and policies regarding accessibility on an annual basis. The ADA Self Evaluation Checklist will be used by The Arc Administration and Board of Directors to set goals to remove barriers to people with disabilities within the organization and the community that arise as a result of the self evaluation. Please refer to the most recent Accessibility Plan revision for more information.

REPORTING OF FRAUD, WASTE AND ABUSE POLICY

Purpose

The Arc Carroll County will be compliant with applicable federal and state laws, and the program requirements of federal and state health plans concerning fraud, waste and abuse. The Deficit Reduction Action of 2005 (DRA) requires that any entity receiving or making annual Medicaid payments exceeding \$5 million establish and disseminate to all of its employees and contractors written policies that set forth the entity's policies and procedures for preventing and detecting fraud, waste, and abuse in federal health care programs and that describe the federal and state false claims laws.

This document summarizes The Arc's existing policies and associated procedures for detecting and preventing fraud, waste and abuse, including how to report concerns internally. It also provides an overview of applicable federal and state laws used by the government to enforce compliance with federal and state health care program requirements, including the Federal and Criminal False Claims Act and the Program Fraud Civil Remedies Act, and the Maryland Medicaid Fraud Prevention Law.

Policy

The Arc Carroll County is committed to complying with all applicable laws and regulations. The Arc Carroll County supports the efforts of federal and state authorities in identifying incidents of fraud, waste, and abuse and has the necessary procedures in place to prevent and detect fraud, waste, and abuse.

All employees, contractors, and agents must conduct themselves in an ethical and legal manner as defined in The Arc's Code of Ethics, our Employee Handbook and our Policies and Procedures Manual.

All employees, contractors, and agents are responsible for reporting potential or suspected incidents of fraud and abuse and other wrongdoing.

The Executive Director of The Arc Carroll County, in consultation with legal counsel, has responsibility for receiving and acting upon all information suggesting the existence of possible fraud, waste abuse or other wrongdoing and for directing all investigations arising from this information.

Procedures

The Arc Carroll County has implemented a number of procedures that are used to assist in its efforts to prevent and detect violations of federal and state health care program requirements and The Arc's own policies and procedures, including the following:

Reporting Procedures The Arc Carroll County has a reporting procedure that encourages employees, contractors and agents to report problems and concerns. All employees, contractors and agents are responsible for reporting potential or suspected incidents of fraud and abuse or other wrongdoing by discussing the question or concern with their direct supervisor, contacting a member of utilizing the complaint form on our website. Please refer to the Whistleblower Policy and the Code of Ethics for specific information concerning reporting of and response to reports of fraud, waste or abuse.

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

Cooperation with Investigations. It is The Arc's policy to cooperate with federal and state agencies that conduct healthcare fraud and abuse investigations.

Training and Education All Arc employees receive our Employee Handbook and all related policies during new employee orientation. Signatures are obtained signifying receipt of such material.

Pre-Screening of Employees and Contractors The Arc Carroll County employees and contractors are subjected to a screening against the Medicaid Fraud exclusion list prior to their employment or providing services to The Arc. Additionally, all existing employees and contractors are subjected to ongoing screening on a monthly basis against List of Excluded Individuals and Entities (LEIE).

**See Appendix 1 for variation in policy for the Commonwealth of Pennsylvania.*

Federal and State Laws

In addition to The Arc's own compliance policies and procedures to prevent and detect violations of federal and state health care program requirements, the federal government and the State of Maryland have also enacted criminal, civil, and administrative laws that prohibit the submission of false or fraudulent claims and the making of false statements to the federal and state governments. These laws contain various criminal, civil, and administrative penalties and provide governmental authorities with broad authority to investigate allegations of fraud, waste, and abuse and to enforce compliance with federal and state health care program requirements.

Federal Laws

The Federal False Claims Act and the Program Fraud Civil Remedies Act of 1986 are the primary federal laws used by the federal government to enforce compliance with federal health care program requirements.

The False Claims Act. The False Claims Act ("FCA") provides, in pertinent part, that: (a) Any person who (A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval; (B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim ; (C) conspires to commit a violation of subparagraph (A), (B), (D), (E), (F), or (G); (D) has possession, custody, or control of property or money used, or to be used, by the Government and knowingly delivers, or causes to be delivered, less than all of that money or property; (E) is authorized to make or deliver a document certifying receipt of property used, or to be used, by the Government and, intending to defraud the Government, makes or delivers the receipt without completely knowing that the information on the receipt is true; (F) knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the Government, or a member of the Armed Forces, who lawfully may not sell or pledge property; or (G) knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the Government is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990 (28

U.S.C. 2461 note; Public Law 104-410, plus 3 times the amount of damages which the Government sustains because of the act of that person

Definitions. For purposes of this section, (1) the terms "knowing" and "knowingly" (A) mean that a person, with respect to information- (i) has actual knowledge of the information (ii) acts in deliberate ignorance of the truth or falsity of the information; or (iii) acts in reckless disregard of the truth or falsity of the information; (B) require no proof of specific intent to defraud . While the False Claims Act imposes liability only when the claimant acts "knowingly," it does not require that the person submitting the claim have actual knowledge that the claim is false. A person who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information, also can be found liable under the Act. 31 U.S.C. 3729(b).

In sum, the False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided. The False Claims Act also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. An example of this may include a government contractor who submits records that he knows (or should know) are false and that indicate compliance with certain contractual or regulatory requirements. The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled, and then uses false statements or records in order to retain the money. An example of this so-called "reverse false claim" may include a hospital that obtains interim payments from Medicare throughout the year, and then knowingly files a false cost report at the end of the year in order to avoid making a refund to the Medicare program.

In addition to its substantive provisions, the FCA provides that private parties may bring an action on behalf of the United States. 31 U.S.C. 3730 (b). These private parties, known as "*qui tam* relaters," may share in a percentage of the proceeds from an FCA action or settlement. Section 3730(d)(1) of the FCA provides, with some exceptions, that a *qui tam* relator, when the Government has intervened in the lawsuit, shall receive at least 15 percent but not more than 25 percent of the proceeds of the FCA action depending upon the extent to which the relator substantially contributed to the prosecution of the action. When the Government does not intervene, section 3730(d)(2) provides that the relator shall receive an amount that the court decides is reasonable and shall be not less than 25 percent and not more than 30 percent. The FCA provides protection to *qui tam* relaters who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the FCA. 31 U.S.C. 3730(h). Remedies include reinstatement with comparable seniority as the *qui tam* relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

The Program Fraud Civil Remedies Act of 1986 - The Program Fraud Civil Remedies Act of 1986 is a statute that establishes an administrative remedy against any person who presents or causes to be presented a claim or written statement that the person knows or has reason to know is false, fictitious, or fraudulent due to an assertion or omission to certain federal agencies (including the U.S. Department of Health and Human Services). The Program Fraud Civil Remedies Act allows for penalties of \$5,000 per claim and an assessment of up to twice the amount of the original claim.

State Laws

The *Maryland False Claims Act* is substantially similar to the Federal False Claims Act. The actions that trigger civil and criminal penalties in the Maryland FCA generally mirror those of the Federal FCA and including making a false statement or concealing information that affects the right to a Medicaid benefit or payment and conspiring to defraud the State by obtaining an unauthorized payment from the Medicaid program or its fiscal agent.

Like the Federal FCA, Included in the Maryland FCA are provisions that permit a whistleblower to alert state investigators about fraudulent actions, and allow the whistleblower to collect a portion of any damages recovered by the state. The private individual's share could be reduced or eliminated altogether, however, if the individual planned and initiated the activity upon which the lawsuit was based or if the individual is convicted of criminal conduct arising from his role in the illegal activity. The Maryland FCA also includes provisions to prevent employers from retaliating against employees for their involvement in Maryland FCA actions.

POLICY ON ETHICS

It is the goal of The Arc Carroll County to provide an example for other human service, non-profit organizations, by establishing a high standard of performance, professionalism, and ethical conduct. The Arc Carroll County intends to create an environment that fosters ethical conduct, where no employee will ever feel the need to compromise personal integrity to help achieve the mission of the agency.

The Arc Carroll County Code of Ethics sets forth values, ethical principles and ethical standards to which The Arc Carroll County staff aspire and by which their actions can be judged. The Arc Carroll County Code of Ethics cannot guarantee ethical behavior. Moreover, the code of ethics cannot resolve all ethical issues disputes, nor capture the richness and complexity involved in striving to make responsible choices within a moral community.

The Arc Carroll County Code of Ethics is relevant to all of The Arc Carroll County's Board of Directors, staff, volunteers, and consultants, regardless of their professional functions, the settings in which they work, or the population they serve. While

working under The Arc Carroll County's Code of Ethics, the staff, volunteers and consultants must be conscientious, committed and honest in their work as well as in aspects of their private lives that are related to their respective jobs in the organization.

The Arc Carroll County pledges to set the standard for professional conduct by acting with integrity. We know that acting with integrity builds credibility, both within the organization and throughout the communities within which we operate. A reputation for integrity is a significant corporate asset. The Arc Carroll County Board of Directors and the executive staff are committed to making The Arc Carroll County the most valued Arc in our field. We will accomplish this by saying what we mean, doing what we say and making a positive difference in the lives of the people we serve.

The Arc Carroll County will be accountable to the public by demonstrating the highest standards of personal and corporate integrity, fairness, honesty and compliance with both the spirit and the letter of the law. The Arc Carroll County aims to set the standard for ethical conduct by subscribing to the established Codes of Ethics for social workers, certified rehabilitation counselors, certified public accountants, and other relevant professions. Beyond this, The Arc Carroll County endorses five basic principles:

Honesty

To be truthful in all our endeavors, to be honest and forthright with one another and with our consumers, referral sources, and community partners.

Respect

To treat one another with dignity and fairness, appreciating the diversity of our work force the uniqueness of each employee, and the confidentiality of each consumer.

Trust

To build confidence through teamwork and open, candid communication at all levels of the organization.

Citizenship

To obey the laws of the land, work to make our communities more productive, and act with pride and confidence as a representative of The Arc Carroll County.

Integrity

We promise to apply the standard of integrity to all we do as related to: our staff, The Arc Carroll County Board of Directors, volunteers, financial practices, marketing

activities, consumer services, referral/funding source interests, and other stakeholders' issues.

The following examples provide a framework within which The Arc Carroll County applies the foregoing standard:

Treat in an Ethical Manner Those to Whom The Arc Carroll County has an Obligation.

We are committed to the ethical treatment of those to whom we have an obligation. For our employees we are committed to honesty, just management, and fairness providing a safe and healthy environment, opportunity for career growth, and respecting the dignity due everyone.

For our consumers, families, and guardians we are committed to respect, concern, courtesy, and responsiveness recognizing that service to them is our primary responsibility.

For our customers we are committed to produce reliable products and consumer-driven services, delivered in a timely manner, at a fair price, and with expected outcomes.

For the communities in which we live and work, we are committed to acting as concerned and responsible neighbors as we seek ways to share The Arc Carroll County's mission with others, reflecting all aspects of good citizenship.

For our funding sources and governing authorities we are committed to pursuing financial stability, sound growth and to exercising prudence in the use of our assets in a manner that helps promote the improvement of programs and services to persons with disabilities.

Obey the Law

We will conduct our business in accordance with all applicable laws and regulations. Compliance with the law does not comprise our entire ethical responsibility. Rather, it is a minimum, absolutely essential condition for performance of our duties.

Promote a Positive Work Environment

All employees want and deserve a workplace where they feel respected, satisfied, and appreciated. Harassment or discrimination of any kind and especially involving race, color, religion, gender, age, sexual orientation, national origin, disability, and veteran or marital status is unacceptable in our workplace environment.

Providing an environment that supports the honesty, integrity, respect, trust, responsibility, and citizenship of every employee permits us the opportunity to

achieve excellence in our workplace. While everyone who works for The Arc Carroll County must contribute to the creation and maintenance of such an environment, our executive and management personnel assume responsibility for fostering a context for work that will bring out the best in all of us.

Work Safely: Protect Yourself and Your Fellow Employees

We are committed to providing a drug-free, safe, and healthy work environment. Each of us is responsible for compliance with environmental, health, and safety laws and regulations. Observe posted warnings and regulations. Report immediately to the appropriate management staff person any accident or injury sustained on the job, or any environmental or safety concern you may have.

Keep Accurate and Complete Records

We must maintain accurate and complete records. Transactions between The Arc Carroll County and outside individuals and organizations must be promptly and accurately entered in our books in accordance with generally accepted accounting practices and principles. Entries into the case record must be made in a timely manner and reflect the desires and preferences of the persons receiving services, the services provided in response, and the actual outcomes achieved. Financial records and case record information must be treated with strict confidentiality. No one should rationalize or even consider misrepresenting facts, falsifying records, or compromising confidentiality. It is illegal, will not be tolerated, and will result in disciplinary action. In addition, a third party should witness all documents to the extent that one is available; if a third party is not available, then the staff person soliciting the signature will witness the document signing in acknowledgement that they have reviewed the content with the person.

Steer Clear of Conflicts of Interest

Playing favorites or having conflicts of interest, in practice or in appearance, runs counter to the fair treatment that we are all entitled. Avoid any relationship, influence, or activity that might impair, or even appear to impair, your ability to make objective and fair decisions when performing your job. When in doubt, share the facts of the situation with your supervisor.

Fraud

Management is responsible for the detection and prevention of fraud, misappropriations, and other inappropriate conduct. Fraud is defined as the intentional, false representation or concealment of a material fact for the purpose of inducing another to act upon it to his or her injury.

Acts constituting fraud include, but are not limited to:

- Any dishonest or fraudulent act

- Forgery or alteration of any document or account belonging to the Company, including checks, bank drafts and other financial documents
- Misappropriation of funds, securities, supplies or assets
- Impropriety in the handling or reporting of money or financial transactions
- Profiteering as a result of insider knowledge of Company activities
- Disclosing confidential and proprietary information to outside parties
- Accepting or seeking anything of material value from contractors, vendors or persons providing services to the Company. Exceptions: gifts less than \$50 in value, and
- Destruction, removal or inappropriate use of records, furniture, fixtures and equipment.

The Executive Director has the primary responsibility for the investigation of all suspected fraudulent acts. If the investigation substantiates that fraudulent acts have occurred he will issue reports to appropriate management personnel, and, if appropriate to the Board of Directors.

Decisions to prosecute or refer the examination results to the appropriate law enforcement and/or regulatory agencies for independent investigation will be made in conjunction with legal counsel and senior management, as will final decisions on disposition of the case.

Any employee who suspects dishonest or fraudulent activity should notify the Executive Director immediately and should not attempt to investigate the matter personally. All information will be treated confidentially. While the matter is under investigation, the employee should not discuss the matter with anyone other than the Executive Director or any person he may designate.

No action will be taken against an employee who, in good faith and with reasonable grounds, merely reports suspected fraudulent activity.

If an investigation results in a recommendation to terminate an individual engaged or complicit in fraudulent activity, the matter will be reviewed by the Human Resources Director and outside counsel before any action is taken.

Marketing

The Arc Carroll County will act responsibly in developing advertising and promotional opportunities so that the objective will advance The Arc and its mission. All outreach materials and efforts will be accurate and truthful in its representation of the organization and anyone portrayed in them. The Arc Carroll will respect the privacy and dignity of all people receiving supports, family members and donors in all marketing, promotional and outreach efforts.

How we respect people receiving supports and their families

- People receiving supports and their families will be represented in a positive light in all marketing and outreach materials used to promote The Arc Carroll County. They will not be exploited or portrayed in such a way as to generate sympathy or pity.
- People receiving supports and their families can be assured that confidential information regarding their relationship with The Arc will be protected.
- The Arc will have or will obtain permission to use the images or likenesses of people receiving supports and/or their families in marketing or promotional materials.

How we respect donors

- Gifts will be used for the purposes for which they were given. Donors will receive prompt and truthful answers to any questions they have when making a donation.
- Donors will receive appropriate acknowledgement and recognition. Donors may request that their names be deleted from any public recognition.
- Confidential information regarding individual donors and their gifts will be protected.
- Gifts will be processed expediently, and all funds will be handled in an appropriate manner.

Personal Fundraising

The Arc provides numerous resources for all employees to assist them in the conduct of business. These include, but are not limited to, office equipment and office resources. These resources are the property of The Arc. Therefore, they are to be used for the conduct of business of The Arc, and not for personal business.

The use of The Arc's telephone during business hours for personal calls is not prohibited, but it is important that such calls be kept to a minimum. Employees are prohibited from charging personal long distance calls on agency phones. Employees residing in The Arc homes will be billed for their personal long distance calls.

Use of Personal Property

The use of personal cell phones at work, during business hours, is to be kept to a bare minimum, preferably in emergency situations only.

Employees are requested to have their personal mail sent to their home address.

When personal mail is received at the office, care will be taken to deliver it to the addressee unopened; however, The Arc can assume no responsibility for personal mail.

Setting Boundaries

All relationships between supervisors, employees, and people receiving support shall be maintained in a professional manner.

Gift/Donation Acceptance

Any gift or donation with a value estimated up to \$10,000 may be accepted by the executive director or his/her designee. A value that exceeds \$10,000 needs to be approved by the board of directors. Gifts or donations that cannot be valued through readily available sources may be subject to a valuation by a qualified third party. Gifts or donations that are viewed as not in keeping with The Arc's mission or are determined as not in the best interests of The Arc may be declined.

Acknowledgement of all gifts or donations must follow IRS procedures. Furthermore, all gifts or donations and acknowledgements must adhere to the Association of Fundraising Bill of Donor Rights, which is approved by the board of directors.

Mechanism to Address Violations of Ethics

Any allegation of violation of The Arc Carroll County's standards for integrity will be taken seriously and thoroughly investigated by the appropriate executive staff member or governing authority.

Investigations of allegations will be initiated within five (5) days of receipt of the allegation.

In those situations where a potential breach of an established professional Code of Ethics may have occurred, the allegation will be reported in writing to the Executive Director within five (5) days and The Arc Carroll County's Board of Directors will be notified of the allegation within fifteen (15) days of notification of the Executive Director.

Any investigation will be completed within thirty (30) days of initiation with results reported to The Arc Carroll County's Board of Directors within ten (10) days of the completion of the investigation.

WHISTLEBLOWER POLICY

General

The Arc Carroll County's Code of Ethics requires directors, officers and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of The Arc, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

The objectives of The Arc's Whistleblower Policy are to establish policies and procedures for:

- The submission of concerns regarding questionable accounting or auditing matters by employees, directors, officers, and other stakeholders of the organization, on a confidential and anonymous basis.
- The receipt, retention, and treatment of complaints received by the organization regarding accounting, internal controls, or auditing matters.
- The protection of directors, volunteers and employees reporting concerns from retaliatory actions.

Reporting Responsibility

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

No Retaliation

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

Reporting Violations

The Code addresses the Arc's open door policy and suggests that employees share their questions, concerns, suggestions or complaints with someone who can address them properly. In most cases, an employee's supervisor is in the best position to address an area of concern. However, if one is not comfortable speaking with the appropriate supervisor or he or she is not satisfied with the supervisor's response, one is encouraged to speak with the Director of Human Resources or anyone in management whom he/she is comfortable in approaching. Supervisors and managers

are required to report suspected violations of the Code of Ethics to The Arc's management, who has specific and exclusive responsibility to investigate all reported violations. In cases where the Executive Director may be suspect or alleged in wrongdoing, the President or Vice President of the Board of Directors should be notified.

Reporting Concerns

Employees

Employees should first discuss their concern with their immediate supervisor. If, after speaking with his or her supervisor, the individual continues to have reasonable grounds to believe the concern is valid, the individual should report the concern to the Director of Human Resources. In addition, if the individual is uncomfortable speaking with his or her supervisor, or the supervisor is a subject of the concern, the individual should report his or her concern directly to the Director of Human Resources.

If the concern was reported verbally to the Director of Human Resources, the reporting individual, with assistance from the Director of Human Resources, shall reduce the concern to writing. The Director of Human Resources is required to promptly report the concern to the President or Vice President of The Arc's Board of Directors and to management, who have specific and exclusive responsibility to investigate all concerns. If the Director of Human Resources, for any reason, does not promptly forward the concern to above mentioned Board members, the reporting individual should directly report the concern to them. Contact information for the President or Vice President of the Board of Directors may be obtained through the Human Resources Department. Concerns may also be submitted anonymously. Such anonymous concerns should be in writing and sent directly to the President or Vice President of the Board of Directors.

Directors and Other Volunteers

Directors and other volunteers should submit concerns in writing directly to the President or Vice President of the Board of Directors. Contact information for them may be obtained from the Director of Human Resources.

Accounting and Auditing Matters

The Financial Committee of the board of directors shall address all reported concerns or complaints regarding corporate accounting practices, internal controls or auditing.

Acting in Good Faith

Anyone filing a complaint concerning a violation or suspected violation of the Code must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the Code. Any allegations that prove not

to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

Confidentiality

Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. The Arc's ability to conduct an adequate investigation may be hindered if a complainant wishes to remain anonymous. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Handling of Reported Violations

Management will notify the sender, if that person is known, and acknowledge receipt of the reported violation or suspected violation within five (5) business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

In those situations where a potential violation may have occurred, the allegation will be reported in writing to the Executive Director within five (5) days and The Arc Carroll County's Board of Directors will be notified of the allegation within fifteen (15) days of notification of the Executive Director.

Any investigation will be completed within thirty (30) days of initiation with results reported to The Arc Carroll County's Board of Directors within ten (10) days of the completion of the investigation.

POLICY ON CONFLICT OF INTEREST

Application of Policy

This policy applies to members of The Arc Carroll County Board of Directors; members of The Arc Carroll County; The Arc Carroll County officers and employees. Each one of these persons is hereinafter referred to as an "Interested Party."

Definitions

For purposes of this Policy, the following definitions apply:

The term "**Relative**" means a spouse, or a person's parents, grandparents, great-grandparents, aunts, uncles, brothers, sisters, nieces, nephews, children, grandchildren, great-grandchildren, and their spouses. The term "**Transaction Attorney**" means an attorney representing The Arc Carroll County.

The term "**Business Associate**" means

- An individual or business entity that has a business, contractual, or other financial relationship with the Interested Party.
- A business entity in which the Interested Party has a direct financial interest of which the Interested Party may reasonably be expected to know, except that “direct financial interest” does not include (i) ownership of less than a 1% interest in a corporation whose stock is publicly traded, or (ii) ownership of less than a 10% interest in a business entity whose ownership is privately held.
- A business entity of which the Interested Party is an officer, director, trustee, partner or employee.
- A business entity with which the Interested Party is negotiating or has any arrangement concerning prospective employment.
- A business entity that the Interested Party knows is a creditor or obligee of the Interested with respect to a thing of economic value and, by reason of being a creditor or obligee, is in a position to affect directly and substantially the interest of the Interested Party.
- A business entity that is engaged in a transaction with The Arc Carroll County and in which a direct financial interest is owned by another business entity in which the Interested Party has a direct financial interest, if the Interested Party may reasonably be expected to know of both financial interests.

Conflict of Interest

An Interested Party shall not engage in any act that would be a conflict of interest under this Policy, except when allowed by The Arc Carroll County Board of Directors in accordance with the procedures set forth in this Policy. A conflict of interest may exist when the interests or concerns of an Interested Party may be perceived by an objective observer as competing with the interests or concerns of The Arc Carroll County. A conflict of interest by a relative or business associate of an Interested Party is deemed to be a conflict of interest of the Interested Party when undertaken or engaged in with the knowledge of the Interested Party. A variety of situations can raise conflict of interest concerns including, but not limited to, the following:

Financial Interests - A conflict of interest may exist where an Interested Party, or a relative or business associate of an Interested Party, directly or indirectly benefits or profits as a result of a decision made or transaction entered into by The Arc Carroll County. Examples include, but are not limited to, situations where:

- The Arc Carroll County contracts to purchase or lease goods, services, or properties from an Interested Party or, with the knowledge of an Interested Party, from a relative or business associate of an Interested Party.
- The Arc Carroll County purchases an ownership interest in or invests in a business entity owned by an Interested Party or, with the knowledge of an Interested Party, by a relative or business associate of an Interested Party.
- The Arc Carroll County offers employment to an Interested Party or, with the knowledge of an Interested Party, to a relative or business associate of an Interested Party, other than a person who is already employed by The Arc Carroll County.
- An Interested Party or a relative or business associate of an Interested Party is provided with a gift, gratuity or favor, with a value of \$100 or more, from a person or entity that the Interested Party, or the Interested Party's relative or business associate, knows or reasonably should know does business or seeks to do business with The Arc Carroll County.
- An Interested Party, or, with the knowledge of an Interested Party, a relative or business associate of an Interested Party, is provided use of the facilities, property, or services of The Arc Carroll County on terms more favorable than would be available to members of the general public.
- An Interested Party, or, with the knowledge of an Interested Party, a relative or business associate of an Interested Party, is seeking a loan by The Arc Carroll County.

Other Interests - A conflict of interest may also exist where an Interested Party or a relative or business associate of an Interested Party obtains a non-financial benefit or advantage that would not have been obtained absent the Interested Party's relationship with The Arc Carroll County, or where the Interested Party's duty or responsibility owed to The Arc Carroll County conflicts with a duty or responsibility owed to some other organization. Examples include, but are not limited to, situations where:

- An Interested Party seeks to obtain preferential treatment by The Arc Carroll County for himself/herself or relative or business associate.
- An Interested Party seeks to make use of confidential information obtained from The Arc Carroll County for his/her own benefit or for the benefit of a relative, business associate, or other organization.

- An Interested Party seeks to take advantage of an opportunity or enables a relative, business associate or other organization to take advantage of an opportunity that the Interested Party has reason to believe The Arc Carroll County would be interested in undertaking.

Disclosure of Actual or Potential Conflicts of Interest

An Interested Party is under a continuing obligation to disclose any actual or potential conflict of interest as soon as it is known or reasonably should be known to the Interested Party.

An Interested Party shall file on at least a yearly basis a “Conflict of Interest Disclosure Statement” in the form attached to Appendix A, to fully and completely disclose the material facts about any actual or potential conflicts of interest. The disclosure statement shall be completed initially by an Interested Party when this Policy becomes effective, or upon commencement of the Interested Party’s association with The Arc Carroll County and shall be updated annually thereafter. An additional disclosure statement shall be filed by an Interested Party as each new actual or potential conflict of interest arises.

Disclosure statements shall be filed with The Arc Carroll County’s Executive Director. The Arc Carroll County’s Executive Director shall provide copies of all disclosure statements to The Arc Carroll County Board of Directors. The Secretary of the Board of Directors shall file copies of all disclosure statements with the official records of the corporation.

Procedures for Review of Actual or Potential Conflicts - In General

Whenever there is reason to believe that an actual or potential conflict of interest exists between The Arc Carroll County and an Interested Party, the Board of Directors or The Arc Carroll County’s Executive Committee if a preliminary determination is required before the next regularly scheduled meeting of the Board of Directors, shall determine the appropriate organizational response. This response shall include, but is not necessarily limited to, invoking the procedures described below with respect to a specific proposed action or transaction.

Procedures for Addressing Conflicts of Interest - Specific Transactions

Where The Arc Carroll County becomes aware than an actual or potential conflict of interest exists between the interests of The Arc Carroll County and an Interested Party with respect to a specific proposed action or transaction to be entered into or undertaken by The Arc Carroll County shall refrain from the proposed action or transaction until such time as the proposed action or transaction has been approved by the disinterested members of the Board of Directors. The following procedures shall apply:

- An Interested Party who has an actual or potential conflict of interest with respect to a proposed action or transaction of The Arc Carroll County shall not participate in any way in, or be present during, the deliberations and decision making of the Corporation with respect to such action or transaction. However, the Interested Party may, upon request, appear before the disinterested members of the Board of Directors to answer questions or provide material factual information about the proposed action or transaction.
- The disinterested members of the Board of Directors may approve the proposed action or transaction upon finding that it is in the best interest of The Arc Carroll County. The Board of Directors shall consider whether the terms of the proposed transaction are fair and reasonable to The Arc Carroll County and whether it would be possible, with reasonable effort, to find a more advantageous arrangement with a party or entity that is not an Interested Party.
- Approval by the disinterested members of the Board of Directors shall be by vote of a majority of directors in attendance at a meeting at which a quorum is present. An Interested Party shall be counted for purposes of determining whether a quorum is present at the meeting.
- The minutes of the meeting shall reflect that the conflict disclosure was made, the vote taken and, where applicable, the abstention from voting and participation by the Interested Party.

Violations of Conflict of Interest Policy

If the Board of Directors has reason to believe that an Interested Party has failed to disclose an actual or potential conflict of interest, it shall inform the person of the basis for such belief and allow the person an opportunity to explain the alleged failure to disclose. If, after hearing the response of the Interested Party and making such further investigation as may be warranted in the circumstances, the Board of Directors determines that the Interested Party has in fact failed to disclose an actual or potential conflict of interest, it shall take appropriate disciplinary and corrective action.

Conflict with By-Laws

If any provision of this Policy conflicts with the Corporation's By-Laws, the more restrictive provision shall apply.

POLICY AND PROCEDURES FOR PROGRAM EVALUATION

The Program Evaluation system will enable the administration to identify the outcomes of services provided and the satisfaction of people receiving supports.

Program Evaluation System

The Program Evaluation System includes measures of program and service outcomes. All people receiving supports are included in the assessment of program performance.

The Program Evaluation Management Report describes the data source for each objective and specifies responsibility regarding the collection of data. The Program Evaluation Data sheet will be filled out on a monthly basis.

Purpose of Management Reports

Management reports will reflect measures of effectiveness, efficiency, satisfaction of all stakeholders, service access, and interpretation of results. The information will be used by the administration to discontinue, maintain, or improve each program. When performance falls below the target goal, the committee will attempt to identify the reason and management will take action to improve program performance to an acceptable level. Follow up and monitoring of corrective actions will be performed at specific times, as needed, with results documented.

The information obtained from the Program Evaluation system will be used in decision making in the following areas: resource allocation, policy setting, long range planning, marketing, and determination of admission requirements, development of service delivery techniques, and any other area deemed appropriate.

Program Evaluation information will be made available in a timely manner to the Board of Directors, personnel, people receiving supports, purchasers of services, contributors, and supporters via email or on The Arc's website. Formal reviews will take place on an annual basis. Personnel affected by the system will have an opportunity to make recommendations or modifications. The system's success will be assessed relative to increasing benefits, controlling or reducing program costs, and maintaining or improving community support. The review will include a determination of the efficiency of the program evaluation system.

Results obtained from the Program Evaluation system will be integrated with the individual planning process.

POLICY ON RIGHTS, HEALTH AND SAFETY

It is the Policy of The Arc Carroll County to ensure that the facility adheres to the provisions of The Arc's Fundamental Rights Policy, Policies and Procedures for Behavior Supports, Procedures for Person-Centered Plans and any statewide policies and procedures governing the rights of people receiving supports under the jurisdiction of licensing agencies. This is accomplished through staff training, the provision of information to people receiving supports and their teams during annual meetings, and the review of behavior support plans by the Quality Management.

It is also the policy of The Arc Carroll County to consider that health and safety are of primary importance in all aspects of administration and daily operation. The administration is committed to providing a safe and healthy working environment for all employees. The prevention of accidents in the organization is a part of every operation and every employee's responsibility. This is accomplished through implementation of an organized, active and responsive Health and Safety program that utilizes orientations and training, internal and external inspections, tests of emergency plans, review of incidents relative to safety, infection control procedures, and regular staff and committee meetings.

Refer to Emergency Preparedness Plan for policies and procedures related to emergencies, disasters, and evacuation procedures.

Overview of the Health and Safety Program

This program emphasizes three basic principles in order to ensure the safety of the people receiving supports as well as staff.

Training:

The training program is designed to help employees to learn their jobs properly, bring new ideas to the workplace, and reinforce existing health and safety policies. All staff providing direct support are required to complete all trainings mandated by the Developmental Disabilities Administration and The Arc. To support staff in implementing the Health and Safety program, training in First Aid, CPR, Slips Trips & Falls, Communicable Diseases, Bloodborne Pathogens, Defensive Driving, and Fire Safety are offered.

Teamwork:

State and Federal regulations made it a requirement to put safety first in all areas of business here at The Arc. It is our intent to follow all applicable laws concerning health and safety. To accomplish this, everyone must constantly be aware of conditions that can lead to injuries and work together to ensure a healthy, safe workplace.

Individual Responsibility:

Safety is everyone's responsibility. Staff cooperation in detecting, reporting, and correcting workplace hazards is needed. If the assumption is made that someone else will correct a dangerous situation, one or more people may be injured. All staff are required to either fix the situation themselves or report it to the appropriate personnel if needed.

Safety Committee

The Arc Carroll County safety committee meets regularly to discuss safety concerns, review workers compensation claims, and to devise strategies to address issues. This committee is comprised of the Executive Director, Deputy Executive Director, Director of Human Resources, Director of Transportation, and Director of Quality Assurance. The committee also utilizes the services of an outside safety consultant.

Health and Safety Guidelines

General Guidelines:

- Work in compliance with good health and safety practices posted, instructed, and/or discussed.
- Follow good housekeeping practices at all times. Clean up all waste and debris and eliminate clutter when appropriate.
- Do not attempt to lift any object that is too heavy to lift alone. Keep knees bent and back as straight as possible when lifting. All lifting should be done with the legs, not the back.
- Horseplay, roughhousing, scuffling, or fighting are inappropriate and will not be tolerated on the job. What appears to be fun often results in injury. Participation in these behaviors may result in disciplinary action. Repeat offenders may be subject to termination.
- Wear appropriate safety equipment when engaging in any action that is hazardous. Always apply universal precautions when dealing with blood and other body fluids.
- Dispose of waste carefully and in the proper fashion.
- Report all injuries that occur to the appropriate supervisor and the Director of Human Resources.
- Keep all emergency evacuation signs in place.

- All sidewalks should be kept clear of snow and ice. Sand and salt are located in the rear warehouse if needed.

Storage:

- Maintain storage at least 36 inches away from all electrical control panels, sprinkler valves, and fire extinguishers.
- All storage should be kept at least 18 inches below all sprinkler heads.
- Keep all combustible storage at least 48 inches away from heating appliances and six (6) inches away from heating ducts.

Fire Protection Equipment:

- All fire extinguishers must be properly mounted, the top of which should not be positioned higher than five (5) feet above the floor. The extinguishers should be kept unobstructed by materials or objects.
- All fire extinguishers should be tagged indicating the date of last servicing. All fire extinguishers should be serviced annually.
- Fire alarm systems should be maintained in good working condition and staff should have working knowledge of the system in case of an emergency or a false alarm.
- All staff should know the evacuation system and ensure all procedures are individually tailored to meet the needs of individuals served at all licensed sites.

Emergency Vehicle Supplies

- All Arc owned vehicles will contain road warning and hazard devices. There are also two portable kits containing these items for any staff utilizing their own vehicles to use. These kits are available in the Transportation office.

Electrical Guidelines:

- Ensure all fixtures, wiring, and switches are secure.
- Keep extension cords off the floor and avoid long term use.
- Electrical cords should be the three (3) prong type and in proper working condition.

Kitchens:

- All tables, counters, and shelving surfaces should be kept clean.
- All appliances are to be kept clean and in good working order.
- Keep the area free of insects and slippery materials.
- All paper towel dispensers should contain paper towels at all times.
- Keep trash cans clean and not overflowing.

Bathrooms:

- Keep toilets and sinks in working condition, clean, and disinfected.
- Maintain shelves, walls, and partitions in good repair and clean.
- Water temperatures should be kept at 110 degrees Fahrenheit at all licensed sites in which residents are not capable of regulating water temperature are present. Reference should be made in each person's Person-Centered Plan (PCP) for all specific information.
- Toilet paper and paper towel dispensers should remain full at all times.
- Keep trash cans clean and not overflowing.

Disposal of hazardous materials

- Batteries and toner cartridges will be exchanged through their respective dealers. The Executive Administrative Coordinator handles all exchanges.
- Florescent Light bulbs are to be disposed at the local landfill through safe and appropriate channels.

Universal Precautions Equipment and Materials:

- Ensure all sharps containers are properly labeled, used appropriately, and filled to no more than 75% of capacity.
- Universal precautions should be followed at all times.

First Aid Supplies:

- Each first aid box should be kept unlocked and include the following items at a minimum:
 - Various sized non-stick bandages and Band-Aids
 - Adhesive tape
 - Elastic “Ace” bandages
 - Gauze roller bandages
 - Sanitary pads
 - Cotton balls
 - Gloves
 - CPR mask
 - Hydrogen peroxide
 - Ear thermometer
 - Safety pins
 - Tweezers
 - Scissors

First Aid Procedures:

All staff responsible for scheduling will ensure that there is at least one (1) staff member certified in First Aid and CPR on duty during all hours of program operation at all sites. Only first aid procedures learned in training may be utilized by Arc staff. Under no circumstances are staff allowed to administer medications without a Physician’s Medication Order Form (PMOF). This is the policy of the Developmental Disabilities Administration and is also a key component of the Medication Technician Training Program (MTTP).

First aid equipment and supplies must be readily available at all licensed sites and all vehicles owned by The Arc.

Procedures for Infection Control:

Universal Precautions:

Universal precautions are an infection control approach whereby all human blood and certain body fluids are treated as if they are known to be infectious for bloodborne pathogens. **All** potentially infectious material **must** be handled using universal precautions.

Universal precautions are used to prevent parenteral (piercing mucous membranes or the skin barrier by needle sticks, human bites, cuts, and abrasions), mucous membrane, and non-intact skin exposures of workers to bloodborne pathogens, including Human Immunodeficiency Virus (HIV) and the Hepatitis viruses. They are meant to supplement rather than replace routine methods for infection control such as hand washing and use of gloves.

All staff will receive annual training on bloodborne pathogens and universal precautions and will also be offered the Hepatitis B vaccination. The Arc is not obligated to offer the vaccination to employees who have previously received the series or those who through antibody testing are immune. Staff can refuse the vaccination, but a waiver must be signed. The employee does have the right to request vaccination at a later date.

All staff must routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids with other individuals is anticipated.

Body Fluids to Which Universal Precautions Apply:

- Blood and other body fluids containing visible blood
- Semen and vaginal/cervical secretions
- Cerebrospinal fluid
- Amniotic fluid
- Synovial fluid
- Pleural fluid
- Peritoneal fluid
- Pericardial fluid
- Saliva in dental procedures
- All body fluids in situations where it is difficult or impossible to differentiate between fluids

Universal precautions also apply to any body tissue. In addition, although the risk of transmission of bloodborne pathogens is low, universal precautions also apply to feces, nasal secretions, sputum, vomit, tears, urine, breast milk, and saliva.

The chart on the following page lists various tasks common to this field and the required precautions. Keep in mind that for normal direct contact (i.e. shaking hands), no precautions are required.

<u>Activity</u>	<u>Precautions Required</u>				
	Hand washing	Gloves	Apron	Eye Protection	Mask
Bathing		X			
Bleeding Injuries	X	X			
Urinary Catheter Care	X	X			
Handling Soiled Linen	X	X	X*		
Cleaning Up Incontinence	X	X			
Direct Care with Frequent Forceful Cough	X	X	X*	X*	X*
Wound Care	X	X	X*		X*
Administration of Medications:					
Rectal	X	X			
Oral	X				
Eye/Nose Drops	X	X			
Topical	X	X			
Injectables	X	X			
Handling Infectious Waste	X	X	X*		
Peri/Anal Care	X	X			
Routine Feeding	X				
Tube Feeding	X	X			
Brushing Teeth	X	X			
Stoma/Ostomy Care	X	X			
Fingerstick	X	X			

*In extraordinary situations, these additional precautions may be necessary. Gloves should be changed after each of the above activities.

Gloves:

Gloves must be used when touching blood and body fluids, mucous membrane, or non-intact skin of any other individual. Gloves should also be used when handling items or surfaces soiled with blood or body fluids of any type.

Gloves **must** be changed after each activity and between individuals. Ensure that gloves of proper size are worn and always change gloves if there are any rips or tears. After removing gloves, always wash hands. If the glove supply at any particular site is running low, notify your direct supervisor so that a constant supply is always maintained.

Hand Washing:

Hand washing is one of the most effective yet overlooked infection control precautions. It should consist of washing and rinsing hands, forearms, and wrists thoroughly in warm running water. Hands and other exposed skin surfaces should be washed immediately if contaminated with blood and other body fluids or after removing gloves.

To wash hands properly, rub all parts of hands and wrists with soap and water or an alcohol based hand sanitizer. Wash hands for at least 15 seconds.

Resuscitation Devices:

A mouth to mouth resuscitation device must be available for use in each first aid kit to minimize the need for direct contact during CPR.

Cleaning Spills:

Spills of blood or body fluids on any surface must be cleaned up as soon as possible. Appropriate disinfecting cleaners should be used to decontaminate the area.

Trash:

Any potentially hazardous waste materials should be placed in a leak proof plastic bag and disposed of away from other trash. All containers that have a reasonable likelihood for becoming contaminated must be inspected, decontaminated, and cleaned on a regular basis. The decontamination process must be additionally conducted upon notice of any visible contamination.

Laundry:

While wearing gloves, laundry that is soiled with potentially infectious material must be placed in a leak proof plastic bag and carried directly to the washing machine. Contaminated laundry is to be washed in hot water separately from other laundry.

Exposure Incidents:

An exposure incident is defined as a specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material. If an exposure incident occurs, follow these steps: remain calm, wash the affected area with soap and water, and report the incident to the appropriate administrative staff person immediately. The employee will be sent for a free medical evaluation and appropriate testing and treatment. Counseling may be provided depending on the results of the testing, if appropriate.

The staff member's direct supervisor, with the assistance and involvement of the Director of Quality Assurance and/or the Director of Human Resources, will investigate the incident in search of circumstances, route of exposure, and any existing hazards that may need correction. The investigation and plan of action will be submitted within 21 days to the Executive Director. The administration will keep a record of each incident reported.

Staff members with skin lesions should refrain from direct patient care. Staff with exudative lesions or weeping dermatitis should refrain from all direct care and from handling patient care equipment until the condition is resolved.

Although pregnant workers are not known to be at greater risk of contracting bloodborne pathogens than workers who are not pregnant, if they do develop infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of the risk, pregnant workers should be especially familiar with and strictly adhere to the use of universal precautions.

Every Arc staff person is required to adhere to universal precautions. Failure to comply may result in disciplinary action. In addition, no employees should eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in an area where they may be exposed to blood or other potentially infectious materials.

Communicable Illnesses and Diseases:

All staff also receive training regarding communicable diseases and their prevention. Please refer to the fact sheets at the end of this manual for more comprehensive information regarding the following communicable diseases: Common Cold, Chicken Pox, Clostridium Difficile, Conjunctivitis, Measles, Hepatitis (A, B, & C), Herpes, HIV, Impetigo, Influenza, Lice, Lyme Disease, Mononucleosis, MRSA, Ringworm, Rubella, Scabies, Scarlet Fever, Sexually Transmitted Diseases, Strep Throat, Thrush, Tuberculosis, and Yeast Infection.

POLICY AND PROCEDURES FOR HUMAN RESOURCES DEVELOPMENT

The Arc is committed to recruiting, managing, and developing staff who reflect levels of experience and education consistent with the purposes and objectives of the organization. This will be accomplished by using uniform hiring procedures, ensuring comprehensive orientation and training for all new staff, moving/promoting employees to new positions when suitable, and using volunteers. This will help us meet the needs of people receiving supports, optimize professional growth and development, and contribute to the accomplishment of the organization's mission. These policies will be reviewed on an annual basis by the Administration and the Personnel Committee.

Procedures for Job Descriptions

Job descriptions are written by the Director of Human Resources and submitted to the Executive Director for review and approval. The job descriptions are then returned to the Director of Human Resources and are reviewed with and signed by new staff during orientation. All job descriptions are reviewed annually.

Procedures for Hiring

The information obtained during the hiring process will be documented.

Application/Interview Process

An application for employment will be obtained in hard-copy format or on-line. Interviews will not be granted prior to receiving an application. Details about the position and employment with The Arc will be discussed during the initial interview. A second interview may be scheduled with other key employees (Director, Coordinator, etc.) from the department in which the vacancy exists.

Screening Process

Candidates recommended for further consideration after completion of the interview process must complete a release for a criminal background and driving record check, in addition to providing contact information for references. Educational requirements, when applicable, will be verified at this time. Every candidate will be checked against Federal and State Medicaid Exclusions and Sanctions Lists. If the aforementioned screening process is successfully completed, the candidate's application packet will be forwarded to the Deputy Executive Director and Executive Director for approval. Once the Deputy Executive Director and Executive Director approves the candidate for hire, he/she will be offered the position and scheduled for a pre-employment physical and drug screen. If the physical and drug screen are clean, a time will be scheduled for New Hire Orientation.

Procedures for Orientation and Training

All new employees meet with the HR Director, or designee, for initial orientation. This includes completion of various employment related documentation (I-9, federal and state tax forms, Emergency Contact info, etc.). In addition, the employee is provided with the Employee Handbook, along with training on The Arc's Policies and Procedures, and a written job description. Each of these documents requires the employee's signature signifying receipt. At this time, information about benefits and eligibility, as well as training requirements, are to new employee.

New employees are also provided with departmental specific orientations. These orientations include information specific to the employee's department and his/her actual position and job duties. Each department has its own checklist for information covered during the orientation, and the employee signs off on the checklist at the conclusion of the orientation.

For Employment and Community Living Services

New Staff:

Within the first five days:

- Review and sign off on job description
- Orientation to The Arc
- Department Orientation

Within 10 days:

- On-the-Job Training and Observation

Within 30 days:

- Review of Policies and Procedures on-line or they can request a copy from their department director.
- Review of Individual files and programs

Within 90 days:

- First Aid (renewable before expiration date on issued document)
- CPR (renewable before expiration date on issued document)
- Slips, Trips, & Falls (annual update required)
- Community Integration & Inclusion
- Individual Directed & Outcome Oriented Planning for Individuals
- General Characteristics & Needs of Individuals Served
- Fundamental Rights of Individuals with Developmental Disabilities (annual update required)

- Supporting Individuals and Families in Making Choices
- Communication Skills
- Communicable Diseases
- Bloodborne Pathogens (annual update required)
- MANDT (annual update required)
- Seizure Disorders
- The Aging Process & Special Needs of the Elderly
- Choking Prevention & Dysphagia Diets
- Fire Safety & Suppression
- Defensive Driving
- Incident Reporting (annual update required)
- Workplace Violence (annual update required)
- Workplace Harassment/Sexual Abuse Awareness & Prevention (annual update required)
- Hazard Communication (annual update required)
- Cybersecurity (annual update required)
- Code of Ethics (annual update required)
- Confidentiality (annual update required)

Others as needed based on program area:

- Any individual specific trainings as noted in the Person-Centered Plan
- Medication Technician Training Program and MTTP Skills (for most direct support staff)
- Specific medical trainings, which include but are not limited to diets, blood pressure, hooyer lift, tube feeding, nebulizer, nursing assistants, etc.

Note: Information regarding additional required training specific to program areas may be found in the policies and procedures for those programs.

Staff Moving to New Positions

Within the first five days:

- Review and sign off on new job description
- Review of additional policies and procedures relevant to new position

Within 10 days:

- On-the-Job Training and Observation

Procedures to Coordinate Training

The Director of Quality Assurance and Human Resources will maintain a master training record for all staff. A list will be forwarded to all staff members requiring training on a regular basis. Scheduling of required training will be coordinated through the Human Resources and the Director of Quality Assurance. The Director of Quality Assurance, or

designee, will inform supervisors of the staff scheduled for training and will also notify supervisors if staff misses a scheduled training. All training certificates and documentation will be forwarded to the Director of Human Resources, or designee, for inclusion in personnel files.

POLICY ON STAFF TRAINING

Objective

An appropriately trained staff is critical to ensuring suitable care and support for the individuals we serve. Each employee is responsible for scheduling and completing initial and renewal trainings by the applicable due dates.

Procedures

- The Arc will communicate available days and times for instructor-led class offerings. The names of employees whose trainings will soon expire will also be communicated. The mode of communication is our employee newsletter, *Archives*, which is published and distributed with each paycheck on a bi-weekly basis.
- Some classes are offered as self-paced computer modules. Employees should contact the Receptionist/Human Resources to schedule a time to complete such trainings at The Arc's facility on Kriders Church Road.
- Time spent participating in required training classes or completing computer modules will be paid at the employee's base rate.
- Initial training must be completed within the first 90 days of employment. If an employee works for another agency and has completed some of these trainings, he/she must provide documentation confirming successful completion and the associated date(s).
- The following is a list of required trainings for our direct care staff:
 - The Aging Process and Special Needs of the Elderly
 - Bloodborne Pathogens (*renew annually*)
 - Communicable Diseases (*renew annually*)
 - General Characteristics and Needs of Individuals Served
 - Communication Skills
 - Code of Ethics (*renew annually*)
 - Confidentiality (*renew annually*)
 - Wheelchair Securement (*renew annually*)
 - Community Integration and Inclusion
 - Individual Directed and Outcome Oriented Planning for Individuals
 - Supporting Individuals and Families in Making Choices
 - Fundamental Rights of Individuals with Developmental Disabilities (*renew annually*)
 - Seizure Disorders
 - MANDT (*renew annually*)
 - Choking and Dysphasia
 - Incident Reporting (*renew annually*)
 - Fire Safety
 - Hazard Communication (*renew annually*)
 - Workplace Harassment/Sexual Abuse Awareness and Prevention (*renew annually*)

- Workplace Violence (*renew annually*)
- Cybersecurity (*renew annually*)
- Defensive Driving
- Slips, Trips and Falls (*renew annually*)
- First Aid (*renew every 2 years*)
- CPR (*renew every 2 years*)
- Medication Technician Training Program (for designated positions ONLY)
- Skills Training (for Certified Medication Technicians ONLY)
- Practical Training (every 6 months for Certified Medication Technicians ONLY)
- Two Year Clinical Update (for Certified Medication Technicians ONLY)

Note: There may be additional trainings that arise due to regulations or agency-mandate.

- Trainings that require renewal must be monitored by each individual employee and updated by the due date.
- If you are unable to attend a training for which you were previously scheduled, you must cancel within the acceptable timeframe communicated when the class was scheduled. Otherwise you will be responsible for associated fees via payroll deduction. (*see Training Fee Acknowledgement form*)
- Completion and maintenance of training requirements is an expectation of continued employment and will be reflected as appropriate in your annual Performance Evaluation.

Corrective Action

The Arc’s licensure depends on ensuring quality care and service to the people we serve, to include maintaining properly trained staff. Failure to complete initial training or remain current with all required trainings will result in disciplinary action, up to and including termination, as outlined below:

Infraction	Consequence
Failure to complete by due date	Verbal Warning and 30 days to complete
Failure to complete within 30 days	Written Warning, Suspension without Pay and 15 days to complete
Failure to complete within additional 15 days	Termination

Management reserves the right to adjust these timeframes as appropriate based on training availability. Certain trainings must be current or an employee may not be eligible to work. For example, an employee who has an expired First Aid and/or CPR certification must work with another employee who has current certification (*i.e.* may not work alone with an individual we serve) and this must be approved in advance by a member of management.

**See Appendix 1 for variation in policy for the Commonwealth of Pennsylvania.*

Procedures for Maintaining Personnel Files

Personnel files are kept and maintained by the Director of Human Resources. All requests by staff to review their file must be made to their Department Director. The file can be reviewed in the presence of the Director of Human Resources, the Department Director, the Deputy Executive Director, or the Executive Director.

In the event of an emergency, relevant information including emergency contacts will be accessed via the HR.HCM system by the Director of Quality Assurance, the HR Director, the HR Generalist, the Executive Director, the Deputy Executive Director, or the applicable supervisor.

Growth and Development

The Arc offers tuition reimbursement to full time staff wishing to further their education in areas that will assist them in becoming better able to support the individuals we serve. Reimbursement is offered for courses, or course work, related to the employees current position, or for course work that would increase their knowledge and skills and therefore, their value to The Arc and the people we serve.

The Arc also periodically offers in-house training on topics such as conflict resolution, general supervisory skills, etc., and will continue to do so as topics of interest and value emerge. This training is in addition to the training that is required by DDA for all staff involved in direct support.

Leadership development is also offered at the Arc through The Arc Leadership Program. The program is to identify future and emerging leaders within The Arc. The program covers The Arc's strategic initiatives both locally, statewide and nationally and will help individuals understand the role and value of each program area and how finance and human resources play a critical role in our objectives. Four applicants are chosen to attend a monthly day-long session for 7 months, beginning in September and ending with a graduation ceremony in April.

The Arc of Maryland conducts a program for staff who are in line for, and are interested in being future leaders within The Arc network. Leadership: The Arc is an advanced executive leadership program. Two staff members from The Arc Carroll County are chosen each year to complete this program.

In addition, Leadership Carroll, a partnership between the Carroll County Chamber of Commerce and Carroll Community College, offers staff the opportunity to gain knowledge and leadership skills on a more community-wide basis, giving selected staff a broader exposure to issues facing our county, ranging from industry, education, health care and government.

Working Conditions

The Arc is committed to maintaining a safe and healthy workplace for staff and individuals served. Statements as to our expectations for maintaining a safe workplace are contained in our Employee Handbook on page 3, and a statement of our safety policy is posted in a visible location within our facility. In addition, a safety committee meets quarterly and reviews issues and incidents related both to staff and individuals served; the committee is also responsible for periodic safety inspections of our facility. Emergency drills are conducted at the main facility and all residential units monthly. The Arc periodically enlists outside entities to conduct safety inspections of our main facility. As required by Maryland Occupational Safety and Health regulations, we maintain smoke-free facilities.

Employee Performance Evaluation

Each employee's performance is monitored continuously by his/her supervisor, with feedback given both verbally and in written form when necessary. In addition, each employee receives an annual performance review which addressed successes, challenges, competency review, training/development needs (Annual Check-In). All supervisory staff will write and present evaluations to staff yearly based on performance over the previous year. Employees have the opportunity to discuss the evaluation with their supervisor at that time, as well as provide written comments if they choose. At times, other Arc managers who work closely with the employee may be asked for their feedback on the employee's performance. A copy of the Annual Check-In will become a part of the permanent personnel file of The Arc.

A positive performance evaluation does not guarantee an increase in salary, a promotion or continued employment. Compensation increases and the terms and conditions of employment, including job assignments, transfers, promotions, and demotions, are determined by and at the discretion of management. In addition to formal performance evaluations, the Arc encourages employees and supervisors to discuss job performance on a frequent and ongoing basis.

Incoming Employment Reference Checks

Any staff receiving a request for reference checks will refer the inquirer to the Director of Human Resources. Information provided to employers conducting reference checks regarding present or former employees of The Arc shall be limited to:

- Confirmation that the employee is, or was employed by The Arc.
- Confirmation of dates of employment.
- Confirmation of position held.

No additional information will be provided.

Attendance Policy

Objective

The purpose of this policy is to set forth The Arc Carroll County's (The Arc) policy and procedures for handling employee absences and tardiness to promote efficient company operations and to minimize unscheduled absences.

Policy

Punctual and regular attendance is an essential responsibility of each employee at The Arc. The individuals that we serve rely on daily services and routines, and any deviation from their regular routine causes personal discomfort to them and inconvenience to families.

Employees are expected to report to work as scheduled, on time and prepared to start working. Employees also are expected to remain at work for their entire work schedule. Late arrival, early departure or other absences from scheduled hours are disruptive and must be avoided.

This policy does not apply to absences covered by the Family and Medical Leave Act (FMLA) or leave provided as a reasonable accommodation under the Americans with Disabilities Act (ADA). These exceptions are described in separate policies.

Absence

"Absence" is defined as the failure of an employee to report for work when he or she is scheduled to work. The two types of absences are defined below:

- **Excused absence** occurs when all the following conditions are met:
 - o The employee provides to his or her supervisor sufficient notice at least 48 hours in advance of the absence. This should be done via Paylocity.
 - o The absence request is approved in Paylocity in advance by the employee's supervisor.
 - o The employee has sufficient accrued sick time to cover the absence, unless they are new hires *within their first 106 days of employment who have not accrued sick time but are unable to work due to illness. One unpaid day off for sickness will be allowed in the first 106 days; any additional absences during that period will be unexcused.*
 - o PRN employees who do not accrue time off, but are unable to work due to illness, need to find coverage for their shift in order for it to be excused.
- **Unexcused absence** occurs when any of the above conditions are not met. If it is necessary for an employee to be absent or late for work because of an illness or an emergency, the employee must notify his or her supervisor no later than 2 hours prior to the start of the employee's scheduled starting time on that same day. If the employee is unable to call, he or she must have someone make the call.

An unexcused absence counts as one occurrence for the purposes of discipline under this policy.

Employees absent because of illness or injury may be asked to give The Arc proof of physician's care and a fitness for duty release prior to returning to work.

Employees must use sick leave for every absence unless otherwise allowed by company policy (e.g., leave of absence, bereavement, jury duty).

Tardiness and Early Departures

Employees are expected to report to work and return from scheduled breaks on time. If employees cannot report to work as scheduled, they must notify their supervisor no later than their regular starting time. This notification does not excuse the tardiness but simply notifies the supervisor that a schedule change may be necessary.

Employees who must leave work before the end of their scheduled shift must notify their supervisor immediately.

Tardiness and early departures are each one-half an occurrence for the purpose of discipline under this policy.

Disciplinary Action

Excessive absenteeism is defined as two or more occurrences of unexcused absence in a 30-day period and may result in disciplinary action, up to and including termination depending on the circumstances. Eight occurrences of unexcused absence in a 12-month period are considered grounds for immediate termination.

Job Abandonment

Any employee who fails to report to work for a period of three days or more without notifying his or her supervisor will be considered to have abandoned the job and voluntarily terminated the employment relationship.

Department Call-Off Procedures

Community Living:

- If you are calling off for shifts from Monday AM - Friday up to 3pm, communicate with your Residential Advisor.
- If you are calling off on the weekend (after 3pm Friday - overnight Sunday) or an agency holiday, refer to the On-Call Schedule for instructions on whom to call for weekend emergencies. If neither Resident Advisor or on-call person is available, contact the Program Assistant/Scheduler or Associate Director. You must speak to someone!

Employment Services: Communicate directly with your supervisor or another Employment Services supervisor or manager. You must speak to a supervisor.

Support Services: If you are calling off you must speak with a support services supervisor.

POLICY ON EXPENSE REIMBURSEMENTS

The individuals The Arc supports should have full access to and be able to participate in their community. It is their responsibility to pay for their own expenses.

We recognize that there are costs incurred for employees to engage in the activities along with the individual. Expecting employees to pay out-of-pocket for their portion of the activities places an unreasonable burden on them. **It is presently The Arc's practice to**

reimburse employees for those costs. This reimbursement is subject to the regulations of our funders and must be guided by fiscally responsible spending practices. Care must be taken to ensure that the costs are reasonable and total expenditures for the individual remain within budget.

Except where noted, this policy applies to all programs offered by The Arc.

This policy also applies when using an Arc-issued credit card, or if buying items/services from vendors with which The Arc has established credit. Staff will be required to reimburse The Arc for unauthorized purchases made via these methods.

In order for employee expenses to be reimbursed, proper documentation must be submitted via the Expense module in Paylocity. Required information includes the date, description of activity, start and end locations, mileage, and cost of each activity.

Itemized receipts, which come from a store cash register or online website and include a listing of all items purchased, must be attached to the related Expense line in the Paylocity Expense Report. A credit card receipt showing the total only is inadequate. (Note: hand-written receipts in lieu of cash register receipts are only acceptable from places that NEVER issue cash register receipts.) Failure to provide an itemized receipt will result in the expense being disallowed. Expenses are reviewed by the program supervisor and the Deputy Executive Director for approval before being sent to Finance for processing.

Consideration of Expenses:

- Does the activity fulfill the individual's stated Person-Centered Plan (PCP) goals (to interact in the community alongside the general population)?
- Is the activity part of a class or program offering?
- Is the mileage/destination reasonable?
 - Mileage to/from employee's home at the start/end of shifts is a personal commuting expense and is not reimbursable.
 - Except for limited, pre-approved occasions, taking individuals to the employee's home during a shift is against policy. As such, mileage will not be reimbursed.
 - Mileage for "going for a drive" without a destination will only be reimbursable in rare cases where that activity is specifically included in an individual's PCP.
- Has an itemized legible receipt, prepared by the vendor, been submitted?
- Do meal receipts fall within established limits?
 - Individual PCP goals in Day, CLS, ED&C, and SE programs are aimed towards employment. Therefore employee will not be reimbursed for meals while working in these programs.
 - Drive-thru and carryout meals are strongly discouraged as they limit the community experience. Expenses for these will generally be denied unless there is adequate evidence in progress notes of a directly-related public outing.

- Employees will be reimbursed for meal only if individual being served is also dining out at the same time.
- No alcohol
- Breakfast - not reimbursable
- Snacks - not reimbursable. Examples include: coffee or soft drinks (not part of a meal), pretzel, ice cream, popcorn, candy, etc.
- Lunch - \$10 max. (Lunch times run from 11 a.m. - 1 p.m.) (rate as of 6/25/2022)
- Dinner - \$15 max. (Dinner times run from 5 p.m. - 8 p.m.) (rate as of 6/25/2022)
- Special events, including those with a cost more than \$25 per person, require pre-approval from the program supervisor or Deputy Executive Director. This is to ensure that the individual has the means to pay for his share of the cost and that the total expenditures for the individual remain within budget.

It is not possible to list every possible situation or activity that may arise. As such, the Deputy Executive Director and the Director of Finance have discretion to approve or deny expenditures on a case-by-case basis. Denials may be the result of charges being made that are not appropriate for the program/individual or insufficient documentation being provided to support the request for reimbursement. Where uncertainty exists, it is in the employee's best interest to obtain approval for activity costs prior to undertaking the activity.

Reimbursement requests are submitted via the Expense module in Paylocity and are due by the end of the pay period in which the expense occurred. Expense Reports should be submitted for approval by 10:00 am on the Monday of payroll week, and if approved, are included on the employee's next paycheck. A grace-period of one payroll cycle exists for late submissions. Expenses submitted after the grace-period may be denied.

The rates used for reimbursement will be periodically reviewed by the Deputy Executive Director and the Director of Finance. Consideration will be given foremost to DDA regulations and then to the ability of The Arc to absorb the cost of expenditures.

POLICY ON EQUAL EMPLOYMENT OPPORTUNITY

The Arc Carroll County has a strong commitment to the community we serve and our employees. As an equal opportunity employer, we strive to have a workforce that reflects the community we serve. No person is unlawfully excluded from employment opportunities based on race, color, religion, national origin, sex (including gender identity and sexual orientation), age, genetic information, disability, veteran status, or other protected class.

The Arc Carroll County Equal Employment Opportunity (EEO) policy applies to all employment actions, including but not limited to, recruitment, hiring, selection for training, promotion, transfer, demotion, layoff, termination, rates of pay or other forms of compensation, and use of facilities.

All applicants and employees have the right to file complaints alleging discrimination. To ensure day-to-day management, including program preparation, monitoring, and complaint investigation, the Human Resources Director has been appointed as The Arc Carroll County's EEO Officer. The HR Director will report directly to the Executive Director and acts with the Executive Director's authority with all levels of management, labor unions, and employees.

All The Arc Carroll County's executives, management, and supervisory personnel, however, share in the responsibility for implementing and monitoring The Arc Carroll County's EEO Policy and Program within their respective areas and will be assigned specific tasks to ensure compliance is achieved. The Arc Carroll County will evaluate its managers' and supervisors' performance on their successful implementation of The Arc Carroll County's policies and procedures, in the same way The Arc Carroll County assesses their performance regarding other agency's goals.

Equal Employment Opportunity Complaint Process

The Arc Carroll County's procedure for handling EEO employment complaints is as follows:

Applicants are encouraged to contact the Human Resources Director for assistance. The Human Resources Director, or designee, will respond to the concern within five (5) business days.

Current employees are encouraged to ask his/her immediate supervisor for assistance. The immediate supervisor will provide a response within three (3) business days of the contact. If questions/concerns remain after this interaction, the employee is encouraged to utilize an appropriate chain of command by then presenting the matter in writing to the appropriate Department Director, or the Human Resources Director. The Department Director, the Human Resources Director, or designee will respond to the concern within five (5) business days of receipt of the written concern.

If, after following these steps, continued concerns/questions remain, applicants and current employees may present concerns in writing using the *Employment Discrimination Complaint Form* to the Executive Director. The Executive Director will respond in writing within five (5) business days.

In the event the Executive Director does not satisfactorily resolve the concern, the final step in this process will be an opportunity to present the concern to the Executive Committee of the Board of Directors. Again, the request must be timely and in writing using the *Employment Discrimination Complaint Form*. The Executive Committee will review the concern and all prior attempts at resolution then render a final decision that will be communicated in writing, within thirty (30) business days. The decision of the Executive Committee is final.

This procedure is not applicable to situations involving involuntary separation from employment.

POLICY ON DRESS CODE AND PERSONAL APPEARANCE

Objective

A professional appearance is essential to a favorable impression with the individuals we serve, their families, vendors, visitors, our Board of Directors, and the community as a whole. The Arc Carroll County, Inc. strives to provide an environment free from unnecessary distractions. Good grooming and appropriate dress reflect employee pride and inspire confidence on the part of such persons.

Procedures

All staff members are expected to present a professional, businesslike image as a representative of The Arc Carroll County, Inc. Acceptable personal appearance, like proper maintenance of work areas, is an ongoing requirement of employment with our organization. The Arc Carroll County, Inc. department managers may exercise reasonable discretion to determine appropriateness in employee dress and appearance. Employees who do not meet a professional standard may be sent home to change, and nonexempt employees will not be paid for that time off.

Guidelines for Appropriate Attire

Basic elements for appropriate and professional attire include clothing that is in neat and clean condition (i.e. no tears/rips or cut-offs).

Appropriate workplace dress should be conservative and not revealing (i.e. tight, low-cut, see-through, etc.). Keep in mind the type of work you do (bending, lifting, etc.) when making your dress selection for the day. If you are working with an individual we serve at their place of employment and that employer's dress code is more stringent than The Arc's, then you must adhere to that employer's dress requirements.

Good personal hygiene is essential. We must set a positive example for those we serve. Avoid strong-smelling perfumes or hair/body products as these smells may be offensive to others.

The following attire is not appropriate:

Short skirts or shorts (i.e. higher than mid-thigh)

Tops that expose your midriff or cleavage, spaghetti-strap or thin-strap tank tops, tube tops or halter tops

Visible undergarments

Low-rider or low rise pants or shorts, unless you wear a shirt long enough to cover your midsection at all times

Shirts/t-shirts/hats or other attire with potentially offensive words or pictures

Spandex

Although it is impossible and undesirable to establish an absolute dress and appearance code, The Arc Carroll County, Inc. will apply a reasonable and professional workplace standard to individuals on a case-by-case basis. Management may make exceptions for special occasions or in the case of inclement weather, at which time employees will be notified in advance. An employee unsure of what is appropriate should check with his or her manager or supervisor prior to wearing the attire.

Corrective Action

Violations of the policy can range from inappropriate clothing items to offensive perfumes and body odor. If a staff member comes to work in inappropriate dress, the staff member will be required to go home, change into conforming attire or properly groom, and return to work. Hourly-paid staff members will not be compensated for any work time missed because of failure to comply with designated workplace attire and grooming standards. The supervisor or manager will take corrective action for violations as outlined below:

1st Offense	Verbal Warning
2nd Offense	Written Warning
3rd Offense	Final Written Warning
4th Offense	Termination

POLICY AND PROCEDURES FOR VOLUNTEERS AND INTERNS

Internships:

An Internship is an educational opportunity that provides real-world experience to enhance and enrich classroom instruction. As an Intern host site The Arc is committed to providing interns with a meaningful learning experience while allowing students the opportunity to glean valuable information pertaining to exploration of career options.

During the internship students must complete a designated number of hours determined by their teacher or professor in a suitable location.

Volunteers:

Volunteers are a welcome addition to The Arc Carroll County's programming. Volunteers apply to volunteer (unpaid assignments) at The Arc within their area of expertise.

General Provisions

Internships are non-paid career exploration opportunities while community volunteers donate their time to share an area of experience, interest, or expertise. Both the volunteer/intern and The Arc reserve the right to terminate the association at any time for any reason. The Arc will not provide any medical, accident or worker's compensation benefits to volunteers or interns. Volunteers/Interns will not be eligible to receive any worker's compensation benefits for any injuries sustained while functioning as a volunteer or intern.

Prior to beginning the volunteer or internship assignment, each candidate will complete and submit a *Volunteer/Intern Interest Form* and visit with supervisory staff in the department of interest. The volunteer experience or internship must be approved by the Director of Human Resources prior to scheduling of training and assignments.

Hours and schedules will be determined by the supervisory staff in discussion with the intern and the intern's school advisor or with the volunteer.

All volunteers/interns must adhere to the guidelines below:

Dress Code

1. Shirts shall:
 - Cover the entire back
 - Cover the midriff area
 - Cover undergarments
 - Not be see-through
 - Fit modestly so that cleavage area is covered
 - Have two straps, one on each shoulder, each thicker than the undergarment
 - Tube tops, halter tops, spaghetti straps are prohibited
2. Pants/Shorts/Skirts/Dresses
 - Should cover upper half of thigh while standing
 - Should cover undergarments
3. Other
 - Bedroom slippers are not permitted
 - Spiked clothing is not permitted
 - Clothing should be clean and free of holes, tears or other damage that would create a distraction
 - Clothing should not convey messages that express hate, racial slurs, sexual innuendo, alcohol or drug use, gang symbols, weapons or sexual activity

Office Practices

1. Personal Telephone Calls

The use of The Arc's phone during business hours is not prohibited, but it is important that personal calls be kept to a minimum. Volunteers/Interns are prohibited from

placing personal long distance calls on agency phones. The use of personal cell phones is not prohibited, but it is important that such calls be kept to a minimum.

2. Personal Mail

Personal mail should not be sent to The Arc.

3. Smoke Policy

Smoking is permitted in designated outdoor areas only. Smokers are encouraged to keep the smoking area clean by using any containers provided.

Drug and Alcohol Free Workplace

1. The Arc Carroll County is a workplace free of drug and alcohol abuse.
2. The possession, use, sale, purchase, unlawful manufacture, and distribution of any illegal drug(s), illegal controlled substance(s), or alcohol by an Intern while at work or while on/in property owned by The Arc is prohibited.
 - a. Volunteers and interns who violate this policy are subject to disciplinary action up to and including discharge
 - b. Interns who violate this policy will also be reported to their home school
3. Interns over the age of 18 joining The Arc for a semester or longer will be given a pre-employment physical, which includes a drug screen.
 - a. All employees of The Arc, including interns, are subject to random drug screens that will be administered by the agency's designated medical facility.
 - b. The Arc reserves the right to search Arc-owned property including desks, lockers, company vehicles and residences as a means of investigating alleged violations of this drug and alcohol abuse policy. The Arc also reserves the right to ask employees, interns, and volunteers to submit substances in their possession for analysis by a state certified laboratory.
 - c. Any volunteer or intern who refuses to comply with testing will be considered insubordinate and will be subject to disciplinary action up to and including discharge.
 - d. The Arc will promptly inform the appropriate law enforcement agency of every drug-related crime that occurs in the workplace if it has been observed or if there is reliable information that a violation has occurred.
4. In compliance with Maryland Law, COMAR 21:11:08, volunteers and interns of The Arc shall:
 - a. Abide by the terms of this statement of Drug and Alcohol Free Workplace
 - b. Notify The Arc Carroll County any criminal drug or alcohol abuse conviction no later than five days after a conviction.
5. Personnel transporting consumers in agency vehicles will be subject to the state law and regulations pertaining to transportation.

Professional Conduct

1. Volunteers and interns are considered official representatives of The Arc Carroll County and are expected to practice courtesy and exercise good judgment in all contact with the public, individuals supported by The Arc, families of individuals supported by The Arc and all other volunteers, interns, and employees of The Arc.
2. Volunteers and interns shall treat individuals enrolled in The Arc service programs with the highest regard, personal dignity and consideration. Under no circumstances are clients to be harassed, belittled, ridiculed or dealt with in a manner that could prove detrimental to their rehabilitation or development. All cases of such mistreatment shall be reported to the Executive Director.
3. Volunteers and interns are prohibited from requesting, receiving or accepting a donation, gift or payment of any kind from any individual, company or organization unless the volunteer/intern's job duties specifically involve fundraising.
4. Volunteers/Interns may not appear on media programs on behalf of The Arc and are not authorized to release agency information to any media organization or otherwise disseminate information to the general public except through the Executive Director, or with his/her knowledge and approval. Volunteers/interns may not post pictures of or other information about clients or The Arc's worksites on social media.
5. All inquiries about current or past employees must be referred to the Human Resources Director.
6. All relationships between supervisors, employees, and clients shall be maintained in a professional manner.
7. All business matters of The Arc, including personnel matters and client matters, are confidential. Volunteers and interns are prohibited from disclosing any information about any former or current employee, former or current client, or any information about The Arc to anyone, except to a present Arc employee, officer, or board member with a clear business need to know, without the express consent of the Executive Director. Any intern who breaches confidentiality will be subject to disciplinary action up to and including termination.
8. The Arc provides numerous resources for all employees, volunteers, and interns to assist them in the conduct of business. These include, but are not limited to office equipment (e.g. telephone, computers, and copiers) and office resources (e.g. internal and external mail processing, inter-office correspondence, reports, files, e-mail, Internet access and Arc stationary). These resources are the property of The Arc and are to be used for the conduct of Arc business, and not for personal business.
9. The communications systems and business resources of The Arc are not to be used to create any offensive, improper or disruptive messages. Among those considered offensive are any messages which contain: sexual implications, racial slurs, gender-specific comments, or any other comment that offensively addresses someone's age, sexual orientation, religious or political beliefs, national origin or disability.

Harassment

- 1) The Arc is committed to a workplace free of discrimination and harassment based on race, color, religion, age, sex and sexual orientation, national origin, disability, marital status, status as a veteran, or any other protected basis, all as defined by applicable law. Harassment is considered a form of misconduct; therefore, any employee/intern engaging in such behavior will be subject to disciplinary action up to and including termination.
- 2) This policy applies to all employees, volunteers, and interns, and to customers, vendors, or other third parties with whom The Arc conducts business.
- 3) Offensive conduct and behavior may include, but is not limited to:
 - a) Verbal forms (including written and spoken): graphic or degrading comments, epithets, slurs; jokes; advertisements; posters; cartoons; content in letters, notes, facsimiles, and e-mails, etc.
 - b) Non-verbal forms: gestures, unwelcomed physical contact, etc.
 - c) Additional forms: unsolicited and unwelcomed sexual advances, requests for sexual favors and other verbal or physical behavior of a sexual nature.
- 4) Such conduct will be considered a prohibited form of harassment if any of the following is true:
 - a) There is a promise or implied promise of preferential treatment or negative consequence regarding any aspect of employment decisions or status
 - b) Such conduct has the effect of creating an intimidating, hostile, or offensive work environment, or unreasonably interferes with a person's work performance
 - c) The recipient or third party is offended by the conduct or communication.
- 5) Volunteer/Interns who believe that they have been subjected to harassment should immediately advise their supervisor, the Department Director, or the Director of Human Resources. All such claims will be investigated promptly and appropriate action will be taken.
- 6) Retaliation or attempted retaliation against an intern who files or responds to a bona fide complaint of discrimination or harassment, or who serves as a witness in such investigation, will be considered a violation of this policy and subject to disciplinary action up to and including termination.

Threats and Violence

- 1) The Arc Carroll County strives to maintain a safe work environment free from hostile or abusive behavior, including intimidation, threats or violent acts. This includes, but is not limited to: intimidating, threatening or hostile behaviors, physical abuse, vandalism, arson, sabotage, use of weapons, carrying weapons of any kind on company property, or

any other act. Management reserves the right to determine when an act or behavior is inappropriate in the workplace. In addition, jokes or offensive comments regarding violent events will not be tolerated and may result in disciplinary measures.

- 2) Volunteers/interns who feel they have been subjected to any of the behaviors listed above should immediately report the incident to the Executive Director. Complaints may be investigated. Based on the results, disciplinary action may be taken against the offender, if appropriate.
- 3) Volunteers/interns who observe, or have knowledge of, any violation of this policy should immediately report it to management. Interns are empowered to contact the proper law enforcement agencies without first informing management if they believe there is a threat to the safety of others, and should then immediately notify the management of the action taken.
- 4) As a means of investigating violations of this threats and violence policy, The Arc Carroll County reserves the right to search any Arc owned property including lockers, desks, any company vehicle and Arc residences. If deemed necessary by management, the proper law enforcement authorities may be notified. Any illegal unauthorized articles discovered will be secured and may be turned over to law enforcement authorities.
- 5) Any volunteer/intern found in possession of prohibited articles will be subject to disciplinary action up to and including discharge.

Discipline or Dismissal

- 1) When a volunteer/intern does not meet The Arc's standards for work performance, conduct, policies and procedures, or similar performance matters, the volunteer/intern may be placed on a performance improvement process or terminated. The performance improvement process may include coaching sessions, warnings, and other remedies determined by the Department Director.
- 2) Volunteers/interns will be given a copy of any written warnings.
- 3) Certain offenses are considered 'critical' and may lead to immediate termination. Examples of such offenses include, but are not limited to:
 - a) Failure to carry out directions or instructions
 - b) Failure to perform essential job functions
 - c) Failure to fulfill the responsibilities of the job to an extent that might or does cause injury to a person, or damage to or loss of machinery, equipment, facilities, or other property of The Arc
 - d) Violation of a safety, fire prevention, health or security rule
 - e) Violation of confidentiality; false, fraudulent, or malicious statements or actions involving relations with The Arc, another employee, a consumer or any action disloyal to The Arc; falsification of company documents
 - f) Harassment/sexual harassment
 - g) Threatened or actual physical abuse

- h) Carrying a weapon on the job
- i) Criminal conviction of any nature
- j) Arrest for certain crimes
- k) Bringing onto Arc premises or property, consuming, transferring, selling, or attempting to sell alcohol or an illegal controlled substance while on Arc premises or during work hours
- l) Refusing or failing to cooperate with or submit to questioning, medical or physical tests, examinations, or security-related inspections
- m) Abuse of leave policy
- n) Absence from work for two consecutive days without proper notification

Prohibited Activities

1) Direct-Care Activities

- a) Volunteers/interns shall not be left alone with individuals under any circumstances
- b) Volunteers/interns are not permitted to administer medication

2) Political

- a) Volunteers/interns may not engage in any activity that may influence legislation
- b) Volunteer/interns may not organize or engage in protests, petitions, boycotts or strikes
- c) Volunteer/interns may not assist, promote or deter union organizing
- d) Volunteer/interns may not participate or endorse events or activities designed to promote elected officials, political parties or platforms
- e) Volunteer/interns may not engage in religious instruction as part of a program

POLICY ON LEADERSHIP

The Arc Carroll County utilizes a strategic planning program to guide the agency and determine short and long term objectives. The planning process incorporates input from agency volunteers, individuals, and staff. The Plan is reviewed and approved by The Arc's Board of Directors.

Strategic plan objectives include a concise statement of desired outcomes, priority ranking, target completion dates, and staff/department responsibility. Agency staff indicate progress through documented staff meetings, memos, and monthly reports to the Board.

A Board of Director's orientation is held prior to the first meeting of the Board each fiscal year. This orientation includes duties, responsibilities, expectations, organizational structure, assets and liabilities, and operating budget as well as an overview of all programs and departments. Board authority and responsibility, as outlined in the Bylaws, is also reviewed.

Any Board member conducting business with the agency will abstain from voting on matters pertaining to such business.

When a conflict of interest or questions of conflict of interest arises, the decision of whether a member shall abstain from voting will be decided by the majority.

The job description for members on the Board of Directors is maintained by the Executive Coordinator.

Minutes of all meetings of the Board of Directors are recorded by the Board Secretary and maintained on-site.

The governance authority clarifies the relationship between itself and the designated leadership and the roles of each.

The roles of the Board of Directors and designated leadership are defined in the Bylaws in Article VI, VII, and VIII. These roles are also compliant with COMAR 10.22.02.08 and Health General Code Annotated Section 7-904.

POLICIES AND PROCEDURES REGARDING THE EXECUTIVE DIRECTOR (CHIEF EXECUTIVE OFFICER)

Introduction, Duties and Authority

The Arc Carroll County employs an Executive Director who functions as chief executive officer of the Corporation. If by future Board action, The Arc Carroll County elects to use the title Chief Executive Officer (CEO) in place of executive director, all of the following shall apply to the Chief Executive Officer as it does currently to the executive director.

The Executive Director shall have broad responsibility and authority over all operations of the Corporation, managing all day-to-day aspects of the Corporation, subject to the policies, guidelines and practices adopted by the Board of Directors. He/she shall also manage the work of the Board of Directors, being certain to acquaint members with their responsibilities and the annual Board work plan and providing the assistance members may need to carry out their duties and responsibilities.

The Executive Director shall have full and complete responsibility and authority over all other employees of the Corporation. Only the Executive Director shall report directly to and be accountable to the Board of Directors. The Executive Director shall employ such assistants and staff as needed to fulfill the mission of the Corporation and to operate the programs and services of the Corporation, consistent with the annual, approved budget.

The Executive Director may assign certain executive staff to assist the various committees of the Board in carrying out their work. Any committee chair wishing to significantly alter the scope of an assigned staff member's responsibilities to the committee or is dissatisfied with the staff person's assistance to the committee should bring such matters to the attention of the Executive Director for appropriate follow-up action.

The Executive Director is authorized to act on behalf of the Corporation. He/she is empowered to execute any and all documents that may bind and obligate the Corporation, including bonds, notes, mortgages, grant applications, compliance statements, contracts, leases, purchase agreements, etc.

Hiring and Retention

In the event of a pending or immediate vacancy in the position of executive director, the president of the Board shall appoint a search and selection committee consisting of at least three current Board members, at least one of which shall be the current or a past Board president, and additional 'external' stakeholders as deemed appropriate. The president shall also recommend a chair for the committee. The president's recommendations for chairperson and members of the search and selection committee shall require final ratification of the full Board.

The search and selection committee shall determine the process and timeframes for the filling of the executive director position. The criteria used in the recruiting and selection

process shall be based on the executive director's position description, including required qualifications, and the organization's current strategic and operational plans.

In its discretion, the committee may recommend to the Board that they retain a recognized Executive Recruiting/Consulting Firm to assist in the process. If the Board concurs, the committee should invite proposals, with fees, scope of service, qualifications and references from at least two bidders. The committee's recommended/selected bidder shall then be presented to the full Board for approval.

The Executive Recruiting/Consulting Firm (or search and selection committee itself if a Recruiting/Consulting Firm is not being used) shall present up to five final candidates for consideration and interviewing by the committee. If not done previously, at least two key references shall be checked for each finalist. The committee shall then submit its final recommendation to the executive committee for an extensive final interview. In the event that the committee determines it has more than one ideal candidate for final consideration, it may submit up to two additional candidates to the executive committee for its final determination. The executive committee shall negotiate the final terms of employment (i.e. compensation, benefits, etc.) with its finalist. The executive committee's final selection and the terms of employment shall require full Board approval.

An initial letter of agreement between the executive director and the Board of Directors shall establish compensation and fringe benefits and other terms and conditions of employment. In its discretion, the executive committee may use an employment contract, covering a specified period of time, that specifies compensation, fringe benefits and other terms and conditions of employment.

Annual Performance Review

The Executive Committee shall annually review the performance of the Executive Director, establishing specific goals and objectives to be attained in the ensuing year and recommending any changes in compensation that it deems appropriate. Specific guidelines for this annual review shall be established from time to time and generally will include an opportunity for input from all Board members. Summary results of the annual evaluation and recommended changes in compensation and/or benefits will be reviewed and approved by the full Board.

If the Executive Committee determines that the Executive Director's performance is insufficient and wishes to recommend termination (or ask for the Executive Director's resignation), that recommendation shall be made to the full Board whose ratification is required to effectuate the recommendation.

Executive Compensation and Benefits

The Executive Committee of the Board is responsible for the development and implementation of the executive director's compensation program. There are two aspects of this responsibility: 1) Establishing the goals and parameters of its executive compensation

practices, and; 2) Annually, in the context of the executive evaluation, recommending specific changes in executive compensation and benefits to the full Board.

As to its first responsibility, the executive compensation program seeks to:

- Encourage the attraction and retention of a high-caliber executive director
- Provide a competitive total compensation package, including benefits.
- Strongly support and further transition to a performance-based culture through the use of incentive bonuses
- Balance the need to be competitive with the limits of available financial resources
- Ensure that the program complies with state and federal laws and regulations governing highly compensated employees of nonprofit organizations
- Comply with best practice standards for executive compensation as set by the Standards for Excellence code and similar standards

Consistent with these guidelines, the executive committee shall, from time-to-time but not less than every three years, set broad parameters for executive compensation. The elements for consideration in establishing executive compensation shall include base salary, bonus/incentive opportunities, deferred compensation, vehicle provision or allowance, conference, training and travel reimbursement and other market-based elements as may be determined from time-to-time.

In setting specific parameters for executive compensation, The Arc Carroll County focuses primarily on comparable nonprofit organizations in our area to establish benchmarks but may also use data from published not-for-profit compensation surveys such as Abbott-Langer or Guide Star. Together, the data from these segments are used to form a competitive, market-based, range of compensation practices. The data and information gathered in this periodic review shall be documented in the permanent Board records.

In order to best attain the compensation program goals described above, The Arc Carroll County seeks to position total compensation (including benefits) at the median of the market. In the actual utilization of this data for initially establishing or periodically adjusting the executive director's compensation, the intention is to be flexible so that compensation can be above or below the median based on individual experience and performance, and the organization's need to attract and retain specific talent.

In its discretion, the executive committee may commission a review by an independent consulting firm to evaluate the organization's executive compensation practices against the competitive market. This is intended to ensure that the compensation program falls within a reasonable range of competitive practices among similarly situated organizations. If, in the process of recruiting and hiring a new executive director, the Board retains an Executive Recruiting/Consulting Firm, that Firm's scope of service could be requested to include assistance in establishing a competitive compensation package.

Succession Plan

Annually, as part of the executive performance review, the executive director shall discuss succession plans with the executive committee. This discussion shall include advising the executive committee what they should do in the event of a sudden, unplanned inability for

the executive director to perform his/her duties, in order to ensure organizational stability until the executive is again able to perform his/her duties or until a permanent new executive director is appointed.

Unless a different preference is stipulated in writing by the executive director in the aforementioned discussion, the normal chain of succession in the event of a sudden, unplanned inability for the executive director to perform his/her duties (e.g. as a result of death or severe disability) would be for the Deputy Executive Director to serve as acting executive director. If the Deputy Executive Director position is unfilled at the time or the person in that position is unable or unwilling to serve, then the most senior employee from the next executive level (which includes the director of human resources and the director of finance) shall serve as acting executive director. In its sole discretion, the executive committee may temporarily increase compensation to the acting executive director and/or authorize a special bonus at the end of the period in acting capacity.

In order to ensure organizational integrity and stability in the event of such unplanned succession, the executive director shall be certain that both an immediate and secondary emergency successor is acquainted with all aspects of the executive director's duties. To assist in such preparation, the executive director shall ensure that, at a minimum, the following are current and readily available:

- An executive director position description
- A strategic and operating plan
- The Board of Directors Operating manual and annual work plan
- Comprehensive policy and procedures manual
- A detailed operating budget
- Standards of best practices in nonprofit management (Standards for Excellence) and program management (CARF)

In the event that it is determined that the executive director's departure is permanent, the Board president and executive committee shall initiate the actions necessary to retain a new permanent executive director, as described above.

The annual succession planning discussion shall also address any longer term plans the executive director may have with respect to retirement or other plans to leave the executive position at the organization. This discussion should include the following:

- The approximate time frame for retirement/termination
- The minimum advance notice desired
- Concurrent changes/succession in Board leadership/officer positions
- Current employees of the organization who may be candidates

POLICY ON GOVERNMENTAL AFFAIRS

The Board of Directors of The Arc Carroll County adopts the public policy agendas of the following organizations:

- The Arc Maryland
- The Arc (national office)
- Maryland Association of Community Services (MACS)

Furthermore, the board firmly believes in the value of providing information to the public about services, conditions, trends, and outcomes regarding people with intellectual and developmental disabilities. The board directs the management of the organization with the task of assuring that all information released to the public is factually correct and accurately conveys the truth.

In accordance with The Arc's Articles of Incorporation, Article Seven, "No substantial part of the activities of the Corporation shall be carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in any political campaign on behalf of or in opposition to any candidate for public office."

POLICY ON LEGAL REQUIREMENTS

The Arc Carroll County will comply with the following legal and regulatory requirements and inspections. The Arc will ensure licenses and plans for compliance are current and available to interested persons or agencies.

REQUIREMENT:

- Fire Inspection
- Sprinkler Inspection
- Health Department Inspection
- OSHA Consultant Inspection Report
- Division of Rehabilitation Services Accreditation and Cooperative Agreement
- Independent Audit
- IRS Form 990
- Public Non-Discrimination Statement
- Office of Health Care Quality Licensing Survey
- Annual Registration of Non-Profit Status (Maryland Secretary of State)
- Department of Labor Certificate
- Personal Property Tax

Public Access

The Executive Director is responsible for assuring that the organization complies with the letter and the spirit of state and federal nonprofit disclosure laws.

POLICY ON FINANCIAL PLANNING AND MANAGEMENT

The Arc Carroll County will utilize an annual operating and capital budget for each department. Information regarding income sources and necessary expenditures will be used to complete each department's budget based on stated goals and contractual obligations. In addition, contracts with public agencies will be reviewed at least annually to ensure compliance and verify earned income. The budgeting process will include input from staff and volunteer committee members. The budget will be responsive to the needs and trends of the people receiving supports.

The budget will be presented in a format that allows comparison to prior years' results, and explains any material deviations from established expectations. In addition, it will include an analysis of the amount spent on administrative and fundraising expenses, using industry standards and IRS 990 formulas as benchmarks.

The proposed budget will be recommended to the Board of Directors by the Finance Committee for approval. If material changes to the daily operation of the agency occur, a revision to the budget may be required. All revisions are subject to the same requirement of a recommendation from the Finance Committee to the Board of Directors for final approval.

The Arc Carroll County will offer supports to people with disabilities for which they have either been approved to offer, or have the resources available. The agency will attempt to refer people to other generic community services when it is determined that those services cannot be provided. The administrative review of programs and services will ensure that services are not unnecessarily duplicated. The agency will review its vendor list to ensure expenditures for services and products meet the needs of cost, quality, and timeliness.

Monthly financial reports will be generated and distributed to designated staff, Finance Committee Members, and the Board of Directors. In addition to a comparison of actual versus budgeted and prior year's results, these statements include analyses of various benchmark data as may be requested by the Board. The Finance Committee and Board of Directors will monitor results to ensure progress toward stated goals is occurring. The Board of Directors shall vote to approve each financial report, pending audit, at their next scheduled meeting.

The Arc Carroll County will undergo an annual audit by an independent, certified public accounting firm, as stated in Article 8, Section 2 of The Arc's Bylaws. The audit will be conducted in accordance with generally accepted auditing practices. Furthermore, the results will be reviewed by the Finance Committee, and recommended to the Board of Directors for final approval. The audit will be made available to funding sources, lending institutions, and other persons or agencies that have an interest in the operation of the agency.

The Arc Carroll County will comply with all reporting, auditing and filing requirements as may be required by funding agencies and State and Federal governments.

Written cash management practices are followed and reviewed annually to ensure the safeguarding of agency assets. The Arc will also keep between five and ten percent of the budget in cash reserves to respond to emergencies, funding delays, or other instances where cash is necessary for operations.

The Finance Department will utilize a procedures manual for day to day operations to ensure proper, consistent record keeping by defining document flow through the organization and to maintain control of assets.

The Arc Carroll County shall maintain insurance coverage, which protects its assets in case of adverse conditions or events. Coverage is maintained on property, equipment, and Board of Director's liability. Coverage is reviewed annually, or when changes occur.

The agency will also maintain an updated investment policy in order to realize growth and income from investments in a responsible manner.

The Arc Carroll County shall provide information regarding its status as a 501(c)(3) non-profit organization to funding sources, the local community, contributors, and other interested persons or agencies. In addition, the agency will include its status on printed informational and promotional materials, which are designed for public distribution.

Please refer to the complete financial policies and procedures located in the Director of Finance's office for more details.

POLICY ON INVESTMENTS

Investment Objective - to realize growth and income from investments that will enhance The Arc's ability to manage operations and continue providing services and support to people with intellectual and cognitive developmental disabilities.

1. Purpose

The purpose of this investment policy is to:

- a) Provide a clear understanding on the part of the Board of Directors and the advisor of the investment policy for the portfolio;
- b) Comply with any and all relevant ERISA, fiduciary, prudence and due diligence requirements as well as all applicable laws, rules and regulations from various local, state, federal and international political entities that are relevant to the portfolio and the portfolio's assets;

- c) Establish formalized criteria to monitor, evaluate, and compare the portfolio's performance on an annual basis.

It is intended that the investment policy stated will be meaningful enough to guide the advisor toward the performance desired yet be flexible enough to allow the achievement of the objectives as stated.

The advisor and Board will review and revise, whenever appropriate, this Investment Policy to ensure that the policy continues to reflect the Board's expectations and objectives on behalf of The Arc Carroll County.

2) Background

Since 1955, The Arc Carroll County has advocated for, and worked to provide support to, people with developmental disabilities and their families in Carroll County, Maryland. The Arc Carroll County provides a variety of services to its clients including community living, transportation, recreation and leisure, and employment services.

The Commission on Accreditation of Rehabilitation Facilities (CARF) has accredited our services in two areas:

- Employment - for our Community Employment Services, Job Development, Job-Site Training and Job Supports;
- Community Services - for Personal and Social Services, Family Services, Respite Services and Community Living Services.

Our Vision - We are a leading organization that champions for and supports people with developmental disabilities, while cultivating relationships that enrich our community.

Our Purpose - We support people in their individual pursuit of a fulfilling life.

Our Values -

- *Innovation* - our founders pioneered the opportunities that exist today for people with developmental disabilities. We build on their courageous tradition of innovation and creativity in the design and delivery of our services.
- *Integrity* - we operate with integrity in all that we do—as a service provider, as an employer, and as members of our community.
- *Respect* - we treat everyone with respect. Dignity, choice, ability, privacy and opinion are fundamental principles of who we are.
- *Quality* - we embrace the highest standards in all that we do. Quality in service and character drives our actions and attitudes.
- *Caring* - we act with a genuine spirit of caring. A sincere interest in and concern for the complete well being of all people define our actions.

3) Investment Objectives and Risk Tolerance

To achieve sustained growth and income while minimizing downside risk. At all times, preservation of capital as well as the minimization of principal volatility will be considered integral to the investment objective of the portfolio.

The suggested asset allocation is:

a) Equity	55-75%
b) Fixed Income	25-45%
c) Cash Equivalents	00-10%
d) Specialized Investments	00-10%

All investments must meet the Level 1 criteria as defined by the Financial Auditing Standards Board, which stipulates the fair value of assets held must be determinable by “quoted market prices in active markets for identical assets or liabilities”.

4) Time Horizon

The investment policies and guidelines are based upon a multi-year time frame.

5) Responsibilities of Investment Advisor

The duties and responsibilities of the investment advisor include the following:

- a) Monitor the portfolio’s assets under his/her supervision in accordance with the Investment Policy objectives and guidelines as expressed in this document;
- b) Exercise discretion in selecting specific portfolio assets within the Investment Policy and guidelines stated within this document;
- c) Inform the Board promptly in writing regarding all significant and/or material changes to the investment of the portfolio’s assets and/or the advisor.
- d) Report to the Board at least once per year in person.

6) Fiduciary Responsibilities

The advisor will use care, skill, prudence and diligence under the circumstances prevailing that a prudent advisor would use in managing a portfolio under similar conditions. The advisor and Board will ensure that the portfolio is diversified so as to minimize the risk of excessive losses. Additionally, the advisor will perform its investment responsibilities in accordance with the documents governing the portfolio.

The criteria of safety of principal should not be imposed on each portfolio asset, however the portfolio taken as a whole must be structured over the long-term with an intent, first, to conserve principal and, second to enhance capital value through risk adjusted portfolio management techniques.

7) Investment Management Guidelines and Procedures

- a) Cash equivalents and cash management: Cash reserves may be invested in money market funds, US Treasury and federal agency obligations, commercial paper, and other money market instruments rated A-1/P-1 by Moody's or Standard & Poor's respectively. Cash may also be invested in certificates of deposit as obligations of federally insured banking institutions. No issue or issuer shall constitute more than 20% of the total value of the portfolio, except US Treasury and federal agency obligations.
- b) Rebalancing: To maximize the portfolio's potential return, the fund asset weightings will be rebalanced a minimum of once per year. Such rebalancing is expected to capture an improvement in total return greater than would be derived from a static weighted structure.
- c) Investment restrictions: There are certain fundamental prohibitions to be observed by the board and the advisor. The Board and the advisor:
 - Shall not invest in mutual funds which, including predecessors, have a record of less than three years of continuous operation;
 - Shall not purchase or sell commodities or commodity contracts and options for same;
 - Shall not buy securities on margin or short sales of securities;
 - Shall not invest in a fund or investment company that invests for control of management;
 - Shall not purchase letter stock, private placements or in limited partnerships;
 - Shall not engage in any transactions wherein the advisor's company or any of its subsidiaries may act as principal;
 - Shall not deal with the assets of the portfolio in its own interest or for its own account;
 - Shall not act in any capacity in any transaction involving the portfolio on behalf of a party (or represent a party) whose interests are adverse to the interests of the portfolio or the interests of its participants or beneficiaries;
 - Shall not receive any compensation for its own account from any party dealing with the portfolio in connection with a transaction involving assets of the portfolio.

8) Control Procedures

- a) Review of investment objectives: Investment performance will be reviewed at least annually to determine the continued feasibility of achieving investment objectives and the appropriateness of the Investment Policy for achieving those objectives. It is not expected that the Investment Policy will change frequently. In particular, short term changes in the financial market should not require adjustments to the Financial Policy.
- b) Evaluation of Performance Results: On a timely basis, but not less than annually, the Board will meet to evaluate the portfolio and its performance. Various commonly

used benchmark indicators such as the S&P 500, Russell 2000, etc may be employed to provide an adequate evaluation of the performance of the portfolio.

9) Other

It is The Arc's intention to concentrate its investments in the established portfolio. However, The Arc may be the recipient—through donations, bequests or gifts—of other assets that fall outside the portfolio specifications listed in this Policy. These assets will be evaluated by the Board on a case-by-case basis to determine whether they will be held, divested, or rejected.

Revised 05/22/2023 – Board Consent

POLICY ON RECORDING TIME WORKED

- 1) Register in Paylocity. Instructions are provided at New Hire Orientation. Your *User Name* and *Password* are confidential and should not be shared with anyone. Do not ask anyone to punch in/punch out for you, and do not do it for anyone else. This is payroll fraud and BOTH parties involved will be subject to disciplinary action, up to and including termination.
- 2) Record Your Time Electronically.
 - a. Clock in, transfer, and clock out in real time. Use the appropriate codes for your work location and purpose.
 - b. Paylocity features a **Mobile App**. It is strongly recommended, but not required, that you make use of this tool.
 - c. If you do not have a smart phone or do not want to use the Mobile App, computers are available at The Arc's main facility in the Staff Break Room. If these computers are unavailable, use the computer Technology Center. In addition, there is a computer at each of The Arc's Residential homes.
 - d. The Paylocity **My Timesheet** option is to be used in situations where you cannot punch in real time, or to correct an error. You are still expected to demonstrate our core value of integrity by entering your actual start and end times, not scheduled times or future times.
 - i. When using the **My Timesheet** function, you must be able to complete the entire transaction for the shift, entering both the start and end times. This means **My Timesheet** is used to correct historical activity. When you use this function, *include a note* as to why you are changing a real time punch, or entering data after the fact.
- 3) Acceptable reasons you can't punch:
 - a. Electricity is out.
 - b. Computer is broken.
 - c. Internet is down.
 - d. Not at a location where an Arc-owned computer is provided.

- e. At the hospital with a client.
- 4) If you forget to punch in and you are in the midst of your work shift, go to Paylocity as soon as you remember and clock in/transfer in real time, then punch out at the end of the work shift. Follow the instructions to correct the start time as described in **Section 2,D,i** above.
 - 5) If you forget to clock in and the work shift has already ended, follow the instructions to enter the work time as described in **Section 2,D,i** above.
 - 6) You are responsible for ensuring your work time is accurately recorded in accordance with this Policy. Check your entries daily, with your final review completed by Monday at 10:00 a.m. each week. All entries in Paylocity create an audit trail and these records are periodically reviewed to ensure compliance. **Repeated failure to record your work time and use the system as instructed may result in disciplinary action, up to and including termination.**
 - 7) You are responsible for submitting Leave Requests through Paylocity and ensuring approval by your supervisor. Final approval of a future request for time off is contingent upon the availability of accrued leave time when the time off is to occur. If accrued leave time has not been requested/approved, but is taken, it will not be paid, nor will it be added automatically for any employee, full-time or part-time. If payment is missed in a payroll run due to employee omission of Vacation or Personal leave request, retroactive pay will not be authorized.
 - 8) Every employee must meet weekly work status expectations. This means physically working or using accrued leave time to meet weekly hours, such as 40 for full-time employees. Repeated failure to meet work status expectations may result in further disciplinary action, up to and including termination.

Please direct any questions you may have to a representation in the Human Resources or Finance Departments.

LIQUIDITY POLICY

PURPOSE

The purpose of this liquidity policy is to define how The Arc Carroll County will manage its liquid resources. The Arc's goal is to build and maintain an adequate level of unrestricted net assets to support the Organization's day-to-day operations in the event of unforeseen shortfalls. The established reserves may also be used for one-time, nonrecurring expenses that will build long-term capacity, such as staff development, research, or investment in infrastructure. This liquidity policy will be implemented in conjunction with the other financial policies of the Organization and is intended to support the goals and strategies contained in those related policies and in strategic and operational plans.

GOALS

The Arc's goal is to establish 10-15% of monthly recurring operating costs in available cash on hand. Monthly average recurring operating costs are calculated by dividing total operating expenses for the year by 12 months. In addition to calculating the actual operating reserve

at year end, the target minimum reserve will be calculated each year after approval of the annual budget.

In addition, the Board of Directors has designated funds to establish a reserve for the future needs of The Arc.

BOARD DESIGNATED OPERATING RESERVE

Cash on hand for recurring operating costs will be board-designated reserves. The funds will be invested in a sweep account or other instrument that allows for earning of interest while retaining immediate access to funds for paying day-to-day operating expenses.

These funds are used to support operations in the normal course of business. As such, no approval from the Board of Directors is needed.

LINES OF CREDIT

The Arc has two lines of credit, in the amounts of \$1 million (M&T) and \$500,000 (PNC) respectively, which are secured by Arc-owned properties and investments, and available to draw upon in the event of an unanticipated liquidity need. Draws on the line of credit are made to meet short term cash needs due to timing of when reimbursement from The Arc's primary funder is received.

The Board will be notified if the line of credit use is expected to cover more than 30 days of financial need. Management should have a plan of repayment available when making a request to draw on the line of credit.

BOARD DESIGNATED INVESTMENT RESERVE FUNDS

The investment reserve funds are intended to be used for the future needs of The Arc. See the Organization's separate investment policy regarding risk allocations within the investment account.

The investment reserve fund will be funded with surpluses from unrestricted operating funds, when available. The Board of Directors may also direct that a specific source of revenue be set aside for operating reserves or for Arc designated initiatives approved by The Board.

All designations made by the Board of Directors will be documented in the board minutes.

OTHER ASSETS

The Arc also has equity in its real estate, which is identified in The Arc's assets under buildings and land. The Arc may choose to use the available equity after all other options have been exhausted. Use of equity in real estate requires approval of the Board of Directors.

USE OF RESERVES

The Executive Director and/or the Director of Finance will identify the need for access to reserve funds and confirm that the use is consistent with the purpose of the reserves as described in this policy. Determination of need requires analysis of the sufficiency of the current level of reserve funds, the availability of any other sources of funds before using reserves, and evaluation of the time period for which the funds will be required and replenished. When accessing the reserve funds, The Arc must establish a goal to replenish the funds. The Board of Directors will authorize the use of the reserve funds as noted in the previous sections.

The use of available resources is prioritized as follows:

1. Operating reserve
2. Lines of Credit
 - a. M&T
 - b. PNC
3. Draws from investments/board designated reserve fund
4. Equity in real estate

BOARD REPORTING AND MONITORING

The Executive Director and/or the Director of Finance are responsible for ensuring that the reserve funds are maintained and used only as described in this policy. Upon approval of the use of the funds, they will maintain records of the funds and plans for replenishment. The Executive Director and/or the Director of Finance will provide regular reports to the Finance Committee of progress to restore the funds.

FINANCIAL REPORTING

The Arc will disclose qualitative information on how liquid available resources and liquidity risk is managed, and quantitative information that communicates the availability of the Organization's financial assets to meet cash needs for general expenditures within one year. The Organization will disclose the goals of the board-designated operating reserve funds and the other available resources to draw upon for liquidity.

REVIEW OF POLICY

This policy will be reviewed by the Finance Committee each year. Changes to the policy will be recommended by the Finance Committee and voted on by the Board of Directors.

Approved 5/2019
Revised 10/5/2022

POLICY ON DOCUMENT RETENTION AND DESTRUCTION

There are many guidelines to use in determining the length of time records should be kept. The Internal Revenue Service has established guidelines as does the Department of Labor and many other government bodies. The law only requires that organizations keep those records that are important to the agency for a reasonable amount of time. In developing a record retention program, it is important to first consult with the government bodies the agency works directly and indirectly with to inquire what their requirements are. This information is compared to the Internal Revenue guidelines. If conflicting time periods are found the agency retains records for the longer period of time.

A section of the agency facility has been designated as a record storage area, with sections allocated to different departments of the agency: accounting, human resources, and programs. Records are placed in storage boxes, which have been labeled as to contents, periods covered and pending destruction date of the contents (if applicable). Within each department, storage boxes are stored according to their pending destruction dates and then by contents to allow for easy removal when the destruction dates arrive. All storage areas are locked. All personnel files, financial documents, and program records that aren't in storage are locked in cabinets in the appropriate office.

Records are moved into storage at minimum on an annual basis and more frequently, if needed, depending on the space needs of the department administration.

The agency has designated a day each June for records administration. On this date, records to be destroyed are pulled from each department and made available to a third-party record disposal company that shreds the records on site before hauling off the waste. Should the

agency be subject to an investigation by a governmental authority, all record destruction is suspended pending the conclusion of the investigation.

Retention Periods are available in the complete Financial Policies book in the Director of Finance's office.

POLICY ON RISK MANAGEMENT

FOREWARD

The Arc Carroll County is exposed to risks of loss resulting from occurrences involving disappearance, damage and destruction of our own property and property of others, injuries to employees or others, dishonesty and unforeseen liabilities imposed by law or assumed by contract.

The philosophy of this organization is oriented toward affirmative control and minimization of risk to the greatest extent practicable, retention of the remaining risk when within established guidelines, and protection against unpredictable loss by reasonable use of available insurance and/or property funding when there is a significant possibility of loss in excess of the amount established as a reasonable self-retention.

Of vital importance toward the accomplishment of this objective is a strong safety and loss prevention program, implemented by a safety consciousness and awareness on the part of personnel at all levels.

Recognizing the need for a systematic and coordinated approach to the handling of risk, The Arc Carroll County has established a RISK MANAGEMENT POLICY.

Objective

It is the objective of The Arc to manage, control, minimize or eliminate risk, to the end that its personnel are protected from hazards, the financial condition of the organization not be seriously jeopardized, and its material resources be conserved to the maximum extent possible and practicable.

Policy Statement

It shall be the policy of Arc Carroll County to:

1. Apply the principles of risk management at every management level for the purpose of:
 - a. identifying and evaluating risks;
 - b. avoiding or eliminating them where practical;
 - c. minimizing, controlling or contractually transferring them to others where possible.

2. Retain those risks that can be self-assumed from current funds without seriously affecting the financial condition of the organization, if this is the most economically practical means of meeting such obligations.
3. Purchase insurance coverage when:
 - a. the risk is of catastrophic nature or beyond the capacity of the organization to absorb from current funds; or
 - b. the expenditure for premiums is justified by services incidental to the insurance contract, or other expected benefits; or
 - c. required by law or contract.

The procurement of insurance shall of necessity be limited to availability of coverage at reasonable cost, and be subject to the practicality of adopting programs of self-insurance, or self-assumption, in whole or in part, consistent with the probable frequency, severity and impact of losses on the financial stability of the organization. Losses up to our current deductible from a single occurrence may be self-assumed in this manner, provided that consideration is given to all ramifications of the occurrence in its various aspects, including direct property damage, loss of use, additional expenses to continue operations, and liability to employees and others. Consideration shall be given to the optimum level of self-retention, determined by insurance premiums, anticipated losses and services provided or purchased, when insurance subject to deductibles or self-assumption of risk is considered. All deductibles are reviewed on an annual basis.

Responsibility

It is the responsibility of the Director of Finance and the Human Resources Director to direct and administer the program and to formulate and recommend from time to time to the Executive Director changes in all risk management programs as required to best implement the overall corporate policy set forth above. Detailed instructions and procedures for carrying out the risk management functions will be issued from time to time to all departments concerned therewith, by the Director of Finance with the approval of the Executive Director.

It is the responsibility of managerial personnel at all levels to communicate this Risk Management Policy and related information concerning the corporate insurance program to all members of management who may be in a position to help implement and execute this program. It shall also be the responsibility of these persons to maintain lines of communication to the Director of Finance so that she will be advised on a timely basis of all factors that would have a bearing on risk management or the purchasing of insurance, particularly with respect to additional or discontinued facilities or operations, leases and other contracts, newly-recognized hazards, internal or external security, and potential or incurred losses.

1. Loss Control - We will work with the appropriate administrative and supervisory staff to identify and correct those situations that may lead to a possibility of potential losses.

We will review on a semiannual basis the losses with our respective insurance agents to determine the status of and verify the accuracy of specific claim settlements.

It is our intention to maintain a well-coordinated plan of operation with respect to both loss prevention and claim control activities for all of our casualty risks. As is necessary in any effective program of loss prevention, we have assumed the primary responsibility for these activities, and our safety coordinator is well qualified for the position.

In addition, we will continue to use the services of our insurer's loss control engineers to act as your eyes and ears and provide advice for all casualty loss prevention activities, including Workers Compensation.

While physical inspections by a trained loss control engineer are necessary to identify conditions that might otherwise not be noted by an untrained individual, the primary responsibility for day-to-day loss prevention activities has to remain within our own organization. Therefore, formal training sessions are extremely important for the effective operation of any loss control program.

While our insurer has provided us with some accident analysis reports in conjunction with its inspections, this should be followed up with the Workers Compensation carrier in particular to provide details related summarizing claims by type, location, department, cause, etc.

As respects the Automobile Insurance exposure, the relationship with the Board of Education supplements our efforts to provide close review of all incidents related to this coverage. A formal fleet safety program is in effect. While driving records are being obtained and reasonable standards are being observed as part of the relationship with the Board of Education. This plan will also apply to those vehicles not under the Boards supervision.

We have initiated a Disaster Recovery Plans for the organization.

2. Purchasing of Insurance -

Although we favor competition between insurers, it must be recognized that open bidding every time a policy comes up for renewal is not a practical approach. The lowest price does not necessarily mean the most economical protection. The ability of an agency or insurer to provide the necessary coverage and services may be far more important consequences in the long run than a current reduction in cost.

Bidding that is too frequent generally results in a withdrawal of insurers from the competition. A reasonable degree of mutual loyalty is necessary for the successful operation of any insurance program. We have generally found it practical to request proposals for property and casualty lines of insurance no more than once every three to five years, or whenever an underwriter requests what appears to be an unrealistic increase in premium or reduction of coverage.

Specialized lines such as Crime, Directors and Officers Liability, Fiduciary Liability, Errors and Omissions, etc., are often handled better by separate insurers. Previously, Umbrella Liability was in a similar category. However, under current market conditions, it is common for the primary insurer to also provide the first layer of Umbrella Liability coverage.

3. Alternate Methods of Treating Risks - Deductibles or self-insured retentions are the most common method of assuming risks rather than transferring them to an insurer.

4. Certificates of Insurance - We do have a program for obtaining certificates of insurance from all persons, organizations or firms that perform production or service for, or in connection with, our operations or use of our facilities.

We will require the following limits required on all certificates and must include Workers Compensation, General Liability and Auto Liability as a minimum. Accordingly, we would suggest the following minimum standards:

<u>Workers Compensation</u>	Statutory for State of Operations
<u>Employers Liability</u>	\$100,000 each accident \$100,000 each employee \$500,000 policy limit (disease)
<u>Automobile Liability (Owned, non-owned & hired)</u>	
Bodily Injury & Property Damage Combined Single Limit	\$500,000 each accident
<u>Commercial General Liability</u>	
Bodily Injury & Property Damage	\$500,000 each occurrence \$1,000,000 aggregate products \$1,000,000 general aggregate
<u>Cyber Security</u>	\$1,000,000 policy limit
<u>Umbrella Liability</u>	\$1,000,000 each occurrence/aggregate

If there is liability assumed under a contract, such as a hold harmless clause in favor of you, evidence of Contractual Liability coverage should be required. All certificates should state that the certified policies will not be terminated or coverage materially changed without at least 10 days, and preferably 30 days, advance notice to you.

Obviously, these requirements do not take into consideration security risks where evidence of fidelity coverage may be appropriate.

Please see the agency's Risk Management Plan for further information.

THE ARC CARROLL COUNTY'S FUNDAMENTAL RIGHTS POLICY

Each person receiving supports shall have the same rights and protection as all other individuals under the laws and Constitution of Maryland and the United States. Additionally, each person has the following rights:

The Right to be treated with courtesy, respect, and full recognition of human dignity and individuality.

The Right to receive treatment services and habilitation in the least restrictive environment that is available, adequate, appropriate, and in compliance with relevant laws, rules, and regulations.

The Right to be free from mental or physical abuse and other forms of inhumane treatment, including retaliation, humiliation, and neglect..

The Right to be free from chemical restraints, except for minimal restraints that a physician authorizes in writing, for a clearly indicated medical need and made a permanent part of the person's record.

The Right to be free from physical restraints except for minimal restraints that are authorized in writing and made a permanent part of the record by a physician or qualified developmental disabilities professional, and which are clearly indicated for the protection of the person or others.

The Right to receive respect and privacy in an individually developed program.

The Right to worship as chosen.

The Right to receive an accounting of all funds belonging to the person that are held or otherwise administered by the facility.

The Right to be free from financial exploitation.

The Right to have reasonable access to a telephone unless this access unduly interferes with the operation of the program. People receiving supports shall be afforded a reasonable number of free calls. Assistance, if necessary, in making the calls shall be afforded.

The Right to have representation by a lawyer in matters regarding care, have consultation with a lawyer, have the person's lawyer interview staff who work with or who have previously worked with him/her, have access to facility records via the lawyer, and have the lawyer given information regarding medications which the person is receiving before a hearing or other judicial proceeding.

The Right to have suitably private areas provided to receive visitors, unless this privacy is contraindicated, and is documented in the person's record and signed by the administrative head of the facility.

The Right to have no restrictions or limitations placed on visits between people receiving supports and their lawyer or clergyman. Restrictions or limitations on his/her visits, phone calls, mail or any other forms of communication shall be approved by the administrative head and be documented in his/her record. Restrictions or limitations shall be re-evaluated with participation of the person, family, or proponent at a minimum of every seven days.

The Right to have correspondence sent without delay and unopened, except under written direction of the addressee. Correspondence to the person shall be delivered unopened.

The Right to access a private physician of the person's choice at his or her expense.

The Right to refuse services.

The Right to create and update your Person-Centered Plan and to invite whomever you want to participate in your annual Person-Centered Plan meeting.

The Right to have Person-Centered Plan's that use restrictive techniques in behavior support plans to comply with Behavior Support Plan Policies and Procedures.

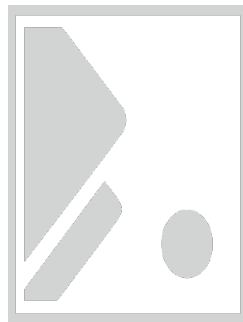
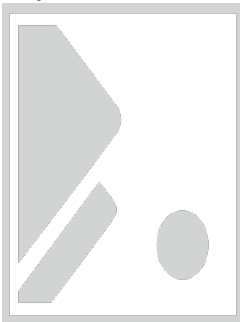
The Right to independently enforce regulations issued by licensing agencies.

The Right to access program records upon request.

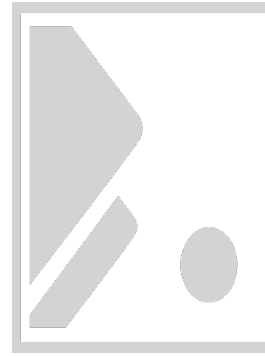
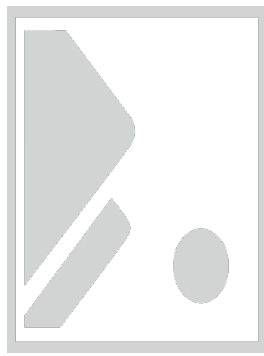
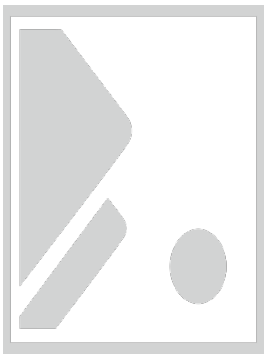
The Right to receive commensurate wages for work performed as required by Federal and State Law.

The Right to not perform any duties by which a staff member is being compensated.

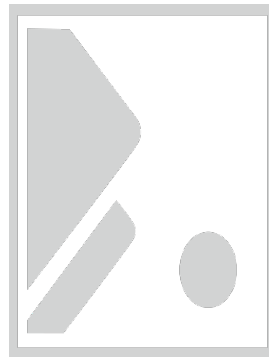
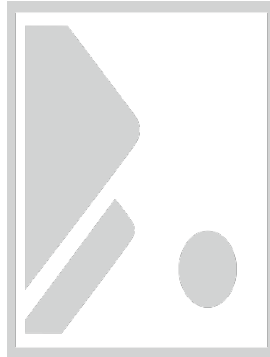
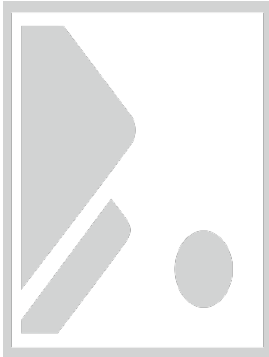
1. To be treated with human dignity and individuality and to be protected from exploitation and neglect.



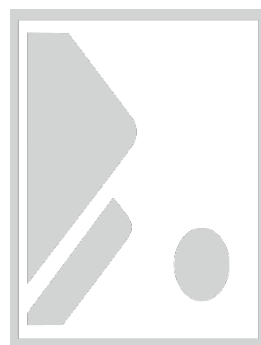
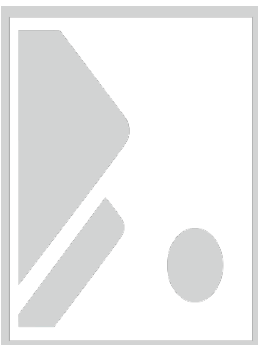
2. To choose what services you will receive, depending on eligibility and availability.



3. To create and update your Person-Centered Plan and to invite whomever you want to participate in your annual Person-Centered Plan meeting.



4. To refuse service.



5. To live, work, play, and have fun with most freedom of choice and as independent as possible.



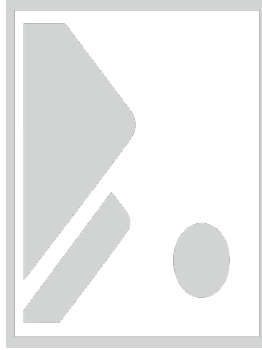
6. To privacy and confidentiality.



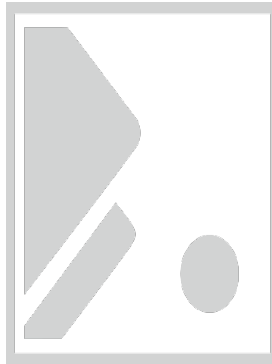
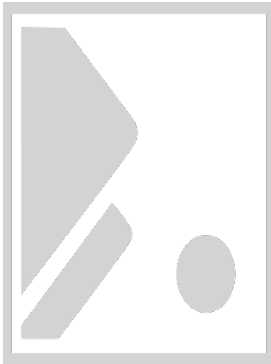
7. To worship as you choose.



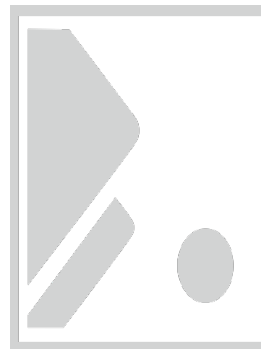
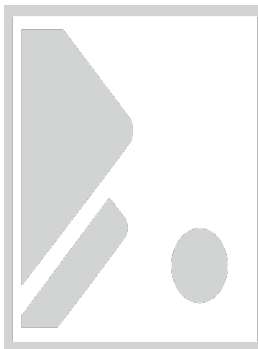
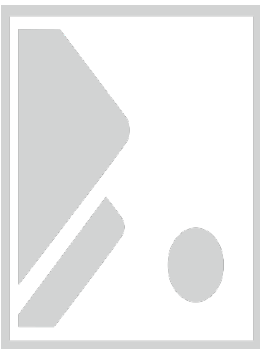
8. To know how your money is being spent.



9. To have visitors, including friends, family, a lawyer, clergyman, spouse, etc.



10. To choose your own doctor and to participate in planning of medical treatment. * If insurance does not cover a medical appointment, you are required to pay.



11. As an individual, or in combination with others, to present grievances and to recommend changes in policies and services on behalf of yourself or others without the fear of retaliation, interference, coercion, barriers to service, or discrimination.

IMPLEMENTATION OF FUNDAMENTAL RIGHTS

The Arc's Fundamental Rights Policy shall be read and explained to each person receiving services within thirty days of admission to the program and then annually at his/her team meeting.

Copies of the policy shall be furnished to each person and his or her guardian, next of kin, sponsoring agency, and representative payee. Each person shall sign the acknowledgment of receipt for the statement and this receipt shall be retained in his or her file.

The administrative head of the agency shall be responsible for ensuring that it adheres to the provisions of these policies and procedures and any statewide policies and procedures governing the rights of people receiving supports under the jurisdiction of licensing agencies.

Staff training to familiarize current employees with the rights of people receiving supports shall take place within 90 days from the start of employment. Training shall include functional methods of implementing these rights, at a minimum.

A copy of these regulations shall be kept available for reference on the premises.

PROCEDURES TO ADDRESS VIOLATIONS OF FUNDAMENTAL RIGHTS

Anyone who believes that someone's rights have been violated shall report the alleged violation to the Executive Director, Deputy Executive Director, or Director of Quality Assurance immediately. The reports shall be in oral or written form. The above mentioned administrative staff shall follow the guidelines in the Policy on Reportable Incidents developed by the Developmental Disabilities Administration. A copy of this policy is available in the Director of Quality Assurance's office.

GRIEVANCE PROCEDURE FOR PEOPLE RECEIVING SUPPORTS

Each person receiving supports has the right through, or in combination with others, to present grievances and to recommend changes in policies and services on behalf of themselves or others without the fear of retaliation, restraint, interference, coercion, barriers to service, or discrimination.

The Arc has developed and implemented a complaint procedure which incorporates the following components:

1. The person, either personally or in concert with others, or through his/her proponent, shall be given the opportunity to present grievances to:
 - a. The appropriate direct support staff

- b. Program Coordinators
 - c. The Director of Quality Assurance
 - d. The Day & Employment Program Manager
 - e. The Deputy Executive Director and/or the Executive Director
 - f. Other citizens or groups, if appropriate
2. A complaint shall be received in any of the following forms:
- a. Oral communication
 - b. Signed/manual communication
 - c. Telephone
 - d. Office visit
 - e. *Concerns* form on the agency website
 - f. Mail or written communication. The signature of the person is not required on any written communication.
3. Grievances shall be documented in the person's permanent record with a copy sent to the appropriate administrative staff.
4. Grievances shall be initially referred to the Program Coordinator or appropriate direct support staff for resolution. The staff shall:
- a. Investigate and respond to the grievance within 2 working days.
 - b. Provide the person with a written response as well as a non-written response in a format understandable by the person.
 - c. Inform the person that he or she has the right to have the decision reviewed by the Deputy Executive Director if the he or she is dissatisfied with the response and requests an appeal.
 - d. Refer in writing when requested, the grievance and the response to the Deputy Executive Director within 2 working days.
5. The Deputy Executive Director shall:
- a. Investigate and respond to the grievance within 4 working days.
 - b. Provide the person with an opportunity to indicate why he or she is dissatisfied with the staff's response.
 - c. Review all of the relevant information and make a decision.
 - d. Convey the decision to the person both in writing and in a non-written form, in language understandable to them.
 - e. If the person is still dissatisfied with the result, afford him or her the opportunity to indicate the reasons for continued displeasure.
 - f. Forward the grievance, the responses provided by the staff and Deputy Executive Director along with the reasons for the person's dissatisfaction with these responses, to the Executive Director within 5 working days, if the he or she requests an appeal.
6. The Executive Director shall review this information and respond to the person within 30 working days of receipt of notification of an unresolved grievance.

7. The facility shall maintain a permanent record for inspection by the Administration of all complaints submitted.

No person receiving supports may be subject to any form of discipline solely because he or she has sought a remedy through, or participated in, the procedures established by this policy.

Obstruction of the investigation or disposition of a complaint by any person shall be reported to the Deputy Executive Director, who shall take action to eliminate the obstruction.

**See Appendix 1 for variation in policy for the Commonwealth of Pennsylvania.*

POLICY ON SURVEILLANCE

In order to promote the safety and well-being of all people receiving supports, The Arc may conduct video, photo, or audio surveillance on staff and/or volunteers at any point during a scheduled shift. Information gathered may be turned over to law enforcement officials if appropriate.

TECHONLOGY POLICY

The computer systems installed at the Arc's headquarters and at Arc-owned homes are company-owned properties. They have been purchased for business use by Arc staff and for therapeutic use for the individuals we support.

Data security is of the highest importance. Each machine has been carefully configured to meet specific needs and standards. Programs have been added to protect against viruses and spyware. Some functions of the computer are only compatible with specific versions of software. In addition, some products can prevent others from working properly, if at all. As such, **employees are prohibited from downloading, adding, changing, upgrading, modifying or deleting any programs or software on the computer, except as noted below. Changes may only be made by select personnel after receiving permission from the Director of Finance.**

The Arc has incurred substantial fees from our IT consultant as the direct result of employees making changes without permission, resulting in repeated service calls due to carelessness. It is critical that machines operate as designed—in the best interest of maintaining and securing the Arc's resources.

If an employee believes a change to a program is warranted, the employee should inform his/her immediate supervisor, who will discuss the suggestion with the Director of Finance. If the Director of Finance concludes that the change would benefit the Arc and the people we support, arrangements will be made for qualified personnel to make the change.

Computer Usage: the computer has been purchased for business use by Arc staff and for therapeutic use for the individuals we support. The Arc reserves the right to review, monitor and log all use of the agency's equipment, including but not limited to e-mail, file downloads and attachments, internet usage, website visits, chat groups, newsgroups, instant messaging, voice messaging and other future technology that may become available. As such, employees should have no expectation of privacy regarding anything they create, store, send or receive using the company's computer equipment.

Computer usage is monitored. By using company equipment, employees consent to review and monitoring, by the agency and those it designates, of their computer usage. Employees expressly waive any right of privacy regarding anything they create, store, send or receive using the company's computer equipment.

Employees are expected to use the computer for legitimate agency business purposes in a professional, lawful and ethical manner. While some minimal incidental personal use is permissible, as discussed below, abuse of the privilege cannot be accepted. Use of the computer for illegal or immoral activities is strictly prohibited. As a matter of policy, any data saved by an employee that relates to his/her personal affairs will immediately be deleted and the offending employee will be subject to discipline.

Personal Electronic Equipment:

1. The Arc is not responsible for loss or damage to any employee-owned personal electronic devices, including, but not limited to, laptops, cell phones, I-pads, and other like items. Employees should carefully consider whether bringing such items to the workplace is necessary or appropriate.
2. Employees should not conduct personal business while working. The use of cell phones and other communication devices interferes with employee productivity, potentially puts individuals in jeopardy because employee attention is not on the individual and is distracting to others. Examples of non-work-related actions include, but are not limited to, making or receiving personal phone calls, text messaging, and web-browsing.
3. Minimal, incidental use of personal electronic equipment for work-related business is acceptable.
4. Employees may not connect personal electronic equipment directly to the Arc's network or use personal electronic equipment to access the Arc's network without the express permission of the Arc. Examples of said equipment include, but are not limited to, personal laptops and Smart phones.

Computer Access: The computers are the property of the Arc. Designated approved supervisors therefore have the right to access the information contained on them. In the event of an employee's absence, it is occasionally necessary for a supervisor to access a computer. As such, each employee's user name and password must be kept current and on file in the Finance office. Requests for access by a supervisor should be made to the Director of Finance.

iPad Access: The iPad's are property of The Arc. Select staff are assigned to an iPad to provide community-based services effectively. An agreement is signed by the assigned staff upon distribution. During distribution, assigned staff must take an iPad training with The Arc's Training Manager. Assigned staff must return the iPad upon termination or last day of employment. Each employee's username and password must be kept current and on file in the Finance office. Requests for access by a supervisor should be made to the Director of Finance.

Backup: All data is saved hourly, on the cloud.

Internet:

1. Computer security is designed around using Microsoft's Internet Browser. There are other internet browsers available, but each computer should have Microsoft's Internet Browser as its default browser. Many computer issues are the result of employees changing the default to Firefox, Google Chrome or other browsers. **The use of anything other than Microsoft's Internet Browser as the default browser is strictly prohibited.**

This does not mean employees cannot use Google (or other) as a search engine. It means that when Google (or other) asks to make Google (or other) the default internet browser, the answer must always be NO.

2. Downloading of information (including music, files or pictures) from the internet is forbidden without the written permission of the Director of Finance, in consultation with the technology committee. An exception may exist for downloading information for the benefit of the individuals we support, as addressed in the individual's Person-Centered Plan. Only qualified personnel, as approved by the Director of Finance, may download the information.
3. Access to auction sites (e-Bay and the like) is prohibited.

Spyware and anti-virus software: We have installed anti-virus software on each computer. One of these products—Symantec, Norton AVG or Microsoft Essentials—runs automatically. In addition, to check for spyware, "Malwarebytes' Anti-Malware" should be run on a periodic basis, at minimum, monthly. When running the software, the system will automatically search for updates. If there is a newer version available, you have permission to download it. These are the only spyware and anti-virus software approved for use on Arc machines.

As new spyware and anti-virus software products become available, the IT consultant will advise when or if the Arc should switch products. Only the IT consultant may install new software products.

Use of Internet during work breaks: Employees may use the Internet for personal reasons only during work breaks. The policy on Social Networking, Personal Websites and Blogging, as adopted in the Employee Handbook, governs acceptable practices.

Quality Check: each computer has been scanned and updated to include only the approved software. If any unauthorized changes are made subsequent to this scan, the user to whom

the computer has been assigned will be held accountable. In Arc-owned homes, that person is the RA. Employees are subject to discipline for unauthorized changes.

POLICY ON SOCIAL NETWORKING, PERSONAL WEBSITES, AND BLOGGING

The following guidelines apply to employee use of personal websites and blogging, including but not limited to, social networking media such as Facebook, TikTok, Twitter, and E-Harmony, Instagram, Snap Chat, Vine, regardless of where the sites are accessed. Employees should limit the use of social networking media while at work, and access social networking websites, if at all, only during work breaks.

1. Employees are expected to comply with the Terms of Service of each site they use.
2. All policies of The Arc Carroll County, Inc. (e.g., harassment, discrimination, and employee conduct) apply to employee use of web-based communication and social networking media.
3. Supervisors should refrain from "friending" employees under their supervision.
4. All confidentiality and proprietary information agreements are in effect and enforceable.
5. Employees do not have authority to speak on behalf of The Arc Carroll County, Inc. when blogging or on social networking sites.
6. If questionable, provide a clear statement as part of your post or on your website that the views expressed are yours alone and do not necessarily represent the views of the The Arc Carroll County, Inc.
7. The Arc Carroll County, Inc.'s logo may not be used without written consent.
8. Do not reference any individuals served or organizations associated with The Arc Carroll County, Inc. without express permission to do so.
9. Be respectful of The Arc Carroll County, Inc., its employees, individuals served, vendors, and associated organizations.
10. Do not conduct business for The Arc Carroll County, Inc. on social networking sites.
11. Employees have no expectation of privacy when posting information on the public internet. The Arc Carroll County, Inc. reserves the right to monitor public internet use by employees.
12. Personal web activities must not interfere with employee job performance.

13. Questions about appropriate activity should be raised with a supervisor or the director of Human Resources.

14. Failure to follow the policies of The Arc Carroll County, Inc. will result in discipline, up to and including the termination of employment.

POLICY ON VIRTUAL PROGRAMMING

The Centers for Medicare & Medicaid Services (CMS) has to approve Maryland's request to amend the 1915(c) Home and Community-Based Services (HCBS) waivers with the Emergency Preparedness and response Appendix K in order to respond to State of Emergencies. Appendix K allows DDA to temporarily change how waiver services are provided. This increases the flexibilities needed to continue services during unchartered times and reduce service disruptions. One flexibility includes virtual services. The DDA determines guidelines set forth for virtual services based on the state of emergency.

Once virtual services are in effect, participants must sign a consent form to participate. All participants receiving services under Meaningful Day are offered virtual learning services. At the start of each session, persons served that are participating in the session are identified. If any person served is late to the session, they will be identified when entering the session. If the teacher is unable to identify the person in the session, the person is removed from the session.

The Arc posts virtual class schedules on The Arc's website and sends them via email to the person served and/or family member/support system.

Equipment

All residential and supported living sites have the necessary technology and equipment for virtual learning. Staff will make sure that the equipment is functioning properly before the start of service. If the equipment is not functioning properly, staff will report this to the Director of Finance. The Director of Finance will then submit a ticket to Kite Technology to fix.

If the person served touches any of the equipment, staff clean the equipment after use. Persons served are trained on proper handwashing, proper PPE to wear, and how to minimize the risk of infection.

Training

If a person served and/or family member/support system needs instruction or training on how to utilize equipment such as features, setup, use, or troubleshooting, they are to contact their Coordinator. The persons served Coordinator will assist via phone in step-by-step instructions to make sure the person served are able to participate in virtual learning.

In residential services, a facilitator, residential direct support professional, is there to assist with virtual services. In all other programs, either a direct support professional, family member, or support system is at the persons home to assist in facilitation, or training and/or resources are provided to make sure persons served can participate in virtual services.

In the Event of an Emergency

If a person served has a life-threatening medical emergency or a disaster occurs in the persons home while receiving virtual services, the teacher must contact 911 immediately. The class will immediately end for all other participants to maintain privacy of the person served during that time. The teacher has direct access to all persons served emergency contacts and local emergency resources. The teacher also has access to The Arc's emergency preparedness plan that outlines what to do in the event of an emergency in a residential setting.

POLICY ON CELL PHONE USAGE

General Usage

It is the goal of The Arc Carroll County to champion for and support the people supported in a manner consistent with the core values of integrity, respect, quality, and caring. Two important concepts that tie together these four values are attention and safety. Although it is understood that there will be times when staff must make or receive urgent cell phone calls or text messages, it is the policy of The Arc that inappropriate or excessive usage of cell phones while on shift will not be tolerated. Examples of inappropriate or excessive usage may include but is not limited to multiple personal phone calls and text messages while working or utilizing the cell phone camera system to take photographs of the people receiving supports without permission or of company documents.

Usage While Driving

When driving a person receiving supports, whether in a person or Arc owned vehicle, it is expected that all employees of The Arc follow the Maryland state laws prohibiting texting while driving that went into effect October 1, 2009. In addition, a hand-held wireless phone may only be used during transport if the vehicle is stationary and safely parked off the roadway. The only exception to this policy will be emergency situations in which the health and safety of someone is in jeopardy.

Violation of Policy

If staff are found to have violated The Arc Carroll County's cell phone usage policy, disciplinary action will be taken, including but not limited to termination.

POLICY ON SMOKING

The Arc Carroll County is a smoke free workplace.

Smoking is prohibited in all work areas. This includes smoking in any form through the use of tobacco products (pipes, cigars, cigarettes) or “vaping” with e-cigarettes or other electronic devices, or the use of tobacco products (chewing tobacco, etc). The Arc workplace includes, but is not limited to, all motor vehicles owned and/or operated by The Arc, all residences owned and operated by The Arc, the Recycling Center office, and all areas of The Administration Building.

Smoking is permitted in designated outdoor areas only. Smokers are encouraged to keep the smoking area clean by using any containers provided.

POLICY AND PROCEDURE FOR THE RELEASE OF INFORMATION

The Arc’s staff may not release any records from the file of a person receiving supports unless he/she or a legal guardian gives written informed consent.

The Arc shall disclose records of a person to him or herself if:

- Another person is not authorized to act on behalf of that them, and
- The Executive Director determines that disclosure would not be detrimental to the person.

The Arc’s staff shall disclose records of someone to his/her parent or guardian if the person is a minor.

The Arc’s staff shall not disclose records of an adult receiving supports to his or her parent or guardian, if that he or she requests that disclosure not be allowed.

The Arc’s staff shall disclose records of an individual to a lawyer or other individual who is authorized by the person receiving supports.

The Arc’s staff shall disclose records to the Executive Director or his/her designee of any state designated protection and advocacy agencies (example: Maryland Disabilities Law Center), if:

- The agency has received a request for an investigation and there is no other person to whom, on behalf of the person, the record may be disclosed.
- The person is unable to give written informed consent and the DDA Director determines that disclosure is necessary to protect his or her rights.

The Arc will disclose records under the criteria mentioned above within fourteen (14) days of a written request. If there is no one authorized to act on behalf of the person receiving supports and the Executive Director determines that disclosure would be detrimental, then The Arc will not disclose the record. The Executive Director shall apply to the Circuit Court for the county in which the person resides, or where the site of services occurred, for an

order to permit The Arc to continue to refuse disclosure within ten (10) working days of the issue.

The Arc shall disclose a record to staff that carry out a purpose for which the record is kept and by anyone who provides or coordinates services in accordance with the person's Person-Centered Plan.

The Arc shall disclose someone's record that is sought by:

- A medical review committee
- An accreditation board or commission
- A licensing agency that is authorized by statute to review records
- A court order
- A representative or auditor of the Division of Reimbursement of the DHMH Client Rights Committee unless the individual objects.

The Arc shall keep a record of all disclosures made of a file by using a Release Form, which identifies:

- The content to be released
- The form in which the information is released, e.g., written, verbal, audio, video, electronic, etc.
- To whom the information is to be released
- For what purpose the information is to be released
- The name of the person about whom the information is to be released
- The date on which the release is signed
- The date on which the authorization expires
- The signature of the person who is legally authorized to sign the release

POLICY ON DECISION MAKING OF INFORMATION AND COMMUNICATION TECHNOLOGIES

The Arc Carroll County follows section 18-102 and 18-103 of the Health-General Article of the Maryland Annotated Code of Executive Order No. 20-04-01-01. This information can be found in the Director of Quality Assurance's office.

Staff providing direct services, oversight, monitoring, coordination, investigations, and other program actions who are not able to meet in-person with a participant should make every effort to use the following technology:

- Traditional telehealth technology which meeting all formal requirements in accordance with 10.09.49.
- If participants are unable to access originating sites possessing fully qualified technology, the emergency policy will permit the use of notebook computers and smartphones.
- If participants cannot access any video technology, audio-only telephone calls will be permitted.

Please note, the use of TikTok, Facebook, Twitch and similar video communication applications are prohibited.

Programs may use the phone or telehealth to engage in activities such as eligibility, case management, evaluations, initial and annual level of care determinations, staff meetings, and development and monitoring of person-centered plans. When determining if a service can be safely delivered by phone or telehealth, individuals should use their best judgement and make decisions that are in accordance with CDC, Department, and clinical guidance.

If Nursing or Behavior Services staff perform visits by phone or via telehealth instead of face-to-face, they should respond to all communication from participants and/or their representative and residential providers within 24 hours. The individuals providing direct services, oversight, monitoring, coordination, investigations, and other program actions must document all communication in the participant's record.

During the State of Emergency, Programs are not required to have Program participants and/or authorized representatives, provides, and DDA Staff physically sign documents in-person. Signatures can instead be collected electronically, via mail, PDF or photograph.

PROCEDURES FOR INFORMATION RECOVERY

Paper Files:

In the Residential program, two copies of the paper binders are available; one is located in the Program Coordinator's office and the other is located in the residence. In case of a disaster, copies of the existing book will be made as a method for recovering paper information.

Computer Data:

Data backups occur daily with multiple time points during the day for each server and the image-based data stored on them. Data within user email accounts is backed up by Microsoft cloud services and SharePoint files are protected as well. In the event of an attack or network issue, the server and user data can be restored from a local NAS on site 6 month back up as well as a cloud backup covering 1 year of previous data. These cloud-based backups are sent to data centers in the US for protection and storage. Backup data is stored in Encrypted forms and transported in encrypted packets to provide protection and meet the HIPAA compliance guidelines.

In the event of a file deletion, files can be pulled form a local source for up to 6 months of prior data, and remote for up to 1 year. In the event of a server failing, the image can be used to power a virtualized instance of the device to enable work to continue. Datacenter virtualization can be provided if on site servers and equipment experience a full failure due to power outage for prolonged time, fire, flood, or other natural disaster.

PROCEDURES FOR INCIDENT REPORTING

All employees of The Arc, interns, volunteers, consultants and contractors must adhere to these procedures and the Developmental Disabilities Administration's Policy on Reportable Incidents. The purpose of these procedures is to ensure compliance with the DDA's Policy that requires agencies to identify, report, investigate, review, correct, and monitor situations and events that threaten the health, safety or well-being of people receiving supports. A copy of the DDA's Policy on Reportable Incidents is located on The Arc's website for access by all employees, interns, volunteers, consultants, contractors, people receiving supports, and their parents or guardians or advocates. Paper copies are available upon request to the Director of Quality Assurance. Refer to the Policy on Reportable Incidents for an explanation and examples of incidents that are not reportable, internally investigated, and reportable.

General Incidents

The staff person who witnesses an accident, onset of illness or change in condition will complete an Incident/Error/Injury Report form. The report is to be made as soon as possible, but at a minimum, by the end of the workday, and will not exceed 24 hours from the time the incident occurred. The report will describe the injury or illness in detail, including date, time, location, persons involved, and action taken. The individual's Program Coordinator will be responsible for contact all necessary parties including families, caregivers, and Service Coordinators. This form should be submitted to the staff person's direct supervisor, who will review the report and then pass it along to the Director of Quality Assurance for processing.

Reportable Incidents

All reportable incidents shall be handled using the following procedures:

1. The Program Director, Program Coordinator, Director of Quality Assurance, Deputy Executive Director and Executive Director will be notified immediately upon discovery of the incident.
2. Appropriate and immediate action will be taken to assure the health, safety and wellbeing of everyone involved.
3. Staff witnessing or involved in the incident will complete an incident report within 24 hours and submit it to the Program Coordinator and/or Director of Quality Assurance.
4. Upon discovery, the incident will be reported to OHCQ, DDA, and MDLC (if appropriate) using the PCIS2 online reporting system. For those incidents outside of the scope of services for DDA or OHCQ, the Director of Quality Assurance will report them according to protocols set forth in the DDA Policy on Reportable Incidents and Investigations.

5. The Arc will provide any follow-up and any actions necessary to resolve the incident.
6. An internal investigation will be initiated immediately and involved people may be interviewed. The investigation will result in the completion of Appendix 7 (Agency Investigation Report) that includes the following:
 - A chronology of what occurred, including related history or background.
 - The level of supervision at the time.
 - Staff response.
 - A description of how the investigation was conducted.
 - The findings and conclusions of the investigation.
 - The status of the person.
 - What follow-up, corrective, preventive, and/or disciplinary action was taken.

This internal final report shall be completed within 10 days and will be completed using the online PCIS2 reporting system. Records for reportable incidents will be maintained for five years, with the exception of fatalities, which will be kept longer if necessary, for investigation by the Office of Health Care Quality.

Internally Investigated Incidents

Internal investigated incidents are those events or situations that shall be reported to designated authorities within the agency. For examples of internally investigated incidents refer to the DDA Policy on Reportable Incidents and Investigations.

All internally investigated incidents will be handled using the following procedures:

1. Appropriate and immediate action will be taken to ensure the health, safety, and well being of everyone involved.
2. Staff witnessing or involved in the incident will complete an Incident Report within 24 hours and submit it to the Program Coordinator and/or Director of Quality Assurance.
3. An internal investigation will be initiated immediately and involved people may be interviewed if necessary. The investigation will result in an Appendix 7 (Agency Investigation Report) being generated within 10 days and will be logged in the PCIS2 online reporting system. At a minimum the report should include:
 - A chronology of what occurred, including related history or background.
 - The level of supervision at the time.
 - Staff response.
 - A description of how the investigation was conducted.
 - The findings and conclusions of the investigation.
 - The status of the person.

4. In the event that three or more internally investigated incidents occur within a four week time frame for the same person, the most recent incident will then be treated as a reportable and that protocol will be followed accordingly.

A listing of Internally investigated incidents will be generated on the Appendix 5 form, and sent to DDA and OHCQ at the end of each quarter utilizing the DDA mandated PCIS2 online reporting system. The report is due within 15 working days of the end of each quarter (Oct. 15, Jan. 15, April 15, and July 15).

Records for internally investigated incidents will be maintained for a minimum of five years.

Distribution of Internal and Reportable Incident Reports

The Arc Carroll County does not distribute internal incident reports to any outside entity due to HIPAA regulations and confidentiality of individuals served and staff. When an incident occurs, the team will receive a call or email notifying them of the incident. Upon request of a team member, the team may meet and receive a summary of the incident. If an incident is deemed appropriate per PORII guidelines to be filed in PCIS, the teams Coordinator of Community Services is able to obtain a copy of the report to distribute to the team.

Review by the Quality Management Committee

The Quality Management Committee shall be comprised of at least one outside representative for each agency staff person on the committee. This committee will receive training for their duties utilizing the Standing Committee training developed by the Developmental Disabilities Administration.

The committee will be responsible for reviewing and approving each behavior support plan. In addition, the committee will review and approve any remuneration and will also be responsible for the review of all agency incidents involving the people receiving supports. It is the responsibility of the Quality Management Committee to assure that at all times the rights of people receiving supports are being protected. The committee will also assure that all policies and procedures set forth by the following agencies are instituted as written:

- DDA's Policy on Reportable Incidents and Investigations
- COMAR's Behavior Support Service Program Service Plan
- The Arc Carroll County's Procedure for Reportable Incidents

On an annual basis, the Quality Management Committee will review the services provided by any contracted service provider relevant to the functions being performed by the committee. It will be determined whether the services being provided are adequately meeting the needs of the agency and the people receiving supports.

All records relevant to internally investigated or reportable incidents shall be submitted to the Quality Management Committee prior to the quarterly meeting. The committee will review the results of investigations and minutes will be kept to document this review. The need for corrective action and plans for follow-up will also be documented.

Goal

To decrease the number of preventable incidents among people in The Arc's programs.

1. The Director of Quality Assurance obtains and reviews each incident report. She then compiles information that tracks the person(s) involved, time of day, and location of incident.
2. The Director of Quality Assurance will generate a Frequency Report when the following conditions apply:
 - An individual is involved in two reportable incidents over a 60-day period
 - An individual is involved in three incidents (any combinations of reportable or internally investigated) in a given reporting quarter.
 - A categorical trend is identified in a program area.
3. If these conditions have been met, the Director of Quality Assurance will provide a copy of the Frequency Report to the appropriate administrative staff. The Frequency Report will document incident information and encourage the staff person to increase awareness.
4. If incidents continue to occur after the frequency report has been generated, a meeting involving the Director of Employment Services, Program Coordinator, and the Deputy Executive Director will occur to determine a course of action.
5. The Quality Management Committee will review all Frequency Reports at the quarterly meetings and will determine a course of action.

The desired outcome is to increase awareness among staff working directly with individuals and have knowledge about possible trends or how incidents occur. This understanding will be used to change the environment that leads to preventable incidents.

**See Appendix 1 for variation in policy for the Commonwealth of Pennsylvania.*

POLICY FOR SEXUAL ABUSE AND MOLESTATION PREVENTION

The Arc Carroll County, Inc. does not permit or allow sexual abuse or molestation to occur in the workplace or at any activity sponsored by or related to it. In order to make this "ZERO-TOLERANCE" policy clear to all volunteers and staff members that we have adopted mandatory procedures that volunteers, family members, board members, individuals and victims must follow when they learn of or witness sexual abuse or molestation.

Sexual abuse takes the form of inappropriate sexual contact or interaction for the gratification of the actor who is functioning as a caregiver and is responsible for the client's care. Sexual abuse includes sexual assault, exploitation, molestation or injury. It does not

include sexual harassment, which is another form of behavior which is prohibited by The Arc Carroll County, Inc.

Reporting Procedure

All Staff Members/Volunteers who learn of OR suspect sexual abuse being committed must immediately report it to any 1 of the following 4 individuals:

- 1) Executive Director
- 2) Deputy Executive Director
- 3) Director of Human Resources
- 4) Director of Quality Assurance

The 4 separate individuals listed above are listed in no specific order. There are 4 individuals listed so that ANY allegation can be effectively reported no matter who the allegation is against.

The abuse will be reported by this designee to the local or state Adult Protective Services (APS) Agency and law enforcement. DDA, OHCQ, and other mandated authorities will also be notified via the PCIS2 reporting system. If a child is the victim, the designee will report it to the local or state Child Abuse Agency. Appropriate family members of the victim must be notified immediately of suspected child abuse.

Investigation & Follow Up

We take allegations of sexual abuse seriously. Once the allegation is reported to all proper authorities, we will promptly, thoroughly and impartially, and in conjunction with law enforcement initiate an investigation to determine whether there is a reasonable basis to believe that sexual abuse has been committed. Our investigation may be undertaken by either an internal team or we may hire an independent third party. We will cooperate fully with any investigation conducted by law enforcement or regulatory agencies and we may refer the complaint and the result of our investigation to those agencies. We reserve the right to place the subject of the investigation on an involuntary leave of absence or reassign that person to responsibilities that do not involve personal contact with individuals or students. To the fullest extent possible, but consistent with our legal obligation to report suspected abuse to appropriate authorities, we will endeavor to keep the identities of the alleged victims and investigation subject confidential.

If the investigation substantiates the allegation, our policy provides for disciplinary actions, including but not limited to termination of the actor's relationship with our organization. There are a number of "red flags" that suggest someone is being sexually abused. Such "red flags" take the form of physical or behavioral evidence.

Physical evidence of sexual abuse includes, but is not limited to:

- Sexually transmitted diseases;
- Difficulty walking or ambulating normally;
- Stained, bloody or torn undergarments;
- Genital pain or itching; and

- Physical injuries involving the external genitalia.

Behavioral signals suggestive of sexual abuse include, but are not limited to:

- Fear or reluctance about being left in the care of a particular person;
- Recoiling from being touched;
- Bundling oneself in excessive clothing, especially night clothes;
- Discomfort or apprehension when sex is referred to or discussed; and
- Nightmares or fear of night and/or darkness.

Retaliation Prohibited

We prohibit retaliation against anyone, including an employee, volunteer, board member, student or individual, who in good faith reports sexual abuse, alleges that it is being committed or participates in the investigation. Intentionally false or malicious accusations of sexual abuse are prohibited.

Anyone who improperly retaliates against someone who has made a good faith allegation of sexual abuse, or intentionally provides false information to that effect, will be subject to disciplinary action, up to and including termination.

POLICY FOR SURROGATE DECISION MAKING

The Arc Carroll County follows Section 5-605 of the Health General Article of the Annotated Code of Maryland governing surrogate decision making. Copies of the section are available in the Executive Director's office.

POLICIES AND PROCEDURES FOR INTAKE AND ORIENTATION

Intake

Individuals with intellectual and/or developmental disabilities may apply for entry into any of the available programs. The eligibility determination process will be applied uniformly to all applicants using specific admission criteria. No applicant shall be subjected to adverse discrimination on the basis of race, color, sex, age, national origin, marital status, physical or mental handicap, religion, veteran status or status as a Vietnam era veteran.

Eligibility Process and Determination

Each program area receives referrals from the Developmental Disabilities Administration and the Department of Rehabilitation Services. These agencies help to pre-screen each individual regarding program eligibility and funding. Referrals from other agencies or private sources are evaluated on a case by case basis. Once all necessary information is received by the applicant, evaluation will determine eligibility.

The evaluation process includes:

- A meeting with the prospective individual seeking services, Coordinator of Community Services family, and other stakeholders and an exchange of information
- The application is submitted from the interested person.
- A signed consent form is obtained in order to receive information on him or her.
- Intake information is gathered including the waiver and matrix.
- The Deputy Executive Director and specific program personnel evaluate the person's needs against the services available.
- The Coordinator of Community Services is notified of the decision.
- The Coordinator of Community Services notifies the interested person of The Arc's decision. The Coordinator of Community Services will provide recommendations for alternative services.

Once The Arc receives an application, it will determine whether the persons' needs can be met in the program(s) of interest. The Deputy Executive Director, Director - Services Planning & Community Partnerships, and/or Program Coordinator are responsible for ensuring that funding is appropriate and will allow The Arc to meet all needs.

If The Arc is not able to meet the needs of the interested person, or if funding is deemed inadequate, The Arc will notify the individual seeking services, their family members, and Coordinator of Community Services.

The Deputy Executive Director will maintain information on people declared ineligible. The information kept will include the reason for ineligibility and recommendations made for alternative services. This information will be reviewed on an annual basis to identify the frequency of potential ineligibility and whether there are any trends or patterns that indicate a need to either change the admission criteria or adjust the services offered.

The Arc does not maintain a waitlist.

Orientation

It is The Arc's policy to provide comprehensive orientation to all new people receiving supports and their families or caregivers in order to maximize their adjustment and success.

The Compliance Manager and Program Coordinator will provide an orientation to each new person. It will cover the following topics if they are appropriate for the program area in which he or she is entering:

Before start date -

- Introduction to Program Manager
- An explanation of aspects of the daily routine
- Orientation to the Safety Program
- Yearly calendar of closing procedures
- Review of Handbook

- Completion of Person-Centered Training/Star Chart
- Review and signing of agency documents
- Develop outcomes and goals
- Discuss individualized schedule and services

On the start date -

- Introduction to staff, co-workers, or roommates

When people move to different programs, the Program Coordinator or designated staff person will provide additional orientation to ensure familiarity with the new program.

PROCEDURE FOR ASSISTING INDIVIDUALS IN UNDERSTANDING BENEFITS

Benefits management will be reviewed during orientation for new intakes and as part of the annual Person-Centered Plan process. The Program Coordinator or the Director of Educational Partnership will work in conjunction with the person's Coordinator of Community Services to determine the type and amount of benefits through discussion with them or their representative payee. During the Person-Centered Plan meeting, the Program Coordinator will present the team with an explanation of The Arc's procedure to assist in the reporting of income to the Social Security Administration. People can choose to have The Arc report their income or they can elect to do it on their own. The Program Coordinator will discuss the possible impact that earnings will have on benefits and assist the person in determining how they want to manage their hours and type of work. The Program Coordinator will offer to meet with the person, his/her representative payee and the local Social Security Administration official. If desired, the Program Coordinator will work with him/her and the local Social Security Administration representative to develop plans to document Impairment-Related Work Expenses or Plans for Achieving Self Support.

POLICIES AND PROCEDURES

CLIENT FUNDS MAINTAINED BY THE ARC:

A. The Arc as Representative Payee:

POLICY:

The Arc is representative payee for individuals receiving supports in its Residential, Personal Supports and Shared Living programs. The policies and procedures are applied consistently to all individual funds regardless of the program involved.

Individuals' funds are maintained separately from those of other individuals and The Arc. Adequate care shall be taken to ensure that funds are spent appropriately for the needs and preferences of the individual. Records of funds received and spent, along with supporting documents, are kept for each individual.

PROCEDURE:

The Consumer Resource Administrator is in charge of all accounts for which The Arc is Rep Payee.

Cash receipts are deposited either by direct deposit or by hand directly into the individual's bank account. Any interest earned on an interest-bearing account accrues to the individual and is deposited directly to the bank account by the paying bank.

The Executive Coordinator stamps all individual bank statements and invoices from third parties with the date received and forwards them unopened to the Finance Associate.

The Finance Associate, as evidenced by his initials on said document, reviews all statements and invoices for reasonableness, timeliness and accuracy. Reviewed documents are forwarded to the Consumer Resource Administrator for recordation and payment.

Per DDA and Medicaid eligibility regulations, individuals receiving Residential and Shared Living services may be required to pay for a portion of their services. The amount of this contribution to care is dependent upon each individual's income and is determined by Medicaid and DDA formulas. Regulations dictate the conditions under which the amount must be re-determined.

For individuals living in Arc-owned homes, the Finance Associate bills the individual directly on a monthly basis for his contribution to care. For Shared Living providers, the requirement to bill the individual for his contribution to care has been waived. The amount, as determined by applicable formulas, is paid by the Consumer Resource Administrator on behalf of the individual to the Shared Living provider within five business days after the individual's SSI or SSDI income has been deposited into the individual's bank account.

In general, approved employees or Shared Living providers receive an advance of money to be spent on behalf of the individual. All day to day expenses are recorded by the employee/provider on an individual expenditure log and the receipts are attached to the log. This back up is due in the Consumer Resource Administrator's office the week prior to the 15th of the month. Once the backup is reviewed and approved, a new advance is issued to the approved employee/provider. The advance is issued on the 15th of the month. If the 15th falls on a weekend or other date The Arc is closed, the check will be available the first day after The Arc re-opens. No additional checks will be written unless prior receipts are turned in.

For non-ordinary expenses, approved employees/providers complete a voucher to request money. The voucher indicates the item being purchased, its need and benefit to the individual and the cost of the item. The request should be forwarded to the Deputy Executive Director for approval before the Consumer Resource Administrator issues a check. The deadline for making the request is the week prior to the 15th of the month. The advance is issued on the 15th of the month. If the 15th falls on a weekend or other date The Arc is closed, the check will be available the first day after The Arc re-opens. Once the purchase has been made, the receipt(s) and any change must be turned in to the Consumer

Resource Administrator. An administrative staff member will verify the individual has received the item(s) purchased on his behalf. This staff person may be the Consumer Resource Administrator, a Program Assistant, Program Coordinator, the Deputy Executive Director or another individual designated by the Deputy Executive Director.

The Consumer Resource Administrator maintains a separate log for each individual that records the receipts and expenditures of funds. This log includes dates, amounts and sufficient description to identify the source or use of the funds. Supporting documentation, including invoices and receipts, is kept on file.

The designee performs periodic reviews of the records of all accounts for which The Arc is Rep Payee.

Adequate care shall be taken to ensure that funds are spent appropriately for the needs and preferences of the individual. This is discussed with the individual, his support staff or Shared Living provider, and the Deputy Executive Director, as needed.

Individuals have the expectation and right to timely access to their funds. This may be subject to natural limitations, including Arc closures for weekends and holidays, as well as the absence of the Consumer Resource Administrator. In the event of an extended absence, the Deputy Executive Director and the Director of Finance have the authority to authorize and make disbursements.

Upon request, a statement of individual fund activity is given to the individual or his legal guardian. The statement should be explained to the individual and, if possible, the individual should sign the statement. A copy of the statement should be maintained in the individual's file.

If an individual discontinues services with The Arc, all funds owned by the individual will be transferred to the elected successor Rep Payee. Reasonable time must be allotted for the selection of said person/Agency, as well as for the legal establishment of said replacement to assume the required duties. During this time The Arc will continue to fulfill the existing obligations. At no point will the individual be without access to his funds.

B. Management of Individual Funds of Residents of Arc-Owned Homes

POLICY:

The Arc will ensure that individual funds are segregated, secure and accessible to their owner.

PROCEDURE:

For security purposes, minimal balances will be kept in Arc-Owned Residences. Families and guardians should forward spending money to The Arc headquarters for safekeeping. For the individuals for whom The Arc is Representative Payee, the Consumer Resource Administrator will hold the cash in a fireproof safe in her office. When the individual needs funds for an

outing, the staff and the individual contact the Administrator to pick up cash. The staff will sign for the cash. Staff is responsible for recording expenditures and returning receipts and change to the Administrator within five days of the activity. If the staff fails to do so, the Administrator will inform the Deputy Executive Director.

For the individuals for whom The Arc is NOT Representative Payee, the Finance office will hold the cash in a fireproof safe. When the individual needs funds for an outing, the staff and the individual contact the Finance office to pick up cash. The staff will sign for the cash. Staff is responsible for recording expenditures and returning receipts and change to the Finance office within five days of the activity. If the staff fails to do so, the Administrator will inform the Deputy Executive Director.

For individuals that manage their own money, as evidenced in their Person-Centered Plan, funds will be kept in a locked file cabinet in the residents' living area or in their bedroom. Individuals who elect to keep their own money in their room will be offered the opportunity to purchase a lock box or locking file cabinet to be kept in their room for their exclusive use. The Arc will purchase the box or cabinet, if needed. The individual, if able, will keep one key and the Residential Advisor will maintain a duplicate in a secure location.

All money will be strictly accounted for using the attached form. Receipts will be kept for each purchase made. The only exception to this will be for those individuals who are able to, and desire to, manage their own spending money independently, as evidenced in the individual's Person-Centered Plan.

At times, if fund for activities have been obtained from the Consumer Resources Administrator or the Finance office, small amounts of cash will be on hand in Arc-owned homes. Therefore, at every change in shift, each staff member must count the funds held in the residence for the individuals and The Arc and sign the logs attesting to the balances on hand. The Residential Advisor is responsible for ensuring that the forms are filled out accurately by all involved house staff. The Program Coordinator, Program Assistant, or other designated staff will review the accuracy of the records during regularly scheduled house visits.

C. Management of Arc Funds for Use at Arc-Owned Residences

POLICY:

In order to ensure that funds are available to purchase food, household supplies and miscellaneous expenses for residents, The Arc will issue a Company credit card in the name of the Residential Advisor of each home.

PROCEDURE:

The credit card will be kept in a locked file cabinet in the residents' living area. The Residential Advisor will maintain the key in a secure location.

The credit card is to be used for purchasing groceries, paper products and household/cleaning supplies only. Care should be taken to ensure that funds are spent

appropriately for the needs and preferences of the individual. This is discussed with the individual, his support staff and the Deputy Executive Director, as needed. The use of the Company credit card for personal purchases is strictly prohibited.

The monthly card limit is based on the number of residents in the home. The amount is \$50 per week per qualifying resident for food, plus an allotment for miscellaneous house purchases. In a three-person residence, this equals \$700/mo. The RA has flexibility in selecting the store, enabling the RA to take advantage of sales at different locations. As purchases are made, they are recorded on the log, to include the date, location and amount of purchase. The receipts are stapled to the log. The RA must turn in receipts to the Finance office by 10:00 am on the Wednesday of payables week (the week alternating with payroll). The Finance office forwards all paperwork to the Deputy Executive Director for review and approval. The funds will be replenished for the amount of approved receipts, up to the house limit.

For the purchase of non-ordinary household supplies over \$20, the RA should request a temporary credit card increase from the Deputy Executive Director. This will ensure a sufficient limit remains on hand for daily expenses. The Deputy Executive Director may make alternate arrangements to purchase the non-ordinary item.

If the employee takes an individual on an approved outing, the employee will be reimbursed for his cost of the outing, subject to the limits in the Policy on Expense Reimbursements. The individual is responsible for paying his own costs.

When an RA leaves The Arc, all outstanding receipts for groceries, etc. as well as the company credit card must be returned to the Program Coordinator, Director of Human Resources, Deputy Executive Director or Finance department. If the RA fails to do so, a deduction will be made on the RA's final paycheck to reimburse The Arc for the amount of the undocumented charges, up to the house limit.

The Residential Advisor is responsible for ensuring that the forms are filled out accurately by all involved house staff. The Program Coordinator will review the accuracy of the records during regularly scheduled house visits.

D. Management of Individual Funds Kept in the Finance Office

POLICY:

The Arc will ensure that individual funds are segregated, secure and accessible to their owner.

PROCEDURE:

In some cases, an individual's guardian may send funds to The Arc for an individual to be used for occasional personal needs. Examples include funds for Friday lunches or groceries for individuals supported by the Personal Supports program. This is done for the mutual convenience of all parties, to ensure that the individual can participate in activities or has immediate access to food.

When cash is brought directly to the Finance office, it is counted by finance staff and a receipt is issued to the person that brought in the cash. This cash, along with reconciliation, are forwarded to the Executive Coordinator, to be logged in along with other receipts received via mail. Some individual funds are secured in the Finance office in a locked, fireproof safe. Each individual's funds and records are kept segregated from others'. A log is maintained to record the receipt and disbursement of funds, to include the date, amount and source/reason for the deposit/expenditure. The person receiving the funds must sign for them. Amounts on hand are counted by Finance staff weekly, and the balance on the log is initialed.

In most cases, to eliminate having large amounts of cash in the building, individual funds are deposited into The Arc's checking account. At all times, a separate log is maintained by individual showing the receipt and use of funds. At their discretion, Finance department staff may release funds to approved staff for reasonable requests. In the event of a question or concern, the request may be routed to the applicable Program Coordinator or the Deputy Executive Director for approval.

A running balance for each individual is maintained and the amount is reconciled periodically by a member of the Finance department. All funds are subject to periodic examination by an independent third-party. A representative sample is tested as part of The Arc's annual audit.

When additional funds are needed from the individual's guardian, a copy of the expense log and receipts for purchases are forwarded to the guardian. In the case of recurring, reasonable expenses, and to ensure uninterrupted services to the individual, The Arc generally does not wait for reimbursement by the guardian before releasing additional funds. However, at the guardian's written request, or if the funds are not replenished in a timely fashion, the release of funds may be suspended until The Arc has been reimbursed for prior expenses and there is an adequate cash on hand to cover future expenses.

In the event of repeated suspension of the release of funds due to failure by the guardian to provide cash to cover reasonable expenses, The Arc may withdraw this service. This decision rests with the Deputy Executive Director and will be made after careful consideration of the facts.

E. Mismanagement of Funds

POLICY:

The Arc will ensure that the highest degree of integrity is maintained when dealing with individual and Arc funds. Any instance of alleged mismanagement of funds will be promptly investigated by the Deputy Executive Director and Human Resources.

PROCEDURE:

All employees are charged with responsibly handling individual and Arc funds. Any suspicion or evidence of mismanagement should be reported to the Deputy Executive Director.

Mismanagement of funds includes, but is not limited to: using company or individual's money for personal purchases or gain, failure to turn in proper documentation of purchases made on a Company credit card, or with Arc funds or with individual's funds, failure to return the change from a cash advance made for a purchase.

The Deputy Executive Director will gather information needed in order to form an opinion as to whether mismanagement has occurred. This will include all documentation, interviews with the charged staff, as and perhaps with any possible witnesses. Persons making credible claims against another employee of mismanagement of funds are protected from retaliation by our Whistleblower Policy.

If the allegations are substantiated, action against the employee will be taken. Possible outcomes include: the requirement to repay any missing funds, authorized via a payroll deduction; retraining on proper procedures; verbal or written warning to the employee; suspension; termination. The Arc also follows all State reporting requirements, which include notification some or all of the following: of police(if over \$50), DDA, OHCQ, Service Coordination, Office of Waiver Quality Oversight, Medicaid Fraud Unit, Office of the Inspector General (OIG), as well as the family or legal guardian of the individual. The employee may be placed on the OIG's List of Excludable Individuals/Entities (LEIE), which will prevent him from working in the health/human services field.

OIG is required by law to exclude from participation in all Federal health care programs individuals and entities convicted of the following types of criminal offenses: Medicare or Medicaid fraud, as well as any other offenses related to the delivery of items or services under Medicare, Medicaid, SCHIP, or other State health care programs; patient abuse or neglect; felony convictions for other health care-related fraud, theft, or other financial misconduct; and felony convictions relating to unlawful manufacture, distribution, prescription, or dispensing of controlled substances. <https://oig.hhs.gov/exclusions/background.asp>

POLICIES AND PROCEDURES FOR NON-FUNDED INDIVIDUALS

There are instances in which a person receiving supports exits a funded program and no other funded program is available or appropriate. An option that may be available is to change the person's status from funded to non-funded. This status is designated for those people who are able to work fairly independently but have minimal need for case management or coordination of medical, training, behavioral support, and other services. The Arc is not obligated to provide these services to people who are not funded by a public agency. However, The Arc may be able to provide one-time only services as resources permit. If a shortage of work occurs, a layoff of people who do not have funding may result. Anyone who is separated from employment or participation in training programs, for any reason, may submit a request to the Deputy Executive Director for consideration of re-entry into the work program.

If funding becomes available, the person's file will be re-activated.

POLICIES AND PROCEDURES FOR PRIVATE PAY SERVICES

The Arc may provide services to individuals who do not receive funding from government programs. The rates charged will depend on the type of service provided: day program services, employment supports, respite care, etc., as well as the individual's ability to pay. Rates reflect opportunities to join in community outings. Calculations are held in the Director of Finance's office. **FY2021 rates** are determined as follows:

Day Program and Employment Supports Services -

1. Base Costs:

- For individuals served in a group setting, the rate is derived from the DDA rate table for 5:5 matrix for the current year: \$159/day. The individual can expect two outings/week (below).
 - If 1:1 support is needed, the rate is based on actual costs, reviewed in conjunction with year-end auditing testing: \$210/day. The individual can expect daily outings (below).
 - If a different ratio of support is needed, the rate will be adjusted to reflect the new ratio and the number of outings/week.
2. If transportation is needed to/from The Arc, the individual will be charged an additional fee, based on the service used.
- Rates charged by Ride With Us as of 06/30/20 are:
 - Zone 1 - within five miles, \$4/trip
 - Zone 2 - between five and 10 miles, \$6/trip
 - Zone 3 - between 10-15 miles, \$7/trip
 - Zone 4 - between 15-20 miles, \$8/trip
 - Zone 5 - between 20-25 miles, \$9/trip
 - A monthly administrative fee of \$20 is also assessed.
 - Rates charged by The Arc are based on actual costs, reviewed in conjunction with year-end auditing testing: \$28/day.
3. The transportation rate for community outings is \$0.57/mile. The individual also pays his/her cost of each activity.

Respite Care -

1. For services provided at an approved Arc-owned home:
- If the individual does not require staffing beyond that already provided to the house, the rate charged is \$17/hour, not to exceed 16 hours/day.
 - If the individual requires 1:1 or awake overnight support, the rate is based on actual costs, reviewed in conjunction with year-end auditing testing: \$22/hr.
2. For services provided in the individual's home, the rate charged is based on actual costs, reviewed in conjunction with year-end auditing testing: \$20/hr.
3. For community-based services:
- The base rate charged is based on actual costs, reviewed in conjunction with year-end auditing testing: \$20/hr.
 - the transportation rate for community outings is \$21.72/day.
 - The individual also pays his/her cost of each activity.
 - The individual also pays the staff's cost of each activity.

All rates may be lowered, with approval from the Deputy Executive Director, based on the individual's ability to pay.

POLICY AND PROCEDURES FOR PERSON-CENTERED PLANS

Each funded person supported by the agency shall have a single Coordinator of Community Services (CCS) who will assist in the development and implementation of the Person-Centered Plan, along with the team.

Each person will have an annual meeting to evaluate progress and determine the effectiveness of the supports provided. This meeting will occur within 60 days prior to the implementation date. All Person-Centered Plans will be developed and sent to DDA for approval at least thirty (30) calendar days before the implementation date or within thirty (30) days of initial admission. This will be one holistic plan containing information from all DDA programs or agencies supporting the person.

Person-Centered Plan Development

(Some steps may differ, depending upon involvement with CSS, type of funding, and other agency involvement.)

The appropriate Coordinator or Coordinator of Community Services will:

- Identify the person's team. The participants team is comprised of representatives of the person's served choosing. Representatives could include family members, spouse, significant other, Program Coordinators, CCS, support staff, other advocates and/or medical professionals.
- The CCS will start to gather information at least 90 days prior to the implementation date. The implementation date does not change. This date represents the day the individual's Person-Centered Plan takes effect. The CCS will be in contact with the person served, Program Coordinator, family member(s), and any other member of the team to gather information and schedule the individual's Person-Centered Plan Meeting. This meeting is to be held at least 40 days prior to the implementation date. This meeting date and location of the meeting is determined by the participant.
- Each person served will meet with their Program Coordinator and Direct Support Staff 90 days prior to the implementation date to start updating their One-Page Profile and Life Trajectory Worksheet. The Profile and Worksheet defines each individual's vision for a good life. Based on the information gathered from the individual, the Program Coordinator will share this information with the team and as a team figure out how the individual can work towards their vision of a good life. This is when outcomes and goals are developed.
- Formulate the list of trainings that meet the participant's needs and the staff ratio required to work with the person. If trainings and ratios are already in the individual's plan, the CCS will review this with the team for accuracy.

- The participant will meet with his/her Program Coordinator to review the Fundamental Rights packet. The participant will determine who they authorize The Arc to release, obtain and exchange information with. This is documented on the Authorization to Release Information. The participant will also complete the media release form based on their preference.
- Develop or update Social Summary and Facesheet (Completed prior to or during meeting on recommendations of team)

The person receiving supports will chair the meeting unless regulations specify that another representative is more appropriate.

During the annual Person-Centered Plan Meeting the team will:

- Assist the participant in facilitating their meeting.
- Ensure that the meeting is conducted in a manner that is understandable to all, especially the person receiving supports.
- The participant will discuss how the previous year went and celebrate with his/her team all the accomplishments that occurred.
- Review and discuss interests, preferences, strengths, and needs.
- Discuss services available at The Arc and whether they are appropriate for addressing the person's needs. The team's opinion of the appropriateness of the available services will be documented on the Face Sheet and in their Person-Centered Plan. If the team should decide that the program in which the person is currently participating is not meeting his or her needs, discussion of alternative program/services will be addressed and placement will be arranged, depending on availability of said service.
- The Person-Centered Plan and/or meeting minutes will provide justification of the person's interests and preferences that are not addressed and for any decision made by the team over his or her objections.
- The outcome(s) and goals that were created throughout the gathering of information will be finalized. The goals will reflect measurable steps leading to the outcome, and anticipated dates. Specify persons responsible for implementing each aspect of the Person-Centered Plan.
- Identify service needs and person responsible for providing or securing services.
- The Person-Centered Plan shall document needs regardless of the availability of the services. The Program Coordinator will forward a list of services identified as needed but unavailable to the Deputy Executive Director who will take them into consideration in planning.

- Agree to share all information and recommendations in accordance with confidentiality so that a unified and integrated plan is developed.
- Sign the Team Sign-In sheet and initial to indicate agreement with the Person-Centered Plan.

After the meeting, the Program Coordinator will develop:

- Methodologies for each outcome and corresponding goals, a description of data collection, type of data, intervals in which data will be collected, and persons responsible for data collection.
- Each Person-Centered Plan shall be reviewed and approved by the Participant, Program Coordinator, Director of Employment and Education Initiatives (for employment services), Director of Quality Assurance, Deputy Executive Director and Executive Director.
- The Program Coordinator will forward his or her part of the Person-Centered Plan to their CCS for inclusion into a single integrated plan within five (5) days after the meeting date so that the holistic plan can be reviewed by the team and submitted to DDA twenty (20) days before the implementation date for approval.
- Copies of the completed, single Person-Centered Plan will be distributed to all team members who are listed on the Sign-in Sheet by the CCS.
- The Program Coordinator will review the Person-Centered Plan with direct support staff, explaining their involvement and responsibilities. Involved staff will sign indicating that they have read the plan and acknowledge their responsibility regarding implementation.

Person-Centered Plan Implementation

Once the Person-Centered Plan has been approved by DDA by the implementation date, all necessary training will be performed, services obtained, and data will be collected at the scheduled intervals.

The Program Coordinator will complete reports on a semiannual basis that review the Person-Centered Plan and summarize the individual's progress towards his or her outcomes. The input for will be gathered from progress notes, the individual, and direct care staff. If there has been a lack of progress, the Program Coordinator will consult with individual and their direct support staff regarding possible modifications of the methodologies or the need to reconvene the team to review the Person-Centered Plan. Copies of the reports will be distributed to all team members.

If there is a significant change in the person's level of functioning, behavior, or life circumstances, or if there are any issues with obtaining goals or outcomes, an interim team

meeting may be called to determine any course of action that may be required to assist the person in fulfilling his or her outcomes.

The team shall respect the person's right to request a change in the Person-Centered Plan at any time.

The Program Coordinator will:

- Assume responsibility for the person receiving supports during the implementation of the Person-Centered Plan.
- Ensure that he or she is adequately oriented to his or her program.
- Ensure that the Person-Centered Plan proceeds in an orderly, purposeful and goal-directed manner.
- Cultivate the person's participation in the program.
- Ensure that the person or the proponent is involved on an ongoing basis in discussions of plans, goals, status, etc.
- Consistently participate in team conferences concerning people receiving supports.

The Program Coordinator will meet with direct support staff and person served, as needed, to discuss progress and encourage recommendations and suggestions.

PROCEDURES FOR RECORDS OF PEOPLE RECEIVING SUPPORTS

All records, including paper or computer, will be organized in a systematic fashion using a filing system. The Arc uses a cloud-based system supported by a third party, Kite Technology. Services are backed up hourly and stored in the cloud.

Records will be kept in file cabinets located in the Program Coordinator's office. The file cabinets will be kept locked and the Coordinator's offices will be kept locked when not in use. Secondary or direct support staff's records will be forwarded to the Program Coordinator for inclusion in the main record.

Access to records is limited to the person receiving supports, Executive Director, Deputy Executive Director, Executive Coordinator, Director of Human Resources, Director - Services Planning & Community Partnerships, Director of Quality Assurance, the appropriate Program Coordinator(s), Program Assistants, Director of Finance, appropriate direct support staff, State licensing and funding personnel, Service Coordinators, CARF representatives, and/or any other approved sources noted on the General Consent Form. Any other release of records follows the procedures set forth in the Policy for the Release of Information.

Each department will maintain records according to the universal table of contents. The information included may vary depending upon involvement with Service Coordination, and/or other service providers.

In files, a year worth of documentation must be maintained. Historical data is archived in one of The Arc's designated storage rooms that is locked. Documents are kept for 7 years before they are shredded.

Assessment of Adherence to Record keeping Requirements

On a regular basis, the Director of Quality Assurance will review a representative sample of records to measure their adequacy and fulfillment of record keeping procedures. Upon inspection, the Director of Quality Assurance will complete a checklist with the status of the file. If required items are not in the file or documented why they are unavailable, notification will be given to Program Coordinators to update the file. If a second file check is required and further action is needed, the results of the review will be forwarded to the Day & Employment Program Manager or the Deputy Executive Director, depending on the program.

Assessment of Program Quality

An assessment of program quality will be conducted at the same time as the assessment of adherence to record keeping requirements. The review will determine if:

- Assessments, including the One-Page Profile, were thorough, complete and timely.
- Goals and Outcomes were based on the assessments.
- Services provided were related to goals and preferences which are reflected in the persons served monthly calendar.
- Services produced the desired results.
- People receiving supports have been actively involved in planning and making informed choices.

The results of the review will be a list of areas needing improvement and actions taken and be integrated into Person-Centered planning and program management activities.

Results will also be used by the administration along with results of individual satisfaction surveys in program evaluation and organizational planning activities. The results of this process will be reviewed at least annually by the administration.

PROCEDURES FOR REFERRAL, EXIT/DISCHARGE AND FOLLOW-UP

Referral

When needed services are not available through The Arc, referrals will be made as part of the individualized planning process and on an as-needed basis. The team will schedule the services so that they are coordinated with the services provided by The Arc.

The referrals will be documented on a Progress Note or the Person-Centered Plan and include any necessary information including, the place, date, reason for the referral, the name of the contact person and a report of the outcome.

Information released to other individuals or agencies shall conform to The Arc's Policy and Procedure for the Release of Information.

Exit/Discharge

The person receiving supports, his or her team, and the referring source will make all attempts to give sufficient notice of the exit or discharge decision.

When people exit, or are discharged from the program, an Exit Summary Report will be completed. The team will decide on the need for an exit meeting. Upon consent from the person exiting services or his/her guardian, information will be released to the designated individuals or agencies. Any released information will be noted on the Individual Discharge Report.

The report will be written, which may include:

- Current program agency placement
- Current program area
- Anticipated agency placement and program area
- Reason for the exit/discharge
- Referrals and recommendations needed to maintain or improve functioning and increase independence.

The Arc will make every effort to make the transition to a new program successful. The Arc requires a release in order to give the new program confidential information. Once received, The Arc will be cooperative and share relevant information.

Before The Arc terminates supports for any individual, the Executive Director will contact DDA and have the termination approved. Once approved, The Arc will provide at least 90 days written notice to the individual. If a new provider is not found within the 90 day period, The Arc will continue to provide support until a new provider is found.

**See Appendix 1 for variation in policy for the Commonwealth of Pennsylvania.*

Follow-up

Arrangements for any follow-up will be made during the Exit/Discharge Planning Meeting or upon completion of the Exit Summary Report. From information obtained during follow-up, staff will work in cooperation with individuals/agencies now involved with the person to ascertain if further services are needed.

POLICIES AND PROCEDURES FOR BEHAVIOR SUPPORT

Rationale

The Arc Carroll County is able to support people who exhibit challenging behaviors and require a variety of supports to achieve success in exercising responsible choice. Behavior support services are designed to assist these people in acquiring skills, gaining social acceptance, and becoming full participants in the community.

Scope

When the Arc provides services to an individual whose record indicates a need for a behavior support plan, The Arc will meet the requirements. When contracting for behavior support services, The Arc will ensure that its contractor meets the requirements and is knowledgeable about DDA's service delivery system. Please see COMAR 10.22.10 for regulations regarding behavioral support services.

Behavior support services include:

- Behavioral consultation
- Temporary augmentation of staff
- Behavioral training
- Behavioral respite services

Staffing and Training The Arc will ensure that staff who provide behavior support services, before being assigned independent duties, receive training in Mandt and appropriate methods of preventing or managing challenging behaviors.

Behavior Support Plan (BP)

The Arc will ensure that a BP is developed for each individual for whom it is required. In addition, The Arc shall ensure the BP:

- Is developed, in conjunction with the individual and his/her team, by a licensed psychologist, psychology associate under the supervision of a licensed psychologist,

licensed physician, or licensed and certified professional counselor, who shall have training and experience in applied behavior analysis.

- Is based on and includes a functional analysis or assessment of each challenging behavior as identified in the Person-Centered Plan
- Specifies the behavioral objectives for the individual, and includes a description of the hypothesized function of current behaviors including frequency and severity and the criteria for determining achievement of the objectives established
- Considers the medical condition of the person
- Describes the treatment techniques and when they are to be used
- Specifies the emergency procedures to be implemented for the individual with a history of exhibiting behaviors that present a danger to self or serious bodily harm to others
- Includes a description of the adaptive skills to be learned by the individual that serve as functional alternatives to the challenging behavior or behaviors to be decreased
- Identifies the person(s) responsible for monitoring the BP
- Specifies the data to be collected to assess progress towards meeting the BP's objectives
- Describes and documents each use of mechanical and physical restraint, the reason for its use, and the length of time used

Before implementation, The Arc will ensure that each BP that includes the use of restrictive techniques is approved by the Quality Management Committee and includes written informed consent of the person, his or her legal guardian, or surrogate decision maker.

Before The Arc discontinues a behavior plan, the team and/or an individual appropriately licensed under the Health Occupations Article with training and experience in applied behavior analysis shall recommend that the person no longer needs it.

Use of Restrictive Techniques

Currently, The Arc Carroll County is restraint-free. However, if the circumstances arise that require the use of a restrictive technique, the following procedures will be followed.

The Arc will ensure that the use of restrictive techniques in any BP includes the least restrictive yet effective alternative, or the lowest effective dose of a medication and is only implemented after other methods have been systematically tried and objectively determined to be ineffective.

The Arc will collect and present objective data to the authorizing licensed health care practitioner to indicate whether the restrictive technique being used is effective in reducing the person's challenging behavior.

The Arc will convene the team within 5 calendar days after an emergency use of a restrictive technique to review the situation and action taken. It shall determine

subsequent action, include whether the development or modification of a BP is necessary, and document that the requirements of this regulation have been met.

The Arc will ensure that staff do not use:

- Any method or technique prohibited by law, including aversive techniques
- Any method or technique which deprives an individual of any basic right specified in Maryland state COMAR regulations
- Seclusion
- A room from which egress is prevented
- A program that results in a nutritionally inadequate diet.

Staff may not use a restrictive technique as a substitute for a treatment plan, as punishment, or for his or her convenience.

**See Appendix 1 for variation in policy for the Commonwealth of Pennsylvania.*

Use of Medications for Challenging Behaviors

Currently, The Arc Carroll County does not use medications for challenging behaviors. However, if the circumstances arise that require the use of medication, the following procedures will be followed.

The Arc will ensure that a BP that includes the use of medication includes:

- The specific medications that have been prescribed
- The rationale for prescribing each medication
- Any alternate methods of management being used to bring challenging behavior under control
- Objective data collected by staff and presented to the licensed health care practitioner to indicate that the medication being used is effective in reducing the individual's challenging behavior

The Arc will ensure that the licensed health care practitioner documents that any potential side effect from the medication outweighs the behavior that will occur without use and attempts are being made to gradually decrease the dosage or discontinue the medication when clinically indicated.

A licensed health care practitioner shall review any behavior modifying medications at a minimum of every 90 days. (PRN orders for medications to modify behavior are prohibited.) Medications to modify behavior may not be used in quantities that interfere with someone's ability to participate in daily living activities.

Use of Physical Support

Physical Support may only be used when the person's behavior presents an immediate danger to self or others. The Arc will ensure that only staff that have been trained in Mandt may use a physical support and may only do so as specified in the curriculum. In addition, the licensee shall document in the person's record each use of a physical support, including the reason for its use.

Use of Mechanical Restraint and Support

Mechanical Restraint and Support are not a part of the Mandt curriculum. However, the following procedures are to be followed in the event a mechanical restraint or support is required.

A mechanical restraint may only be used:

- To prevent an individual from engaging in self-injurious behaviors such as head banging, teeth gnashing, and similar behavior
- To prevent serious bodily harm to others
- As required by an individual's treating licensed health care practitioner to allow an individual to recuperate from surgery or injury.

The Arc will ensure that a mechanical restraint is designed and used in a humane, safe, and effective manner and without intent to harm or create undue discomfort. If mechanical restraints are being used, The Arc will meet the requirements as stated previously and obtain written authorization from a licensed health care practitioner trained in applied behavior analysis for the use of the mechanical restraint, including the duration of its use and the circumstances under which the restraint is authorized. The Arc will document in the person's record each use of mechanical restraint, including the reason for its use, and require staff to check on the individual every 15 minutes.

When a mechanical restraint is being used The Arc will afford the person the opportunity:

- To be escorted to the bathroom and offered fluids at least every 2 hours
- For motion and exercise for a period of not less than 10 minutes during each 2 hours in which the restraint is used
- To be provided meals at regularly scheduled hours.

A licensed health care practitioner who authorized the use of the mechanical restraint shall review the authorization at a minimum of every 90 days and document its effectiveness and whether continuation is indicated.

If a mechanical support is being used for medical purposes, The Arc will obtain written authorization from the individual's treating licensed health care practitioner and document in his or her record the reason and guidelines for the use of the restraint, including the time frame the mechanical restraint is to be used.

A mechanical support may only be used if authorized by a licensed health care practitioner. In addition, The Arc will ensure that a mechanical support is designed and used in a humane, safe, and effective manner and without intent to harm or create undue discomfort. The Arc will document in the individual's record the reason for use of the mechanical support, when it is to be used, and the directions for its use. The licensed health care practitioner who authorized the use of the mechanical support shall document its effectiveness and whether continuation is indicated, at least, on an annual basis.

Use of Chemical Restraint and Supports

Currently, The Arc Carroll County does not use Chemical Restraint and Supports. However, if the circumstances arise that require the use of chemical restraint and supports, the following procedures will be followed. Chemical restraint may only be used when the individual's behavior presents a danger to self or serious bodily harm to others. The Arc may only use a chemical restraint in a behavioral emergency when ordered by a licensed health care practitioner and administered and monitored by a licensed health care practitioner. A certified medication technician (CMT) cannot administer a STAT medication for this purpose. In addition, The Arc will document in the individual's record the use of any chemical restraint, including the reason for its use. The Arc is not permitted to have behavior modifying drugs to be administered on a PRN (as needed) basis.

According to DDA, chemical supports are defined as the use of medication as an intervention to support an individual for a medical appointment that would not typically require sedation. The use of chemical supports must be approved by the team as part of an individual's plan and be reviewed and approved by the Quality Management Committee. The rationale for utilizing these supports must be documented and the team must ensure that the support is of the lowest effective dose and is only being implemented after other methods have been systematically tried and determined to be ineffective. This process must be completed before the team can approve use of a chemical support. An individual's licensed health care practitioner must review any chemical support a minimum of every 90 days and must also document the possible outcomes of continually missed medical appointments and whether or not lack of treatment outweighs any potential side effects from the chemical support.

Monitoring Use of Medications for Behavioral and Restrictive Techniques

The Arc will monitor the use of restrictive techniques through its internal quality assurance process as required by COMAR regulations.

BP Requirements

For the use of behavior modifying drugs:

Behavior modifying drugs may not be used as punishment, for the convenience of staff, as a substitute for a comprehensive treatment program, or in quantities that interfere with the individual's recommended and approved program. Anyone with a behavior plan that includes behavior modifying drugs must have the plan approved by the Quality Management Committee.

The BP must specify behaviors to be modified and include alternative modes of managing the behaviors.

Behavior modifying drugs shall be reordered and reviewed at least every 90 days by a licensed physician. Staff will arrange for a Physician's Medication Order Form (PMOF) to be filled out and signed by the physician every 90 days and will maintain a copy in the person's file. There may not be standing orders for behavior modifying drugs.

The physician will attempt to employ the lowest effective dose of the drug and gradually diminish the dosage or ultimately discontinue the drug when possible and clinically indicated. The physician will weigh any potential harmful effects of the drugs against the effects of the behavior for which the drugs are given and indicate that the behavioral effects clearly outweigh the potential effects of the drugs. Written consent for the use of behavior modifying drugs in non-emergency situations shall be obtained from the individual, parent, proponent, or legal guardian. Staff will arrange for the individual, physician, parent/proponent or legal guardian to sign a Consent to Use Behavior Modifying Drug form.

The person receiving behavioral supports, his or her parents, proponent, or legal guardian shall be given an opportunity to participate in the design of the program and shall be given the opportunity to consent or refuse the use of behavior modifying drugs. If consent is refused, The Arc has the right to appeal the matter to a court of competent jurisdiction for adjudication.

For the use of restrictive techniques:

The restrictive technique used represents the least restrictive alternative available and will be implemented only after less restrictive methods have been systematically tried, objectively been determined to be ineffective and documented in the individual's Person-Centered Plan.

Restrictive procedures will be explained and discussed in a manner that can be understood by the person receiving supports.

Be designed to lead to less restrictive means of behavior management and the ultimate elimination of the maladaptive behaviors.

Have the written, informed consent of the person, parent, proponent, or legal guardian before implementation, in non-emergency situations.

For use of physical supports:

Staff involved in the application of physical restraint procedures will be trained by a certified Mandt instructor.

Restraint shall be used only if withholding it would be contrary to the best interest of the individual because his or her behavior is dangerous to his/herself or others or is detrimental to his or her development.

Restraint must be approved by the Quality Management Committee before implementation. Each BP will be approved annually and data reviewed on a quarterly basis.

Prohibited Techniques:

The use of any method or technique prohibited by law, including seclusion, corporal punishment, verbal abuse, or the discipline of individuals by other people receiving supports.

The use of programs that result in a nutritionally inadequate diet. When food or drink are used as part of a behavior management program, it will be documented in the individual's PCP.

The deprivation of any fundamental rights.

The use of aversive techniques is prohibited by law.

Procedures for Behavioral Emergencies

Staff assigned to work with people who have disruptive behaviors will receive training in Mandt. Adequate staffing patterns will be maintained to ensure that disruptive behaviors can be managed effectively. In the event of a crisis or emergency situation at the day program, which cannot be managed by regularly scheduled staff, emergency procedures will be activated, and additional staff trained in Mandt will arrive to assist. In cases of extreme crisis, 911 will be called for police assistance.

Policy for Restitution for Property Damage

The Arc Carroll County will seek full reimbursement for any property damage except in the case when damages exceed the amount the individual has available to reimburse. In such a case, no more than 25% of an individual's funds would be accessed. In order to seek reimbursement for property damage the individual's PCP must show evidence of a history of destructive behavior and it must be addressed in a behavior support plan. The Quality Management Committee will review and approve any remuneration and The Arc Carroll County will report the approval to the regional director of the Developmental Disabilities Administration.

PROCEDURE FOR HOSPICE SERVICES

- Prior to an individual returning from the hospital or rehab setting under in home hospice care, the hospice nurse/care coordinator and the Arc CC/Dimensional RN CM/DN will collaborate on an amended Nursing Plan of Care (NPOC). The NPOC will identify the roles hospice and the delegating nurse will take in the care of the individual upon return to the home.
- Arc CC/Dimensional delegating nurse will train all staff in the amended NPOC prior to or upon arrival of the person supported from the hospital setting or prior to the staff

working independently with the person supported. This training will include and may not be limited to education on hospice care, ordered medications specific to hospice care, and any equipment to be utilized. All staff will receive training on the amended NPOC prior to working independently with the individual.

- The Arc CC/Dimensional delegating nurse retains the role of verifying staff CMT/UAP competency.
- The Arc CC/Dimensional RN CN/DN retains the role, responsibility, and accountability for delegation of medications, treatments, and other nursing tasks to the CMT/UAP. The hospice nurse and the Arc CC/Dimensional RN CM/DN collaborate in the role of Nurse Case Manager (note the hospice nurse takes the lead in this role); staff CMT must contact the hospice nurse prior to the administration of any PRN medications. The hospice nurse is the first contact for approval and authorization, as well as ANY and all baseline changes.
- Administration of the authorized medication must be documented on the MAR by the CMT immediately after administration.
- Upon completion of administration and documentation, the CMT will call the Arc CC/Dimensional delegating nurse to inform them of the administration. This notification can be via leaving a message. For Dimensional, staff will press “2” to leave a message. CMT/UAP staff will report baseline changes to the Arc CC/Dimensional RN CM/DN in the same manner.
- If liquid Haldol, Ativan, or Morphine are ordered, the hospice nurse must be immediately contacted by UAP/CMT, upon delivery of the medication in the home, to come and draw the medication up in syringes for the UAP/CMT staff. UAP/CMT staff will NOT draw up liquid Haldol, Ativan, or Morphine for the person supported under in home hospice care.
- All CMT/UAP staff must follow the CPR protocol and NPOC.
- An incident report and notifications, as per Arc CC policy, must be completed for the death of any individual.

PROTOCOL FOR DNR

- **If the individual has a DNR and is NOT on Hospice-DO NOT perform CPR, DO NOT use the AED, DO NOT perform rescue breathing, call 911 and give them a copy of the DNR**
- **If the individual has a DNR and IS on Hospice-DO NOT perform CPR, DO NOT use the AED, DO NOT perform rescue breathing, DO NOT use the AED, DO NOT call 911, call Hospice**

- If the individual has a DNR and is choking- perform the Heimlich Maneuver, if he/she stops breathing or has no pulse, send someone to call 911 and **PERFORM CPR**.

PROCEDURES TO HANDLE, ADMINISTER, STORE AND DISPOSE OF MEDICATIONS

Refer to DDA's Medication Technician Training Program for complete and detailed information regarding medication administration procedures. In addition to the following policy, The Arc follows the *Medication and Nursing Related Policies and Procedures* developed by Dimensional Health Care Associates, which are compliant with COMAR 10.27.11, COMAR 10.22, and CMT 10.39. For complete information regarding medication policies, including but not limited to controlled substances, self-administration, and medication disposal, please refer to these policies. The only exception to the inclusion of the *Medication and Nursing Related Policies and Procedures* is regarding stock medications; The Arc Carroll County does not allow for stock medications to be utilized in its programs.

Basic Medication Administration Principles:

Each person receiving supports should have input regarding the receipt of medication and should be given an explanation of the medication's purpose. In instances where someone does not understand, his or her proponent should be involved. A positive approach should be used when giving medications. Because of this, the use of physical force or the hiding of medication in food in order to administer is prohibited. Each person receiving supports has the right to refuse medication.

Only medications which have been prescribed by a licensed health care professional can be administered. Medications must be prescribed for the benefit of that person, not as a substitute for programming.

Medications

All medications must have a pharmacy label that clearly and accurately indicates the following:

- Pharmacy name, address, and phone number
- Individual's Name
- Prescription number
- Date prescription was filled
- Name of medication
- Directions for use (including dosage and frequency)
- Reason for use
- Special instructions (if necessary)
- Name of prescribing health care professional

The pharmacy label or PMOF form should **never** be altered by hand.

All medications must be stored in the original containers used by the pharmacist. State of Maryland regulations require that all medication administered in a DDA setting be packaged in bubble packs. All medications should be sorted and stored by individual, with oral and topical meds separated. Medications should be stored in a locked container with the key only accessible to medication technicians. Medications that need to be chilled should be kept in a locked box in the refrigerator. Medications that require light protection should also be stored in either the medicine cabinet or in a locked box, out of direct light. All Schedule II controlled drugs (as dictated by the controlled substances Act of 1970) must be stored under a doubled locked system and require staff to sign off on a special form at the start of their shifts. Two locks on one container do not meet these guidelines.

The “Six Rights” of Medication Administration:

- **The right person.**
 - Know the person receiving medication and be familiar with his or her medication regimen.
- **Receives the right medication.**
 - Perform the THREE-WAY CHECK (PMOF, Pharmacy label, Medication Administration Record). If the three do not match or if the medication has expired, **STOP AND NOTIFY YOUR SUPERVISOR.**
- **In the right dose.**
 - Ensure that the prescribed dosage is the dosage being administered. Do not guess! If there are any questions, ask a supervisor **before** administering the medication.
- **At the right time.**
 - For most medications, there is a one hour window before and after the listed time for administration. All seizure and behavior modifying medications should be given at the **exact** time listed on the PMOF.
- **By the right method/route.**
 - Ensure that the medication is given in the method asked. If there is confusion between the route requested, ask a supervisor **before** administering the medication.
- **Followed by the right charting and documentation procedures.**
 - Immediately after giving medications, chart the administration using the guidelines contained within the MTTP.

Safety Principles of Medication Administration:

The following principles will help maintain the safety of the environment during administration and reduce the risk for medication errors:

- Wash hands before and after administering medications to each person.
- Full attention should be given to the task of medication administration.
- Prepare and administer for only one individual at a time.
- Staff should only administer and chart medications they have poured themselves.

- Chart the medications immediately after administering them. Include pill numbers, as it makes it easier to administer and investigate potential medication errors.
- Ensure the PMOF, MAR, and pharmacy label match exactly before administering medications. This three way check needs to be completed 3 times before administering medication.
- Never pour medications and leave them to be taken later in the day.
- Ensure the individual has an adequate amount of liquid to take medications with.
- Stay with the individual during the entire administration of medications.
- Never leave medications unattended or the medication cabinet unlocked.
- Do not give medications that have changed color.
- Only administer medications that are properly packaged in bubble packs.
- Never hide a medication error.

Disposal of Medication:

The following procedure will help to safely dispose of medication that has been discontinued, has expired, or is leftover cycle fill medication.

When the Northern Pharmacy cycle fill medications arrive at the end of each month, the CMT(s) working are to give all discontinued, expired, or leftover cycle fill medication to the Northern Pharmacy delivery driver to dispose of.

Schedule II Medications must be documented on the control substance sheet and returned to the nurse for disposal. Two nurses will witness the disposal of any Schedule II Medication. A copy of the controlled substance sheet should be kept in the medical record and a copy sent to the nurse with the medication.

Northern Pharmacy:

Currently, The Arc utilizes the services of Northern Pharmacy to provide medications to people supported in the Community Living program.

Routine Orders and Refills:

Special Care Pharmacy Operating Hours are Monday-Friday 9:00am to 5:00pm. All new orders and refill requests should be faxed to 410-843-7743. If there are any problems, staff should call 410-951-1636.

After Hours Emergency Orders:

These orders are handled by the Retail pharmacy, and the hours are Monday-Friday until 9:00pm, Saturday 9:00am to 7:00pm, and Sunday 9:00am to 3:00pm. Staff should use extension 505 when calling for after hours orders. This extension will be answered by a dedicated pharmacy representative for facility customers only. Orders which are true

emergencies will be processed. All other orders will be handled by the Special Care pharmacy on the next business day.

For all emergency calls after the Retail pharmacy closing hours, call Lisa Kirby at 410-370-8183.

POLICY ON CERTIFICATION TO ADMINISTER MEDICATIONS

Background Information

The Arc Carroll County, under the license of the registered nurses at Dimensional Health Care Associates (DHCA), insures the well being of people receiving supports through proper education of employees and subsequent authorization for employees to administer needed medications. Only unlicensed persons who have passed the MTTP and have been certified by the Board of Nursing are authorized to administer medications. The job of the Certified Medication Technician (CMT) includes the administration and documentation of medication, observing individuals for changes in their physical or mental status, and reporting these changes to the delegating nurse. Individuals who receive nursing delegation are required to have a CMT working with them at all times.

Initial Certification for New Employees

Certification to administer medications is obtained initially through the completion of a 20 hour class offered at DHCA. Per Maryland Board of Nursing requirements, all employees must take a math and reading pre-test prior to attending this class. The Director of Human Resources will administer the pre-test. All required staff, including Program Coordinators, are expected to obtain this certification in the first 90 days of employment with The Arc. The Arc handles registration and associated costs; classroom time is paid for by The Arc according to the appropriate training compensation program for the employee's department.

Employees participating in the class are expected to demonstrate both punctuality and attentiveness.

Employees who do not pass the examination given at the end of their class may be given the opportunity to re-take the class a second time. If the employee has met The Arc's expectations regarding and attentiveness during the first class, and if the employee is otherwise in good standing with The Arc, The Arc may, solely at management discretion, pay the registration and associated costs again. The employee will be expected to complete the next subsequent course immediately following the course that he/she failed. A second failure will result in termination of employment.

The Deputy Executive Director, in conjunction with DHCA, will determine if the employee may work any hours during the time between the first failed course and the start of the second course.

Re-certification for employees who lose their certification due to errors

All of the above provisions will apply to this situation. In addition, the decision as to whether or not an employee may work any hours during the time between the decertification and subsequent recertification will be based primarily upon the nature and severity of the medication errors committed. The privilege of retaking the course to regain certification will only be provided once; failure to complete the examination successfully or any subsequent decertification for further errors will result in termination of employment.

Ongoing certification

Employees who are currently certified to administer medications are required to attend a practical update with the delegating nurse every 6 months. These updates are offered during 45 day nursing visits at all Arc operated sites; a schedule of these visits is posted at all locations.

A more comprehensive refresher course is required every 2 years coinciding with the birth date of each staff person.

Employees who allow their certification to lapse due to nonattendance at one of the required update courses may be suspended without pay until they complete the required refresher course at their own expense. If their certification lapses for more than 60 days following the expiration date of their certification, employment may be terminated.

POLICY FOR ADVANCE DIRECTIVES

The Arc provides Person-Centered Services; therefore, advance directives is under the discretion of the person served and his/her team. Each person served discusses advance directives at his/her annual Person-Centered Plan (PCP) meeting. If the person served and team agrees advance directives are required, The Arc will assist the family and Service Coordinator through this process. If the person served and team feels advance directives is not needed at that time, this will be documented in the person served PCP.

Policy on Follow-up to Medical Events

Objective

The purpose of this policy is to set forth The Arc Carroll County's policy and procedures for handling records and follow-up appointments after medical appointments, hospitalizations, urgent care visits and any other medical events that may occur.

Policy

Prompt storage of records and scheduling follow-up medical appointments is essential to providing quality services to persons served. The Health Services Coordinator, Residential Advisor or designated Direct Support Professional are expected to store medical records and schedule and complete follow-up medical appointments in a timely manner.

Documentation

All medical appointment records, PMOF's and hospital discharge paperwork must be e-filed and placed into iCare Manager (iCM) within 24 hours of the appointment and/or hospital visit or urgent care visit Monday - Friday or on Monday by 10:00am if the event occurred over the weekend.

- Scan documents to your email.

- Save documents into the persons served e-file under house name -> persons served name -> Nursing.
- In iCM, go to the individual's profile -> doctors appointments -> locate the doctors appointment under "current" -> select documents -> click the arrow next to upload and select medical appointment record or PMOF, whichever you are uploading -> pull document from the e-file to upload. Once uploaded, click the arrow next to "schedule" and select complete.

Any changes made to a PMOF, including diet change, must be updated in iCM by close of business. If there is a change in a diet order, all house staff must be notified by close of business.

- To change a diet order in iCM, go to the individual's profile -> individual assessment -> diet/nutrition/eating -> update and save.

All medical appointment records and urgent care records must be scanned and emailed to Dimensional Healthcare Associates within 24 hours of the appointment or urgent care visit Monday - Friday or on Monday by 10:00am if the event occurred over the weekend.

Follow-up Medical Appointments

All recommended follow-up appointments must be made within 24 hours of the appointment, urgent care visit or hospital visit Monday - Friday or on Monday by 10:00am if the event occurred over the weekend. Urgent care and hospital paperwork note how quickly follow-up appointment(s) needs to be completed. Review and follow recommendations.

POLICY FOR SEIZURE CHARTING IN ICARE MANAGER

Seizure charting may be completed in the Care Tracker function of iCare Manager as long as all of the following requirements are met:

- Paper record must be kept for back up in the event of power outage, or lack of connectivity. If a seizure is recorded on paper record, this must be uploaded to iCare Manager in the individual documents after reviewed by the RN. This should be filed in the folder titled "Signed Paper MARs, Chart Records".
- When setting up seizure records in iCare Manager - Care Tracker, the following must be present:
 - Description must include name of Neurologist and the statement, "Please indicate all descriptors that apply. Please indicate time occurred and number of seconds/minutes in comments."
 - Frequency: Select PRN
 - Staff should complete the seizure record every time a seizure occurs or should choose "no seizure activity" on the last day of the month by 8:00pm if no seizure occurred in that month.
 - Seizure records, to include all months since the last Neurology visit, should be printed from the Care Tracker and provided to the Neurologist during the appointment.

POLICY FOR USING EMARS IN ICARE MANAGER

The use of electronic MARs (eMARs) may be completed in iCare Manager as long as the following requirements are met:

- Paper records of MARs, Nursing Care Plans, and Current Physician's Orders must be kept for back up in the event of power outage, or lack of connectivity. If MARs are recorded on paper record, this must be uploaded to iCare Manager in the individual documents after reviewed and signed by the RN. This should be filed in the folder titled "Signed Paper MARs, Chart Records.
- If a CMT fails to initial the eMAR within the two-hour window, the CMT's supervisor, Assistant Director of Community Living, and Director of Quality Assurance will receive a notification an hour after the medication was supposed to be administered.

POLICY FOR SHARING MEDICAL RECORDS

The following procedure will help to inform the RN CM/DN and staff regarding the care and status of individuals in a timely manner.

- The Health Services Department or Day Program Coordinator has 24 hours Monday - Friday to email all medical records to the records email address at DHCA.
- The Health Services Department or Day Program Coordinator has until 10:00am Monday to email all medical records from the weekends to the records email at DHCA.
- The Health Services Department has 24 hours Monday - Friday to scan and e-file all medical records to the appropriate residential site shared drive and notify the Residential Advisor via email of placing the medical record in the shared drive.
- The Health Services Department has until 10:00am Monday to scan and e-file all medical records from the weekend to the appropriate residential site shared drive and notify the Residential Advisor via email of placing the medical record in the shared drive.
- Day Program Coordinators have 24 hours Monday - Friday and by 10:00am Monday for weekends to scan and e-file all medical records received by family, caregivers, or RN.
- Medical Records include lab results, physician's orders, medical appointment records, 45-day Nursing Visit reports, Nursing Care Plans, baselines, Nutritional Evaluations, Feeding Protocols, Choking Risk Screening Tool, etc.

POLICY FOR RECONCILING MEDICATION

The following procedure will help to have quality assurance in place to ensure that medications are obtained properly.

- Medications must be refilled when down to the last row on the blister pack. This area is indicated by blue shading on the blister pack.
- To refill medications, peel top layer of label or removeable barcode and place on blank paper then fax to Northern Pharmacy. Medications should be delivered within 24 hours. If you do not receive refilled medications, contact the pharmacy.
- All medications must be refilled before running out. **All medications will not come automatically (cycle fill).**
- When a new supply of medication is delivered, the CMT working signs off with the pharmacy that the medication has been received. The CMT that received the delivery is to inform the Residential Advisor that medication has been delivered. The Residential Advisor has 24 hours to check in medication.
- When a person served is being discharged from a nursing home or hospital, the Health Services Department partakes in the discharge process. Health Services faxes any new orders prescribed to the person served to Northern Pharmacy within an hour of discharge.

POLICY FOR PROCESSING RENEWAL ORDERS

The following procedure will help to have quality assurance in place to ensure that renewal medication is processed in a timely manner.

The CMT that accepts the medication delivery from Northern Pharmacy is responsible for checking in all medication by the end of their shift. This is done by completing a three-way check. Once medication has been checked in, the CMT is to place the medication into the locked medication cabinet. Any missed medication or mistakes is to be report to Northern Pharmacy and The Arc's Health Services Coordinator immediately.

HRST POLICY

The Arc Carroll County will share PCP dates with the RN CM/DN. The RN CM/DN will ensure the HRST is updated and clinically reviewed within 90 days of the PCP. The Arc will monitor HRST updates by CCSs once a year or as needed and notify the RN CM/DN of updates to an HRST rated a 3 or above, providing minimally a 7 day notification/time frame to the nurse in which to complete the HRST Clinical Review. Within 7 days of the Nursing Visit/Assessment/Significant Change in Status, the nurse will update the HRST, and complete the HRST Clinical Review as needed. The RN CM/DN will utilize the HRST as a tool to aid in guiding NPOC updates as indicated and applicable. The Arc will monitor the HRSTs once a year to ensure updates are made as per policy and included in the NPOC if applicable.

POLICY FOR INCLEMENT WEATHER

Objective

Inclement weather can cause transportation problems or locally hazardous conditions. While The Arc will always keep the safety of its employees and clients in mind, we are responsible for providing services as scheduled. This includes maintaining suitable staffing levels in all of our departments, especially at our Residential homes and Support Services locations requiring around-the-clock coverage, regardless of weather conditions. In addition, The Arc's Day and Employment Services budget is based on funding we receive for operating days. Thus, our business is impacted significantly when we close due to inclement weather.

Procedures

Essential Personnel: Staff members, full-time and part-time, at our Residential homes and Support Services locations requiring around-the-clock coverage are considered *Essential Personnel* and must make every effort to report to work. When inclement weather occurs, you are expected to report to work as scheduled, or as soon as you are safely able to do so. A call-off for impending inclement weather is not acceptable. Staff members should prepare to stay longer than their regularly scheduled shift in the event replacement staff members are not able to make it to work safely. Communication with your supervisor is imperative. Call-off timeframe requirements are department-specific, so please ensure you confirm the expectations with your supervisor.

Transportation Department Personnel: Bus Drivers and Bus Assistants will follow the directives of Carroll County Public Schools for delays, early dismissals and closures due to inclement weather as announced on radio and television and as communicated via our internal phone tree. If you are unable to make it to work as scheduled, please communicate this information in accordance with pre-established department requirements.

Day, Employment Services and Administrative Personnel: The 180 Kriders Church Road facility will no longer follow the directives of Carroll County Public Schools for delays, early dismissals and closures due to inclement weather. The Executive Director or designee will determine the operating status of The Arc facility at 180 Kriders Church Road in coordination with Butler Transportation. **This may mean a different schedule than the one communicated by Carroll County Public Schools.** We may choose to close or announce a late opening or early dismissal where severe weather warrants such action. Any closure or change in business hours will be communicated to employees via a posting on the Company website and mass e-mail. It is important to ensure a suitable email address is on file so you receive information in a timely fashion.

Full-Time Day, Employment Services and Administrative Personnel (non-exempt): When the Kriders Church Road facility is closed for a full day due to inclement weather, full-time employees will be paid "weather pay" for the full day for up to 3 designated weather days per fiscal year as determined by management. If the number of closures exceeds 3 then full-time employees may choose to use accrued vacation time or take the time off without

pay. When the Kriders Church Road facility has a delayed opening or early closing due to inclement weather, full-time employees may choose to use accrued vacation time or take the time off without pay for the missed work hours. Your choice must be communicated in writing to your supervisor and Payroll.

If you were already scheduled off on a day when the Kriders Church Road facility closes for any amount of time due to inclement weather, you will not be able to substitute weather pay or unpaid time off in lieu of vacation, personal or sick time. Your original leave request approval will be honored.

Part-Time Day, Employment Services and Administrative Personnel: When the Kriders Church Road facility is closed for a full day or has a delayed opening or early closing due to inclement weather, part-time employees are not eligible for pay for the missed work hours.

POLICY ON VISITORS

The Arc Carroll County has as its number one priority the quality of supports offered. Hence, an obligation rests with every employee of The Arc to render honest, efficient, and courteous performance of duties.

It is the policy of The Arc that friends, relatives, family members and/or significant others, or other unauthorized persons will not be permitted to visit an employee at the homes or apartments of the people receiving supports, during working hours or at work locations at all without the express permission of supervisory personnel. If warranted by the nature of an unforeseen visit, the employee may request taking an unscheduled break from work, providing required coverage is in place. The unscheduled break must occur away from The Arc work location, the time of which will be considered non-compensable. Under no circumstances may any direct support staff authorize a non-employee to perform his or her work assignment.

In addition, no visitors shall have access to agency vehicles and do not have authorization to drive such vehicles. Likewise, no employee shall authorize any visitor to drive an agency vehicle. Please note that the employee will be held responsible for any actions of his or her visitor. Therefore, failure of any visitor to comply with Arc policies could result in disciplinary action against the employee.

For visitors invited by people receiving supports, it should be noted that he or she has the right to choose visitors as long as it does not interfere with the privacy and rights of the other residents. The person receiving supports should encourage visitation in a private area if at all possible. If concerns regarding the nature of the relationship between a resident and his or her guest arise, they should be brought to the attention of supervisory staff for further guidance.

POLICY ON PETS

If pet visitation is indicated as part of a person's Person-Centered Plan, every attempt will be made to accommodate this.

Residential:

Everyone living in an Arc owned residence is not permitted to own new pets.

For all individuals who currently own pets, the following guidelines must be followed:

1. All vaccinations must be current and documentation on file at The Arc.
2. Any damages caused by pets will be the responsibility of the pet owner.
3. Owners are expected to properly care for all aspects of pet care in a timely fashion.
4. All areas pets occupy must be kept maintained and cleaned.

Day Habilitation and Personal Supports:

Pets are not permitted at The Arc's administrative building and while receiving services.

Service animals are permitted. Examples of service animals include:

1. Hearing Dogs
2. Guide Dogs
3. Psychiatric Service Animals
4. Seizure Alert Animals
5. Allergen Alert Animals

The Arc Carroll County may exclude your service animal if it poses a direct threat to health and safety of persons served and/or staff. Your animal may also be excluded from The Arc Carroll County if it is out of control and you are unable or unwilling to effectively control it, or if it is not housebroken.

IDENTIFICATION AND ACCESS BADGE POLICY

Objective

The Arc Carroll County is committed to protecting the safety and security of all persons accessing its facilities and premises by maintaining safety standards and protecting company and personal assets against theft and misuse. The Arc also adheres to security practices designed to protect the interests of our clients, employees, volunteers, and stakeholders, as well as limit potential distractions and disturbances in the workplace.

Scope

This policy applies to all individuals seeking access to The Arc's premises, specifically

including employees, contractors, clients, and employees' acquaintances, friends and family members, regardless of whether the purpose of the visit is for business or personal reasons.

Badge Holder Responsibilities

Badge holders have the following responsibilities:

- Visibly display your security badge while at The Arc's facilities or premises and while on duty.
- Do not share your security badge with anyone else - the badge was issued to only you.
- Return your security badge upon termination of your employment or vendor engagement.
- Safeguard your security badge from loss or unauthorized use. This means that you must immediately report lost/missing badges to Human Resources and/or your direct supervisor.
- You may be held responsible for the replacement cost of a lost or damaged badge (\$10.00).
- Do not allow anyone else (including other Badge Holders) to enter or tailgate into an area using access granted by your security badge.
- Do not prop open any security door, attempt to evade or defeat any security control measures or access restricted areas.
- Do not tamper with, deface or attempt to duplicate security badges.
- Use log-in/log-out readers, where present, each time you enter or leave the facility.

Escorting Visitors

Visitors must be escorted at all times by either an employee of The Arc or a vendor partner with escort privileges. Certain contractors and vendors can obtain approval for escorting visitors with management approval. The Arc's employees, contractors and vendors ("Visitor Escorts") have responsibility for the conduct and safety of the escorted visitor. Visitor Escorts have the following obligations:

- Confirming that the visitor has registered with reception in the main lobby. Registration may include verification of the visitor's identification using government-issued photo identification, such as a driver's license.
- Staying with the visitor the entire time the visitor remains inside The Arc's facility.
- Facilitating a safe evacuation of the visitor if an emergency situation or evacuation drill occurs.
- Making sure that the visitor complies with all company policies and guidelines.

Emergency and Evacuation Requirements

The Arc's employees and vendor partners/contractors assigned to The Arc's facilities must familiarize themselves with building emergency procedures and evacuation routes and staging areas.

The Arc's facilities contain audible and visual warning devices to notify occupants of a building emergency. Testing of these systems and evacuation drills occur on a periodic basis. All building occupants, including visitors, are required to participate in these drills.

Corrective Action

Each employee is responsible for using the assigned ID/access badge as outlined in this policy and for reporting a missing badge immediately to ensure the safety and security of the building and all associated people. Violations of the policy will result in progressive disciplinary action, up to and including termination.

POLICY ON EXPENSE REIMBURSEMENTS

The individuals The Arc supports should have full access to and be able to participate in their community. It is their responsibility to pay for their own expenses.

We recognize that there are costs incurred for employees to engage in the activities along with the individual. Expecting employees to pay out-of-pocket for their portion of the activities places an unreasonable burden on them. It is presently The Arc's practice to reimburse employees for those costs. This reimbursement is subject to the regulations of our funders and must be guided by fiscally responsible spending practices. Care must be taken to ensure that the costs are reasonable and total expenditures for the individual remain within budget.

Except where noted, this policy applies to all programs offered by The Arc.

This policy also applies when using an Arc-issued credit card, or if buying items/services from vendors with which The Arc has established credit. Staff will be required to reimburse The Arc for unauthorized purchases made via these methods.

In order for employee expenses to be reimbursed, proper and timely documentation must be submitted via the Expense module in Paylocity. Required information includes the date, description of activity, start and end locations, mileage, and cost of each activity.

Itemized receipts, which come from a store cash register and include a listing of all items purchased, must be attached to the related Expense line in the Paylocity Expense Report. A credit card receipt showing the total only is inadequate. (Note: hand-written receipts in lieu of cash register receipts are only acceptable from places that NEVER issue cash register receipts.) Failure to provide an itemized receipt will result in the expense being disallowed. Expenses are reviewed by the program supervisor and the Deputy Executive Director for approval before being sent to Finance for processing.

Consideration of Expenses:

- Does the activity fulfill the individual's stated Person-Centered Plan (PCP) goals (to interact in the community alongside the general population)?
- Is the activity part of a class or program offering?
- Is the mileage/destination reasonable?
 - Mileage to/from employee's home at the start/end of shifts is a personal commuting expense and is not reimbursable.
 - Except for limited, pre-approved occasions, taking individuals to the employee's home during a shift is against policy. As such, mileage will not be reimbursed.

- Mileage for “going for a drive” without a destination will only be reimbursable in rare cases where that activity is specifically included in an individual’s PCP.
- Has an itemized legible receipt, prepared by the vendor, been submitted?
- Do meal receipts fall within established limits?
 - Individual PCP goals in Day, CLS, ED&C, and SE programs are aimed towards employment. Therefore employee will not be reimbursed for meals while working in this program.
 - Drive-thru and carryout meals are strongly discouraged as they limit the community experience. Expenses for these will generally be denied unless there is adequate evidence in progress notes of a directly related public outing.
 - Employees will be reimbursed for meal only if individual being served is also dining out at the same time.
 - No alcohol
 - Breakfast - not reimbursable
 - Snacks - not reimbursable. Examples include: coffee or soft drinks (not part of a meal), pretzel, ice cream, popcorn, candy, etc.
 - Lunch - \$8 max. (Lunch times run from 11 a.m. - 1 p.m.)
 - Dinner - \$12 max. (Dinner times run from 5 p.m. - 8 p.m.)
- Special events, including those with a cost more than \$25 per person, require pre-approval from the program supervisor or Deputy Executive Director. This is to ensure that the individual has the means to pay for his share of the cost and that the total expenditures for the individual remain within budget.

It is not possible to list every possible situation or activity that may arise. As such, the Deputy Executive Director and the Director of Finance have discretion to approve or deny expenditures on a case-by-case basis. Denials may be the result of charges being made that are not appropriate for the program/individual or insufficient documentation being provided to support the request for reimbursement. Where uncertainty exists, it is in the employee’s best interest to obtain approval for activity costs prior to undertaking the activity.

Reimbursement requests are submitted via the Expense module in Paylocity. The dates of the expenditures must align with the payroll period in which the expenses occurred. Expense Reports should be submitted for approval by 10:00 am on the Monday of payroll week, and if approved, are included on the employee’s next paycheck.

The rates used for reimbursement will be periodically reviewed by the Deputy Executive Director and the Director of Finance. Consideration will be given foremost to DDA regulations and then to the ability of The Arc to absorb the cost of expenditures.