

BSL POLICY & PROCEDURE

Rev. 10-24-21

SECTION I: INTRODUCTION

MISSION STATEMENT

Providing “ordinary” lives for extraordinary people.

PHILOSOPHY

Be kind. Everyone you meet is fighting a battle you know nothing about.

CORE VALUES

- Show Humility
- Be Honest
- Be Patient
- Show Compassion
- Give Encouragement
- Forgive always
- Show Humility Again

MOTTO

Listen. Discuss. Deliver.

PROGRAMS

BSL currently provides two forms of residential supports.

INDIVIDUALIZED SUPPORTED LIVING (ISLs)

Individual Supported Living is a form of residential habilitation that allows individuals the opportunity to live in the community regardless of the severity of the individual's disabilities. It also accommodates for any physical or behavioral challenges the individual may have while participating in the program. Individuals may live alone or may share a living arrangement with others. When living arrangements are shared, no more than four individuals with disabilities may reside together and qualify for ISL services. Emphasis is placed on individuals choosing where they reside, with whom they reside, and the type of community activities in which they wish to be involved. The residence must be owned or leased by the individuals or by the family or guardian of the individuals. Supports are individually designed and delivered to enable each individual to successfully reside in the community.

SHARED LIVING (Host Homes and Companion Homes)

Host Homes: An arrangement in which an individual with a disability moves in to the home of their Host to share life experiences. A Host Home can be operated by a single person, a college student, single parents, empty nesters or a two-parent family with children.

Companion Homes: In this model, the Companion moves into one of our individual's homes to support them in their developmental disability and share life with.

(Shared Living arrangements may not be provided by a parent, legal guardian or spouse for their child, ward or spouse per DMH guidelines.)

BSL is in process of developing a third support:

Remote Supports

Remote Support allows an off-site direct service provider to monitor and respond to a person's health, safety, and other needs using live communication, while offering the person more independence in their home.

Remote Support uses two-way communication in real time, just like Skype or FaceTime, so a person can communicate with their providers when they need them. A person can choose supports like sensors that call for help if someone has fallen or cameras that help monitor who is visiting a person's home.

This service is always combined with Assistive Technology.

STATEMENT OF COMPLIANCE

Company programs will be licensed and/or certified in accordance with all relevant laws and regulations concerning such entities in the state of Missouri. This company will comply with all federal, state and local laws as they apply.

BSL provides equal employment opportunities for all qualified persons and discrimination for any reason will not be allowed.

REFERRAL

Individuals applying for services from this agency's program may make the initial inquiry to Boone Supported Living's management team. The individual will then be referred to the Missouri Department of Mental Health/Regional Office for a comprehensive evaluation. After receiving results of the evaluation, a determination of appropriateness will be made by the Regional Office and they will notify the individual or parent/guardian of the decision. If the person qualifies for services, the Regional Office will notify Missouri Providers of his/her situation. At this point, Boone Supported Living will evaluate the applicant based on criteria set forth in its admission policy. If the individual and Boone Supported Living choose to go forward, the transition team will begin the process set forth by the Department of Mental Health and placement will be achieved

ADMISSION

Boone Supported Living will consider all applicants for services without regard to race, religion, gender or national origin. Most applicants may be required to participate in pre-

placement visits. The length and number of the pre-placement visits will be determined by the individual's team.

At the time of admission, each applicant and/or his/her guardian will be provided with a copy of the Home and Community-Based Services Participant Manual which includes BSL policies regarding Individual rights, Privacy practices, Grievance procedures, and Due process procedures.

Each applicant must have:

1. A qualifying diagnosis of Intellectual/Developmental Disability verified by the Regional Office, Missouri Department of Mental Health.
2. A physical examination, not more than 30 days old, stating the applicant is free from infectious or contagious diseases.
3. A complete medical history should be provided, including immunizations.
4. Signed Physician orders for all current prescribed and over-the-counter medications to be administered.
5. An expectation that the applicant can benefit from the program and that Boone Supported Living can meet the programming needs of the applicant.

The needs of the applicant will be considered in terms of the applicant's needs weighed against the programming needs of the individual(s) currently living in the home. If the needs of the applicant appear to be such that the welfare of any involved parties would be jeopardized, the needs of the current individual(s) being served will be given preference.

RE-ADMISSION

Readmission will be handled in the same manner as an original admission.

DISCHARGE

Individuals can be discharged for the following reasons:

1. Completion of the program, when it has been determined by the team that this program is no longer the least restrictive environment.
2. It is determined by the team that the program can no longer meet the individual's needs.
3. If the individual becomes harmful to himself or others.
4. Non-payment of charges.
5. Liability or risk to the agency when the participant is non-compliant with support or care.

If it is Boone Supported Living initiating the discharge, our agency will give 30-days written notice to the appropriate Regional Office. The Support Coordinator will assist in finding a new placement for the individual. Participants will not be discharged due to race, gender, creed, national origin, age or religion.

SECTION II: FINANCE

FINANCIAL REPORTING POLICIES:

Individual Funds Management:

Unless limited by their ISP, with due process, every individual receiving services from Boone Supported Living will have access to their personal money at all times. In order to prevent loss, they may be stored in a secured area that can be locked. All staff will be trained on the appropriate guidelines for assisting individuals in using their personal funds.

- Ensure receipts are obtained for all purchases made
- Place the individual's initials at the top of the receipt
- If the description of items purchased is not clear, please note what the items were
- Receipts must be itemized (do not provide only the credit card receipt with only the total)
- Staff should sign the receipt (on the back if needed)
- If it is impossible to obtain a receipt, staff should complete a missing receipt voucher and state the clear intended use of the funds and the reason a receipt could not be obtained (i.e. vending machine, garage sale etc.)
- Receipts should be stored in the designated location in the ISL
- Personal funds balances must remain under \$200
- Written approval must be obtained from the Support Coordinator before making purchases totaling \$100 or more in a business day (this applies to multiple purchases made for small amounts)
- Cash withdrawals must be signed by the individual and witnessed by staff. IF the individual is unable to sign, there must be dual control by staff (signed by two people)
- Receipts must be obtained for all cash purchases made. Remaining cash should be re-deposited within the same business day, if possible
- Make deposits within five (5) business days of receiving
- Failure to obtain a receipt may be subject to the Individual Funds Reimbursement Policy.
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Economic Transactions

Direct Care Staff nor family members of staff should ever be involved in economic transactions with an individual receiving services. This includes but is not limited to lending money or property, buying or selling of property or selling goods or services.

- Each individual will pay for their own items and have their own receipts.
- Staff will pay for their own items and have their own receipts (unless authorized in writing by CMRO for specific activities)
- Individuals may pay for staff admission and parking. They may not purchase food, drinks or other merchandise for staff.
- Accepting gifts or money from individuals, even for special occasions, is considered misuse of consumer funds/property and is reportable as abuse/neglect.
- Giving gifts or money to individuals for any reason is discouraged. -Gifts may be given from BSL as a whole. Any staff member wishing to contribute may add to the pile, if they desire.
- Donations may be made anonymously to the ISL. Donations made to a specific individual are discouraged as this can appear to be favoritism. Donations are made with no expectations in return.
- Consuming food or beverages purchased by an individual is not acceptable and is considered misuse of funds/property. The only exception may be a potluck/carry in where staff have also contributed food/drinks to share.
- DMH has announced that it is no longer acceptable practice for providers or staff to hire individuals for odd-jobs in an effort to help them earn money. If they are looking for earning opportunities, staff may assist them in locating options from non-e

Administration staff (PMs and others by designation of Executive Director or CEO) will have a monthly budget to use to accomplish WIG outings toward the 2021 WIG goal. "Treating" should still not be a routine event from staff towards an individual.

- Individuals must always be paid fair market value for goods or services.

FINANCIAL REPORTING POLICIES

Personal Finance Reporting:

The process for handling and tracking funds is different for each individual.

The Professional Managers will train staff the appropriate way to manage funds and obtain and submit receipts. Professional Managers will track spending and submit all reports each month to the Accounting Clerk. BSL may choose to track these expenditures electronically in Therap or by using a transaction ledger. The Accounting Clerk will use this information and submit personal funds and room and board reports quarterly to the appropriate regional office for whom they are payee. Professional Managers will:

- Ensure all deposits and expenses are recorded.
- Receipts and/or paystubs are obtained for all transactions.
- Reconcile individual accounts a minimum of once per month.
- Count all cash on hand, if applicable.

- Maintain the appropriate account balances.
- Make purchases for requested NAFs funds in a timely manner and only for the approved items
- Submit all receipts to the Accounting Clerk when requested.
- Maintain balance accuracy and review accounts weekly to avoid overdrafts of individual accounts.
- Professional Managers or the Director of Supported Living will complete the expenditure request form for NAFs funds and/or purchases over \$100.
- Report immediately any incidents of concern to the P or on-call supervisor .

Individual Funds Reimbursement:

- The Missouri Department of Mental Health requires providers to obtain and track all spending by individuals in detail, regardless of the funding source. A receipt is necessary for any purchases made with individual personal funds, room and board funds or NAFs and must be submitted by staff to BSL.
- Failure to obtain or provide a receipt may result in disciplinary action, including full reimbursement via payroll deduction, investigation by DMH and termination.

Misuse of Funds/Property

This is a type of abuse/neglect and is reportable as such to the Department of Mental Health and local law enforcement. It is defined as: The misappropriation or conversion of an individual's funds or property by an employee, with or without the consent of the individual OR the purchase of property or services from an individual in which the purchase price substantially varies from the market value. (9 CSR 10-5.200).

If a staff member observes or discovers the potential misuse of funds/property, they should consult the Abuse and Neglect portion of this document and follow those steps immediately.

Section III: MEDICAL

ADEQUATE DOCUMENTATION--MEDICAL

Adequate medical records are records which are of the type and in a form from which symptoms, conditions, diagnoses, treatments, prognosis and the identity of the individual to which these things relate can be readily discerned and verified with reasonable certainty.

All documentation must be made available at the same site at which the service was rendered. Medical documentation will include a written consult, signature of provider of services, clear written orders, copy of prescriptions and any care or treatment instructions. Emergency room visits and hospital admissions will include the written consult, signed by the provider of service. Discharge orders provided when an individual is released from a hospitalization will include the same, and any test results, lab results or other diagnostic results and follow-up required.

MEDICATION ANDMINSTRATION RECORD (MARs)

- A record of medications administered by qualified personnel per physician's orders must be completed each time a medication is administered.
 - Included on the MAR should be the individual's identifying information, every prescribed medication, the purpose of the medication, the dosage, route and time due.
 - Medications should be initialed as "administered" at the time the medication is given per L1MA training. Waiting until the end of a shift is against L1MA procedure.
 - If a PRN medication is given, L1MA training should be followed regarding documentation and results/follow-up.
 - If the PRN is a psychotropic drug prescribed, staff should follow the written protocol in each circumstance. It is BSL policy to follow physician written protocols.
 - Staff should sign each paper MAR next to their initials. When an electronic MAR is used, Therap does this automatically.
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 - When a medication is missed/refused, staff, the professional manager or the nursing coordinator will notify the prescriber.

SELF-ADMINISTRATION

- When an individual indicates that he/she would like to self-administer medication(s), the following process will be utilized:
 1. Notifying the appropriate Professional Manager and Nursing Coordinator as well as guardian/medical conservator that this wish has been expressed.
 2. Consulting the appropriate physician(s) to get input.
 3. Working with the due process committee to review the individual's request and to create a training plan to help facilitate training/practice as needed by the individual.

4. If approved, the team will work with the appropriate service coordinator to get an amendment approved and begin the training program.
5. Ongoing review will be done by the Professional Manager and/or Nursing Coordinator and reported to the Service Coordinator via monthly reviews.
6. When errors occur, the provider on shift will complete a GER and report.
7. When a medication is declined, staff will not "M/R" on the Therap MAR and explain in the comment box if a medication is declined.
8. Staff will continue to provide oversight for ordering routine and new medications while the individual is still learning to self-administer. All medications should be available at the same rate/timing as if the individual did not self-administer medications.
9. Staff will support the individual to report any med error to the Nursing Coordinator and report to the prescriber, or complete the report for the individual.

MEDICATION/TREATMENT POLICY

- Individuals' medications are regularly evaluated to determine the continued effectiveness.
- Prescription and over-the-counter medications administered require a written physician's order.
- Medications and treatments will be administered in accordance with the written orders.
- Prescriptions and the indication/diagnosis (purpose of medication) will be maintained in the individual's medical record.
- The medication shall be administered and recorded by the same person who prepares it.
- If a medication is pre-packed for an outing, appointment or home visit, the staff preparing the medication shall document as such.
- **If a medication is missed, it will be documented accordingly. A GER will be completed and reviewed for EMT submission per DMH guidelines.**
- Medications will be clearly labeled and stored under lock and key. Schedule II controlled substances shall be stored under double lock.
- Internal and external medications shall be stored separately.
- Unused, discontinued or outdated medications will be disposed of by two staff, one of whom is a nurse, and will be documented accordingly.
- First aid supplies needed to treat minor injuries will be available at the ISL.
- Immunizations will be current in accordance with the recommendations of the Department of Mental Health.
- Additional training is required for participants needing insulin or the administration of medications or nutrition via feeding tubes.
- RN Delegation training is required for certain identified nursing tasks and will be completed by the Community RN.

- Any staff member may be restricted from passing medications to individuals served by BSL at the discretion of the Nursing Coordinator or Community RN if their practices do not meet the competency expectations of the agency.

All medications that need to be destroyed will be brought to the office by the Nursing Coordinator and destruction per DMH guidelines will be completed.

SPECIALIZED DIETS

Per 9 CSR 45-5.010 (3) (D) 1. G, Boone Supported Living, LLC, when advised that an individual has been prescribed a specialized diet or feeding procedure will promptly inform the nursing coordinator who will review orders, secure appropriate SME/DME when needed and create training opportunities for staff members to be able to safely support and document their efforts to support an individual with a new diet order.

Subsequent staff assigned to that individual's care will also be trained in the specialized diet orders(s) and/or procedure(s) and be signed off by the Nursing Coordinator before taking solo shifts for that individual.

The appropriate professional manager will also notify the appropriate support coordinator and guardian to secure needed funding to support the specialized diet order.

CONTROLLED SUBSTANCES

BSL is committed to the safe storage, administration and documentation of controlled medications. For each medication determined to be a controlled substance, staff will:

1. Begin a controlled substance count sheet for each pill. (if a bubble pack includes 2 pills per pack then all pills are counted, not all doses. If a pill pack for 30 days includes 2 pills per bubble then that pack's count should be 60. If there are multiple cards such as 8a/12p/4p/8p, then all pills should be in the inventory.
2. Each shift change requires two staff members to count the number of pills and document on the controlled substance count sheet.
3. During shift, each time the med is passed, staff will subtract the dosage off of the controlled count sheet as well as documenting on the MAR.
4. If a bubble pack is compromised or the pills become contaminated or damaged, they will be placed back into the bubble and taped shut. The staff will use a marker and put a "C" for contaminated over the tape and on the front of the bubble. (for houses using Heartland pharmacy refills staff will put pills in a plastic bag attached to the bubble pack with a binder clip)
5. Contaminated meds are still included in the count until they are destroyed.
6. If the med count is off, staff is to contact the Nursing Coordinator immediately. If he/she does not respond in 15 minutes, contact the Professional Manager and continue up the chain of command until you reach someone. A controlled substance audit will be conducted, and the count will be and verified by a member of management. Missing controlled substances must be reported to law enforcement.

7. If a staff member is not willing to complete this count, then the Nursing Coordinator is to be contacted. If he/she does not respond in 15 minutes, contact the Professional Manager and continue up the chain of command until you reach someone.
8. If a staff member discovers an incomplete count, he/she should immediately report to the Nursing Coordinator.
9. Controlled substance count sheets are to be turned in monthly to the BSL office by the House Manager.
10. If a controlled substance is discontinued, the bubble pack should be marked "To Be Destroyed", removed from the house by admin staff and taken to the office for destruction by a licensed nurse and one other management team member, per DMH guidelines.
11. If medication is refilled, staff will immediately add the new medication to the controlled count sheet and secure it in the ISL.
12. If a participant goes home and has a PRN controlled substance, please send the entire bubble pack with them. Do not pre-package a controlled substance if it is PRN and you are uncertain it will be needed. Avoid sending whole bubble pack home as we can tear off doses and add them back in by clipping them to the binder in a plastic bag and adding them back into the count)
13. The person accepting responsibility for the medication will sign a Medication Release/Leave of Absence form. Remove the number of pills from the count.
14. When that individual comes home, staff then add those doses back in to the controlled substance count.

MEDICATION ERRORS

Medication Errors exist in seven forms. Each form has the potential to cause serious harm to an individual.

1. Wrong medication (L1MA trained personnel may not substitute generics for trade name medications, nor trade names for generic formulas). The exact medication as ordered by the prescriber must be what is administered to each individual at all times. For instance, staff may not pass Acetaminophen when Tylenol is on the physician order.
2. Wrong dosage (doses must be as prescribed)
3. Wrong form (if a physician order states that the medication must be in tablet form, staff administering may not use caplets or liquid formulations)
4. Wrong time (the acceptable time limit to pass medications is either one hour before the medication to be passed until 1 hour after the medication is to be passed)
5. Wrong route (route is the way the medication enters the individual's body. It includes: topical, oral, sublingual, rectal, G-tube, J-tube, subcutaneous or other specifications as ordered by the prescriber)
6. Wrong person (i.e. medications can only be given to the individuals for whom they are ordered).

7. Failure to administer (e.g. missing a window of administration, forgetting to bring medications on an outing, misreading a PO/MAR) and not passing a medication, medication not in the ISL when needed)

When a medication error is discovered, the staff member making the discovery should:

1. notify the on-call supervisor
2. seek immediate medical attention if needed
3. complete a GER by the end of shift
4. work with the on-call supervisor to help address the cause for the error
5. observe for further side effects

CONSULT FORM/MEDICAL APPOINTMENT RECORD

A consult is required for every contact that an individual has with any professional (physician, dentist, therapist, dietician, OT/PT, etc.)

It is required to have a consult form generated from the Therap appointment record. This should include the reason for the visit, the type of appointment, the physician and location of the visit, and any information necessary to be addressed at the appointment. In the event Therap is unavailable, a printed Medical Appointment Record may be used and handwritten. It must be filled out completely and include all of the same information.

At the appointment, the medical provider should fill out the consult for the “findings/recommendations” and sign the consult. The signature of the provider is ALWAYS required for every visit. If any medications are prescribed at the appointment, a copy of the script should be obtained for the records and any additional information provided, such as clinic notes, directions for care etc.

All completed consults, scripts and other documentation provided should be scanned and attached to the Therap appointment record upon return to the ISL. The Nursing Coordinator should be notified of any changes so the MAR can be updated. The original consult/script/attachments should be stapled together and filed in the individual chart until the end of the quarter, when they are brought to the office by the Professional Manager and placed in the permanent file.

MEDICAL TREATMENT

Only designated staff should accompany an individual to an appointment. Staff should clearly understand the reason for the doctor's appointment. Representing BSL to outside agencies in a professional, competent manner is expected at all appointments.

It is understood that, at times, healthcare emergencies may arise. If emergency situations occur that require immediate response (e.g., life threatening conditions), call 911 and use your CPR/First Aid training until professional medical personnel arrive. If there is any concern or doubt regarding an individual's well-being, it is recommended that staff seek immediate emergency treatment.

In the event that emergency treatment has been sought, the DSP shall contact the on-call supervisor. The on-call supervisor will notify the RN, the Professional Manager (if it is a different PM than the on-call supervisor) and the Executive Director. The PM or Executive Director will then contact parents/guardians and the Support Coordinator and ensure an EMT is submitted to Regional Office.

CONFIDENTIALITY/HIPAA

It is recognized that the services that this agency performs for its participants are confidential. To enable Boone Supported Living, LLC (BSL) to perform those services, individuals furnish confidential protected health information (PHI).

It is the policy of Boone Supported Living that all parties maintain confidentiality regarding individuals who receive services. Confidentiality is defined as the non-disclosure of private, personal information. State and Federal statutes regarding confidentiality protect information about individuals receiving services from the Department of Mental Health. HIPAA (Health Insurance Portability and Accountability Act of 1996) is United States legislation that provides data privacy and security provisions for safeguarding medical information. HIPAA is national law put in place to protect Individual's personal health information that is created, received, used, or maintained by a covered entity.

BSL strives to protect the confidentiality, integrity, and security of protected health information of the individuals in our care. We have a duty to keep personal medical information confidential. In addition, individuals expect that all records and all communications pertaining to their care is treated in strictest confidence. Confidentiality/HIPAA policies will be reviewed annually for all employees, contracted employees, adult household members, relief/respite providers and volunteers.

Due to the nature of our services, we are privy to very personal information including medical information and it is to be kept strictly confidential and only shared when needed for the health and safety of the individual. Needed discussions about medical conditions, mental health, medications, behaviors, or anything else of a private nature should occur in as private of a setting as possible, with the permission of the individual when possible. If the individual is not comfortable discussing a certain topic in a certain setting, then staff is expected to work with the individual regarding what will help them feel more comfortable with the conversation occurring when it is a topic that has to be discussed for health and safety.

Individuals can see and obtain copies of their records when they choose to and request corrections or express disagreement if they see fit. This should be noted in progress notes. Confidentiality practices are shared annually during the individual plan meeting and are available upon request.

BSL does share the individual's personal medical information with the individual's treatment team including healthcare providers, CMRO staff, guardian, etc. for the purpose of health and safety. Sharing is done only as is necessary, to provide quality care and to ensure the highest standards for the individual receiving supports.

If the individual has the capacity to make health care decisions (no guardian or Power of Attorney), information can still be discussed with family or others present if the individual agrees or, when given the opportunity, does not object. Even when the individual is not present, or it is not practical to ask the individual's permission because of emergency or incapacity, BSL may share information with family members or friends, when, in exercising professional judgment, it is determined that doing so would be in the best interest of the individual.

All employees of BSL representatives are mandated reporters by law and required by law to disclose certain information if there is danger to the individual or others. They also acknowledge that in receiving, storing, processing or otherwise dealing with any individual medical records from this facility, I am fully bound by the Code of Federal Regulations 45 CRF Sections 160 and 164 regarding "Protected Health Information" (PHI), the "Health Insurance Portability and Accountability Act" (HIPPA); and by 45 CRF Part 2 "Confidentiality of Substance Use Disorder Patient Records" and by Missouri state law and any other applicable federal law.

SECTION IV: DOCUMENTATION

DOCUMENTATION Daily Progress Notes

According to 13 CSR 70 – 3.030, implementation of services must be documented by the provider and is monitored by the Support Coordinator at least monthly for individuals who receive group home or individualized support living (ISL) services and at least quarterly for individuals who participate in shared living or reside in their natural home. Adequate documentation means documentation from which services rendered and the amount of reimbursement received by a provider can be readily discerned and verified with reasonable certainty.

Adequate Documentation is required to be maintained in an individual's record that reflects each authorized service billed. It is the expectation that ALL documentation is completed by end of shift. If the electronic documentation system is unavailable; a handwritten note should be completed, and the Professional Manager notified.

Daily Progress Notes are considered adequate for authorized services billed if they:

- Are accurate
- Describe the individual's activities and how the individual was supported in making progress or movement towards the outcomes listed in the individual's current ISP.
- Include activities completed that are goal oriented or relevant.
- Are legible
- Are complete
- Show the date of service
- Note the actual starting time and ending time of the service.
- Include the individual's full name and either middle initial or date of birth.

- Describe the type of service provided for a given period and it matches the Service definitions in DMH Home and Community Based Waiver Manual (i.e. Residential Habilitation, Personal Assistant, Respite, PAMs etc.)
- Include the printed name, signature and title of the staff person providing the service and authoring the note.
- Include BSL's name on the report.
- Individual's progress toward the goals stated in the ISP (progress notes).

EVENT MANAGEMENT TRACKING (EMT) REPORTING:

On occasion, an event may occur which warrants additional documentation. According to Department of Mental Health, an event is defined as those specific incidents that were unusual, or have actual or potential adverse outcomes, or medication errors that reach the individual.

Events involving an individual receiving Department of Mental Health Services that are reportable are clearly outlined by DMH 9 CSR 10-5.200. Detailed accounts of any incidents that are reportable will be documented and a GER submitted by the end of the employee's shift. The on-call Supervisor should also be notified when a GER is completed. GERs should detail only facts - not assumptions or opinions. An administrative designee will take information from the GER and enter an EMT into the CIMOR system.

Reportable Incidents:

- Misuse of funds/property
- Neglect
- Physical Abuse
- Sexual Abuse
- Verbal Abuse
- Emergency Room Visits (and some Urgent Care visits)
- Non-scheduled hospitalizations
- Death of consumer served by DD Med
- Medication errors which reach consumer

- Incidents of Falls
- Uses of Emergency Procedures
- Events involving Law Enforcement

Failure of a BSL representative to comply or assure compliance with these policies may result in disciplinary action, including dismissal.

LAW ENFORCEMENT INVOLVMENT

Certain events require notification to law enforcement. Only the CEO, Executive Director or their designees may contact law enforcement regarding a participant in the program.

If there is an immediate, urgent safety need (i.e. "life and limb") then other staff may call the police.

If there is a behavioral issue that is not a direct threat, utilize the on-call supervisor to respond and assist in de-escalation.

SECTION V: P&P CONFIDENTIALITY & HIPAA

Non-Disclosure Agreement:

Each applicant will read and sign a non-disclosure agreement that will protect the individuals receiving services and their privacy. By signing this agreement, applicants consent that any information obtained during the interview or candidate selection process that they may be privy to about the individuals receiving services will NEVER, for any circumstance, be disclosed. This applies whether an offer of employment is extended or not.

Protected and Individually Identifiable Health Information:

Defined as- information that is a subset of health information, including demographic information collected from an individual, and:

- Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
- Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and That identifies the individual; or
- With respect to which there is a reasonable basis to believe the information can be used to identify the individual.”

Confidentiality Policy: It is the policy of Boone Supported Living that all parties maintain confidentiality regarding individuals who receive services. Confidentiality is defined as the non-disclosure of private, personal information. State and Federal statutes regarding confidentiality protect information about individuals receiving services from the Department of Mental Health. In addition, individuals expect that all records and all communications pertaining to their care is treated in strictest confidence. Individual records must be kept at the ISL location and will be maintained in a confidential manner.

HIPPA Policy:

HIPAA (Health Insurance Portability and Accountability Act of 1996) is United States legislation that provides data privacy and security provisions for safeguarding medical information. HIPAA is national law put in place to protect individual's personal health information that is created, received, used, or maintained by a covered entity. Boone Supported Living strives to protect the confidentiality, integrity, and security of protected health information of the individuals in our care. We have a duty to keep personal medical information confidential.

Confidentiality/HIPPA Agreement:

BSL policy requires staff to sign a Confidentiality/HIPPA agreement as part of the training upon hire and on an annual basis thereafter. This agreement, signed and dated by the employee, is an extension of this handbook. It is required for employment and will be placed in the personnel file. This agreement may also be acknowledged electronically. Any person who is found in violation of the confidentiality or HIPPA policy or the signed agreement, is subject to termination and criminal sanctions.

Disclosure of Privacy Practices Procedures

It is the policy of Boone Supported Living to protect the privacy of individually identifiable health information in compliance with federal and state laws governing the use and disclosure of protected health information (PHI) pursuant to the requirements of **HIPAA** and all other applicable laws.

NOTICE OF PRIVACY PRACTICES

If an individual receives services from Boone Supported Living, they will be provided with a Home and Community Based Services Participant Manual, which includes Notice of Privacy. The manual will be explained to the individual and/or legal guardian.

Documentation of acknowledgment will be placed in the individual's record. BSL will ensure employees are trained regarding Home and Community Based Services according to 42 CFR441.301. If a participant and/or legal guardian has questions regarding these disclosures or accessibility of participant records, they shall be made to the administrative office of Boone Supported Living.

Electronic Communication Policies

Boone Supported Living strives to be an agency focused on communication to address individual needs and wishes in a timely manner. We also see the value of social media as a way to help increase the self-esteem of our individuals as well as to share information needed to assure appropriate supports from the entire team. In efforts to assure that information communicated is respectful of the individuals' privacy as well as adhering to HIPAA, Confidentiality expectations and our "No Gossip" culture, BSL employees will adhere to the following expectations regarding electronic communication.

- Social Media
- Release Forms

- Therap Usage
- Monitoring/Personal Computer Usage

Social Media Policy:

Employees must refrain from posting work related topics or any information that would compromise individual or agency confidentiality on social media sites EXCEPT for BSL closed group sites. Employees who choose to be friends with individuals served on social media networks are making a personal choice. If there is material or information you do not wish for them to know, or your page is not “Rated G”, you should not accept a friend request. Employees will be held accountable for inappropriate conduct as it relates to employment and professionalism while representing the agency on social media networks. These actions are grounds for termination of employment.

For the purposes of this policy, electronic communication can include instant messaging, text, email, Facebook, Twitter, Snapchat, Instagram and all other current and future Social Media platforms.

1. *Email:* Use a protected encrypted server to transmit any individual information.

- Internal email used may be Outlook Mail, or Therap secure communication (S-COMM)
- Governmental Entities: “https://securemail.mo.gov/securereader/init.jsf” *If you cannot open an encrypted email, please contact management to assist you with this contact.
- Other entities or individuals: Information must be sent via fax, phone or in person

2. *Facebook:* BSL Staff Facebook group – Closed to the public and is the only site approved to post things related to work.

- All posts are to be "family friendly"
- Show individuals in a positive manner
- Use ONLY INITIALS to identify individuals in ANY digital or written communications
- If you post a photo of an individual, delete the picture off your device AND empty your deleted items folder IMMEDIATELY afterward

1. Individual Facebook pages – Individuals may post anything (legal) they wish on their own sites.
2. Public BSL Facebook page – Only Executive Management can make posts on our public page.

Staff Personal Social Media Pages

Staff should never post anything regarding BSL or the individuals on their own social media sites. Specific exceptions may be made with Executive Management approval. Any posts

by BSL on our public page may be shared freely, but sharing information posted within the closed staff group is a violation of your confidentiality agreement signed upon hire.

*****This applies to all social media platforms*****

3. *Texting:*

- Ensure cell phone is password protected
- Do not use personal identifying individual information
- State information in a positive light
- Delete conversation after completed

4. *YouTube videos/photos:*

- These may only be posted by BSL Executive Management when regarding individual or staff activities and only for those individuals that have signed the Media Release forms
- Other BSL staff should never make a post about anything related to BSL

These procedural expectations include but are not limited to only the technologies listed above and extend to additional forms of public social media as technology and communications continue to evolve.

BSL Executive Management will determine if a communication sample is in violation of this policy for anything involving an employee or an individual and for the purposes of determining if employee discipline (up to and including suspension or termination) is necessary to ensure the company is free from potential violations of federal, state, civil, or criminal penalties.

Other BSL staff should never make a post about anything related to BSL. These procedural expectations include but are not limited to only the technologies listed above and extend to additional forms of public social media as technology and communications continue to evolve. BSL Executive Management will determine if a communication sample is in violation of this policy for anything involving an employee or an individual and for the purposes of determining if employee discipline (up to and including suspension or termination) is necessary to ensure the company is free from potential violations of federal, state, civil, or criminal penalties.

RELEASE FORMS

Media Release:

Employees agree to grant Boone Supported Living, LLC, its representatives and employees the right to take photographs of them and their property. They also grant authorization for BSL to copyright, use and publish the same in print and/or electronically. No employee is authorized to represent BSL in writing or in person, to the media or any other outlet without approval of the CEO. If any person wishes to opt out

of the media authorization, it will require a signed revocation. Please contact the administrative office if you do not wish to participate in BSL media promotions.

Therap Usage: Therap is a cloud based, HIPPA compliant documentation service that provides the documentation and communication needs of Boone Supported Living. In addition, Therap provides a system to better support the individuals receiving services from BSL. Therap is intended to offer an efficient alternative to the amount of documentation required to meet compliance standards. The Therap cloud-based network is the property of Therap Services and the equipment and information used is the property of BSL and is to be used for legitimate business purposes. Employees are provided access to Therap to help them perform their job duties. All employees have the responsibility to use these resources responsibly and in a lawful and ethical manner. Documentation should be professional, accurate, sensitive and respectful. Failure to comply may result in disciplinary action including termination, civil/criminal liability and Department of Mental Health (DMH) investigation. The following responsibilities are expected of each user:

Electronic Signature

Each person will have a user I.D. and password to access the system. The electronic signature will time and date stamp all entries within Therap. Employees shall never give this information to other people as it puts them at risk for falsification of documentation whereby one employee falsely documents as another and implicates them in activities not authorized or verified by the employee.

Communication

Therap communication should be confidential. Unauthorized sharing will be considered a breach of confidentiality. There shall be no expectations of privacy on the employee's behalf. Access is granted solely for the purpose of performing the job duties and anything that employees create, store, send or receive using BSL property is not private and is owned by BSL.

Monitoring-

BSL has the right to, and will, monitor any aspect of the electronic systems used. This includes but is not limited to the internet, Therap, chatrooms, newsgroups, downloads etc.

Personal Communication/Computer Usage:

Incoming personal calls and/or text messages must be brief and necessary for both the house phone and personal cell phones. Personal calls should be made during down time and shall not interfere with the individuals' needs. Excessive phone use or distraction from work duties should be avoided and may result in disciplinary action, if necessary. Having your personal phone, computer or other devices at work is a risk and is highly discouraged. If your property is broken or damaged by an individual being served, it is the employee's responsibility and the individual nor the agency will pay for it to be repaired/replaced. Employees may not use the company computer for personal use.

SECTION VI: TRANSPORTATION

STAFF VEHICLES

All drivers must abide by the following transportation policy at all times:

All personnel or company vehicle drivers will remain distraction free at all times while driving. Distractions include but are not limited to:

- Phone calls
- Text Messages
- Eating/Drinking
- Loud Music
- All vehicle occupants must wear seatbelts at all times
- Never leave an individual alone in a vehicle at any time for any reason.
- Never allow the individual to drive the vehicle.
- Current insurance must be maintained in the vehicle at all times.
- Drivers must always take the first aid kit when transporting individuals.
- All vehicle concerns must be reported to the administrative office immediately. This includes mechanical or body repair issues.
- Staff will not transport during weather conditions that present a threat to the safety of themselves or the individuals served. If a vehicle emergency arises, staff will respond using the appropriate emergency procedures including CPR/FA as needed.

No matter how our individuals are transported, they should be able to expect the following as a minimum standard:

- Vehicle is clean--no trash, debris
- Seatbelts are present, and function correctly
- Windows roll up/down
- AC/Heat work
- A first aid kit (staff may borrow the travel first aid kits at the ISL if needed) is present
- Even if you smoke, you should not be smoking in your car with consumer in the vehicle for their health (and even if the consumer chooses to smoke)

Accidents DO happen to all humans. While we never want this to be the case, we know that we will likely experience this at some point. Here's what needs to be done:

Individuals will not be transported when conditions exist which could represent a significant threat to their safety. In the event an emergency occurs while in a vehicle, staff will:

- Ensure the vehicle is in a safe place.
- Respond with appropriate CPR/First Aid
- Contact 9-1-1 if necessary
- Begin the 24-hour notification process (begin with your on-call supervisor)
- The Executive Director, CEO or designate will contact the guardian and CMRO.

Company Vehicle Policy

The following company vehicle policy applies to all drivers:

- Each employee must have a valid MO state driver's license. The company employee is responsible for knowing and complying with all federal, state, county and local driving laws.
- Smoking is not permitted in any company vehicle--NO EXCEPTIONS. Staff should refrain from smoking in their personal vehicles when transporting individuals.
- Vehicle is for company use only. Anyone found using a company vehicle for personal reasons without written authorization from a member of executive management is subject to disciplinary action, including termination.
- No passengers are permitted in a company vehicle except Boone Supported Living individuals and employees on duty. No hitchhikers are allowed to ride in company vehicles.
- Employees shall practice sound defensive driving techniques and exercise reasonable care in the operation of the company vehicle.
- Do not tailgate other motorists.
- Keep a safe following distance.
- Headlights shall be used one hour before sunset and one hour after sunrise, during inclement weather or at any time when a distance of 500 feet ahead of the vehicle cannot be clearly seen.
- Perform regular vehicle inspections as required by your supervisor.
- Back or park vehicles where you can pull out the next time you drive.
- Maintain a safe speed and follow posted speed limits.
- Dress appropriately for job duties and wear slip-resistant, closed-toed shoes (i.e. no sandals)
- Do not park on roadways with speed limits over 30 mph unless disabled.
- Do not drive the vehicle unless you feel it is unsafe.
- Do not jump from any part of the vehicle.
- Always maintain 3 points of contact when mounting or dismounting any part of the vehicle.
- Staff shall not drive the company vehicle while consuming alcoholic beverages or other drugs or while under the influence of alcohol or other drugs, nor allow anyone else to do so. Report to work free from the aftereffects of drugs or alcohol.
- Employees taking physician-prescribed medication that might impair their ability to operate a truck or perform various job tasks safely must report this to their immediate supervisor prior to the start of work.
- The handicap placard is only to be used when transporting an individual that requires its usage and its to be displayed only when parking in an accessible space. Using the placard simply to obtain a better parking space is strictly prohibited.
- Use of cellular phones & similar handheld devices while driving a company vehicle is not permitted. Under no circumstances is texting while driving allowed.

- Staff is responsible for ensuring that the vehicle interior is kept clean and is free of any trash or other debris at the end of each use.
- Employees must take the first aid kit with them while transporting. It will contain important individual information you will need in case of an accident (question)
- All vehicle occupants must wear seatbelts at all times. Employees will obey all traffic laws, ordinances and regulations pertaining to the operation of motor vehicles. Employees will pay any fines, parking tickets or other assessments for violations of traffic laws, ordinances, or regulations imposed. Fines paid by employees for any violation of such motor vehicle laws, ordinances, or regulations are totally the responsibility of the employee and will not be reimbursed by the company.

1. All vehicle occupants must wear seatbelts at all times. Employees will obey all traffic laws, ordinances, and regulations pertaining to the operation of motor vehicles. Employees will pay any fines, parking tickets, or other assessments for violations of traffic laws, ordinances, or regulations imposed. Fines paid by employees for any violations of such motor vehicle laws, ordinances, or regulations are totally the responsibility of the employee and will not be reimbursed by the company.

2. If an employee is involved in an accident, any type of vehicle damage, and/or injury to an individual:

- Employee will be required to pay all deductibles under the company vehicle insurance plan and any other fees not covered by the company insurance or pay out of pocket to fix the vehicle. *This will be done through payroll deduction.*
- Employee is subject to immediate mandatory drug testing.

3. Employee must have and keep a favorable driving record and be willing to permit a periodic review of their driving record.

4. If an employee is involved in an accident with a company vehicle and the company's insurance carrier assumes responsibility for payment of resulting claims, employee may be required to attend a Defensive Driving training course.

Employees shall not operate vehicle without a valid driver's license on their person.

- Vehicle is to remain locked at all times when left unattended, both at the ISL and in public. (Drivers are responsible for the security of company vehicles assigned to them. The vehicle engine must be shut off, ignition keys removed and vehicle doors locked whenever the vehicle is left unattended.)
- Staff will complete the mileage log for EVERY use.
- Vehicle fuel is to never drop below one-half tank.
- ANY trip outside the city limits of Columbia requires approval by a member of senior or executive management.

- Company vehicles will be fueled at Mutrux locations. They are a full-service gas station that BSL contracts with to service our vehicles. They will check all fluids, tires and other essentials at the time of service.
- MU Trux is located at 2100 West Rollins Road (573-445-1070)
- They will fill the gas tank (company vehicles only) check air pressure on tires and fluids to routinely make sure that we do not have a car in poor condition on the road.
- If you check a car out from the office, please return keys to the drop box if after hours.
- Trips out of town must be approved by the Executive Director or CEO. This is to assure that on-call staff are aware of your trip and can provide enough support if there is an issue on the road.
- Company vehicles already have stocked first aid kits, handicap placards, etc.
- Insurance cards are found in the glove box of each company vehicle.
- Employees must assure all safety items are in place which includes: safety reflectors (flares), flashlight, tire gauge, jumper cables, fix-a flat container, accident report forms, and required legal documents such as proof of insurance and registration.
- Mileage for company vehicles goes on the mileage sheet in the vehicle (not on staff's Therap mileage submission)
- Cars checked out from the office must be returned in the following conditions:

1. Returned with at least 1/2 tank of gas.
2. All food/trash removed.
3. Cleanup of any spills or body fluids
4. Report on condition of car submitted to the BSL Offices.
5. Keys returned to the BSL drop box after hours.
6. Unless you have permission, do NOT use the vehicle to go home that night and return the next day.
7. Personal errands, borrowing vehicle are not allowed without approval from the Executive Director.

SECTION VII: Consumer Rights

INDIVIDUAL RIGHTS

It is the policy of BSL that adults with developmental disabilities have the same rights as other adult citizens. Adults with disabilities may need special training or education to exercise these rights but will be considered capable of exercising them unless legally determined to be incapable of doing so by a court of law. This policy includes 9 CSR 45-5.020,

All individuals are entitled to those rights guaranteed by the Department of Mental Health. This company will not countenance violation or limitation of these rights without due

process. Individuals may obtain legal counsel through Legal Aid offices near to them or, if necessary, may request that a private attorney be obtained for them through use of their personal monies. It is important for every person to know his or her rights. These are the rights of those who receive services from the Department of Mental Health: Division of Developmental Disabilities, through a regional office or habilitation center:

1. All individuals served by the Division of DD shall be entitled to the following rights and privileges without limitation, unless otherwise provided by law:
 - To be treated with respect and dignity as a human being
 - To have the same legal rights and responsibilities as any other citizen
 - To receive services regardless of race, creed, marital status, national origin, disability, religion, sexual orientation, gender, or age
 - To be free from physical, emotional, sexual, and verbal abuse, and financial exploitation
 - To receive services and supports to achieve the maximum level of independence
 - Within one's financial means, to have a choice where to live and whether or not to share a home with other people
 - To direct one's own person-centered planning process and to choose others to be included in that process
 - To participate fully in the community
 - To communicate in any form and to have privacy of communications
 - To accept or decline supports and services
 - To have freedom of choice among Division of DD approved providers
 - To seek employment and work in competitive integrated settings
 - To participate or decline participation in any study or experiment
 - To choose where to go to church or place of worship, or to refuse to go to a church or place of worship
 - To have rights, services, supports, and clinical records regarding services explained in a manner that is easily understood and in an accessible format
 - To have all of an individual's records maintained in a confidential manner
 - To report any violation of one's rights free from retaliation and without fear of retaliation
 - To be informed on how to make an inquiry, file a complaint, or report a violation of one's rights, and to be assisted in these processes, if requested.

2. Adults who do not have a legal guardian have the right to designate a representative to act on one's behalf for purposes of receiving services from the Division of DD.

3. An individual's rights as outlined in section one (1) may not be restricted, including, but not limited to, by a provider of targeted case management or home and community-based services, without due process. Due process under this provision includes:
 - The right to be notified and heard on the limitation or restriction

- The right to be assisted through external advocacy if an individual disagrees with the limitation or restriction
- The right to be informed of available options to restore the individual's rights.

Another way to view Consumer Rights is presented below in the pamphlet given to individuals and families when they are accepted for services or when they are at individual plan meetings or other meetings.

Following is a link to the most recent pamphlet published by DMH. It should be shared annually at the ISP meeting with individuals and their guardians.

rights-booklet.pdf <https://dmh.mo.gov/media/pdf/client-rights-brochure-community-services>

Another guiding document regarding how we interact with our individuals is called the MO Quality Outcomes. As each one is listed it seems like these are outcomes or developmental milestones that everyone experiences at some point in their lives.

mo quality outcomes <https://dmh.mo.gov/media/pdf/missouri-quality-outcomes-guide-individuals-and-families>

The Home and Community-Based Services Manual also outlines experiences that individuals should experience in community settings:

HOME AND COMMUNITY BASED SERVICES

Individuals with disabilities may need certain education and/or assistance to access and understand the services available to them. It is the practice of Boone Supported Living, LLC (BSL) to support individuals receiving services (participants) in achieving their goals, realizing their dreams and having a meaningful life designed by their choices. As a participant in the BSL program, each individual receiving services will have the same rights and responsibilities as other citizens. BSL will train individuals and staff regarding these rights and responsibilities and how to advocate for themselves and those who need assistance with self-determination. BSL will ensure that individuals have access to their home and their community in the following ways:

Services:

- All individuals with disabilities will choose their services and be given options that are available to them by their Service Coordinator.
- Individual and guardian input will be the guiding force to determine services needed, in addition to physician recommendations.
- Individuals will be educated on the way to ask for changes to their services through the BSL participant grievance process and/or their Service Coordinator.
- Individuals may request new services using the same method.

- Individuals may decline services at any time without fear of retaliation or punishment.
- Staff will be trained on the appropriate way to document refusal of services. → Participants will have input regarding staff who support them and may request a change of staff at any time through the participant grievance process.
- The ISP planning process will include people that the participant chooses. Meetings will take place at a time and location that works for the individual and their family/guardian.

Needs & Preferences:

- Individual needs and preferences will be made known by themselves, family, guardians, and those who know them best.
- The BSL team will talk to participants about what they like and dislike. They will have a choice about every aspect of their lives and BSL will help find options in the community.
- Individual needs and preferences will be met whenever possible and may require special accommodations.
- Individuals may request changes to their services and supports as their needs and preferences change through the participant grievance process and/or their Service Coordinator.
- The ISP will reflect the choices made by the individual and will indicate any modifications made, if applicable. → In the event of a plan modification regarding restrictions of rights, documentation will accurately reflect any and all interventions, positive supports or methods used and that due process was followed.

Individual Interactions:

- Individuals choose who they interact with in the community.
- Participants will be encouraged to have positive interactions with others in the home and community.
- Individuals will be encouraged to resolve conflict with others having staff support, as needed.
- Individuals may use social media and staff will be trained to support them in the safe use of their choice of media.
- Individuals may have visitors in their homes.
- BSL will encourage friends and family to visit and be involved with the individual.

- Participants may have a private visit, if determined appropriate by guardian and outlined in the ISP.
- Participants residing in a home should agree on visitor guidelines.

Community Access:

- BSL will support individuals with identifying their interests.
- Staff will assist with locating local events or activities that match the interests of individuals. Staff will encourage interaction with members of the community.
- Staff will assist with accessing transportation options, including modifications or accommodations needed.
- Staff will assist with scheduling and payment for transportation when necessary.
- Individuals are able to set their own schedules.
- Individuals will participate in planning activities of their choice.
- Individuals are not required to participate in activities, planned or unplanned.
- If an individual chooses not to participate in activities, alternative choices will be offered or other arrangements for staff support will be provided in the home, as available.

Physical Environment:

- Each individual will be offered a choice of physical environment and will be shown various options of living arrangements within their financial means when they are considering a choice of provider. This is typically done by the Support Coordinator. BSL may do this if requested.
- Individuals will be given the opportunity to meet any potential roommates and will have a choice in roommate and sleeping arrangements.
- Individual resources for room and board will be taken into consideration when selecting living arrangements and will be included in the ISP.
- Documentation of provider choice will be documented in the individual record.
- Individuals are able to decorate their living space (bedroom) as they wish, within the lease agreement guidelines and their financial means. Common living areas will be decorated with agreement of all housemates.
- Participant needs or schedules, including appointments, shall not be posted publicly in the home unless requested by the individual.
- Accessibility to the individual and their mobility needs shall be met in the environment, with or without modifications.
- Individuals will have access to their home at all times.

- Individuals will be given a key to the lockable doors to their home. They will be responsible for their key. If they should lose the key they can replace their key at their own expense.
- Monitoring devices will only be used if determined appropriate and reviewed through due process.
- All participants will have a signed lease.
- Individuals may request a change of physical environment or roommate through the participant grievance process and/or their Support Coordinator.

Employment:

- With the support of staff and the Support Coordinator, participants will have opportunities to seek employment, if desired. They will be referred to a job placement agency.
- Staff will give assistance with practice and preparation for employment competences as directed by ISP goals.
- Staff will aid with job site supports such as transportation, meals, medications and other needs, as able.
- Staff and the Support Coordinator will have conversations with individuals regarding competitive employment opportunities within their community.

Education:

- Staff will help identify opportunities to further education if desired.
- Staff will give assistance with preparation and enrollment requirements.
- Staff will aid with on-site supports required such as transportation, meals, medications and other needs, as able.
- Staff and the Support Coordinator will help individuals locate information regarding the financial aid and other resources available within their field of choice.

Treatment:

- Medical, Behavioral and Therapeutic services in the community will be accessible at all times, as appropriate.
- Individuals will have the opportunity to seek treatment from the providers of their choosing. In addition, they will have the opportunity to request new providers with assistance from their care team.

Resources:

- Support individuals to know their resources and have access to their personal financial resources at all times unless other methods have been determined through due process.
- Staff will assist individuals in budgeting and financial transactions, as needed.
- Individuals have access to the food and household supplies they have purchased at all times unless other methods have been determined through due process.
- Participants may have individualized mealtime options, including cooking their own meals, with support as needed.

Dignity & Respect:

- Staff will have training regarding the ISP in an effort to be familiar with all individuals served.
- Staff will interact with individuals in a respectful and dignified way, in the manner they would like to be addressed.
- Staff will be trained in Positive Behavior Supports.
- Tools of Choice is an optional training and will be available to all staff.
- Staff will be trained regarding the privacy of individuals and appropriate times to discuss individuals and their care.
- While in a participant's home, staff shall refrain from providing personal care in public areas of the home or in the presence of other participants.
- While in public, personal care will be provided in a private area when accessible. If there is not a private area available, the staff shall return to the home to complete personal care tasks.
- Staff should always knock when entering an individual's home or bedroom.
- Staff will have the appropriate training regarding individual choice of appearance and attire, appropriate for the activity and time of day as stated in the ISP.
- Individuals should have meals according to preference and using the utensils that are preferred or prescribed--clothing protectors are a choice of the individual.
- Participants residing together will be reminded to respect the privacy of others within the home.
- Individual information will be maintained according to the Confidentiality/HIPPA policy. Boone Supported Living, LLC will ensure that individuals receiving services and supports have full access to the benefits of community living and

are able to receive services in the most integrated setting. Participants will be given choices in where they live, where they work, and how they do things in the community.

External Advocacy

Individuals at BSL will be educated about their rights including external advocacy sources by the service coordinator at annual ISP meetings, and amendment meetings. Individuals requesting support to identify an external advocate may request help from any staff member. Staff members needing help may reach out to any Professional Manager, Training Coordinator, Executive Director or CEO.

Due Process

All individuals being served have the same legal rights and responsibilities as any other person unless these rights have been restricted through a due process review. The role of staff is to educate and encourage good choices and document the results of their efforts. Staff are not to intervene with ill-advised choices unless the action is illegal or puts the individual or others at risk.

The team (composed of the individual and/or guardian, Support Coordinator, BSL Management, and/or any other person the individual requests) may identify a right(s) that should be restricted due to danger to individual or others, a request by a guardian, etc.

The team reviews the limitation of right(s) to be sure all of the required components are in place. The Due Process Committee will give feedback and the Support Coordinator must write an amendment to the current ISP with the following information:

1. The meeting date and limitation being imposed.
2. What the details of the limitation are and the information being collected for future review.
3. Why the recommendation is being made, and any necessary supporting documentation.
4. The restoration plan to have the limitation (s) removed.
5. The teaching method and objective data being collected daily.

Staff working with the individual will be trained in the proper implementation/teaching method and when the restriction can and cannot be imposed. They will also be trained on how to collect data and document on the limitation.

The Support Coordinator may make the request for a hearing or Boone Supported Living may submit the request to the Due Process Committee directly, when necessary. BSL will take all recommendations made by the Due Process Committee into consideration.

No limitations of right(s) may take place until the restriction and the plan implementing the restriction have been reviewed by the Due Process Committee. Exceptions may be made in emergency situations but only for a limited time. An exception may only be made for an

emergency situation in consultation with the on-call supervisor. After the event a review by the Professional Manager and Executive Director will occur within 2-3 business days to determine if restrictions are to be lifted or if they need to stay in place and be referred to the Due Process Committee.

HOUSE RULES

No house rules apply to the individual's home except those which are set by the individuals themselves and agreed upon by all participants residing in the home.

OUTSIDE RESEARCH

It is the expectation of Boone Supported Living that participants are not subjected to research procedures without the express consent of his/her guardian as well as the individual. An individual served will never be required to participate nor will he/she ever be required to continue to participate in an experimental procedure that he/she and the guardian consented to.

Per Section 630.192 RSMo, BSL will comply with all federal and state regulations regarding any individual's proposed participation in outside research projects. Documentation of informed consent for the individual and/or guardian will be documented in the individual's support plan (9 CSR 45-3.030)

PHYSICAL RESTRAINT

Boone Supported Living is a non-restraint agency and does not participate in physical restraint of individuals served. Individuals requiring restraints in order to keep themselves or others safe may need emergency medical or psychiatric interventions to do so. These individuals may not be candidates for participation in Boone Supported Living's program. If the needs of an individual change during the time they are served by BSL, it will be considered by the team if discharge is necessary.

BEHAVIORAL CRISIS

All behaviors are different. Being familiar with the ISP will be an important part of dealing with behaviors that arise. If an individual is subject to behavior that requires intervention, take the appropriate actions necessary to re-direct or de-escalate the situation. Always attempt to maintain a safe environment for them and any other individuals present.

If the behavior is severe, contact the administrator on call and following the on-call notification process. Staff may be directed to contact law enforcement or EMS for support at the discretion of the appropriate administrator. Never contact the police unless directed to do so by a BSL administrator. If authorities determine the participant will be arrested or transported to the emergency room, a designated agency representative will accompany them or meet them at the police station or hospital and remain with them until arrangements are made.

After the situation is under control, staff should initiate and complete the GER process. If behavior tracking is used for the individual, a behavior event will be recorded also. If the event is reportable, the EMT process will be followed.

Boone Supported Living is a no-restraint facility. We do not use physical restraint, mechanical restraint or chemical restraint). We will not use seclusion or time-outs. Boone Supported Living will also not condone the use of corporal punishment, overcorrection, aversive conditioning, or use techniques that are prohibited by federal or state statute, rule, or DMH regulation. This includes medication being used as a punishment, withholding an adequately nutritional diet, or necessary services. This also includes placing participants in structures that are enclosed, have bars, or locked areas.

RELIGIOUS WORSHIP

Individuals receiving services are to be allowed to participate, or not participate, in the religious activities of their choice. They should never be required or requested to conform to the religious preferences of others.

ALCOHOL

The use of alcoholic beverages by an individual of legal age, and not under guardianship, is the decision of the individual. Alcoholic beverages may be denied to a person due to medication or medical reasons - as stated in writing by a physician and reviewed by the Due Process Committee.

Discretion shall be used in allowing an individual to have alcoholic beverages on the premises. Any excessive use of alcoholic beverages may result in the discontinuation of services to that individual. No persons under the age of 21 will be allowed to partake of alcoholic beverages. No individual under guardianship will be allowed to partake of alcoholic beverages without the permission of the guardian. Any questions about alcohol consumption should be brought to the immediate attention of the on-call supervisor.

TOBACCO USE

Individuals being served are generally allowed to use tobacco if they choose, provided that the individual is of legal age to purchase tobacco products.

Individuals may designate certain areas of their residence as "smoking areas" if all house residents agree to do so. Individuals must also follow the guidelines specified in their lease.

Smoking is not allowed in bed or other areas that are unsafe for the individual.

Boone Supported Living reserves the right to approve all declared "smoking areas".

All staff must smoke outside.

No smoking is permitted in BSL owned vehicles. Staff should refrain from smoking in any vehicles when transporting a non- smoking individual.

SECTION VII: ABUSE/NEGLECT PREVENTION & SUPERVISION

Types of Abuse/Neglect:

There are five types of abuse and/or neglect reportable to the Department of Mental Health.

Physical abuse, sexual abuse, verbal abuse, misuse of funds or property and neglect. Of those, three are reportable to law enforcement. The definition of each type of abuse/neglect is defined in the Code of State Regulation, 9 CSR 10-5.200.

Abuse is a purposeful action that can cause harm.

Neglect is failing to do what a reasonable person would do to prevent harm. (Failing to follow an ISP can result in a charge of neglect.)

Policy:

Boone Supported Living, LLC strictly prohibits abuse or neglect. It is the policy of BSL to immediately report to the Department of Mental Health any occurrence of abuse/neglect as defined in CSR 10-5.200. All facility personnel are mandated reporters trained in recognizing abuse and neglect and will report immediately, any alleged or suspected abuse of an individual to the Department of Mental Health. Failure to do so may result in disciplinary action, criminal prosecution, or both.

Upon a report of suspected abuse or neglect of an individual, the agency head and all other personnel will fully cooperate with the Department of Mental Health, Division of Family Services, Department of Health and Senior Services, law enforcement officers or any other agency authorized to investigate the complaint. The agency administrator shall forward the complaint to Children’s Division (CD) if the alleged victim is under the age of eighteen (18); or the Department of Health and Senior Services if the alleged victim is over the age of 18 and the incident occurred within the natural home or an entity contracted with the Division of Senior Services.

No director, supervisor or employee of BSL shall evict, harass, dismiss or retaliate against an individual or employee because they or any member of his/her family has made a report of any violation or suspected violation of consumer abuse, neglect or misuse of funds/property.

Penalties for retaliation may be imposed up to and including cancellation of agency contracts and/or dismissal of such person.

All new employees will have Abuse/Neglect training upon hire and every two years thereafter. This training will be documented in the employee’s personnel record.

Mandated Reporting:

All BSL representatives are mandated reporters and understand that it is their responsibility to report any alleged or suspected abuse/neglect immediately.

A complaint of Abuse/Neglect shall be made to: Central Missouri Regional Office Affairs Department of Mental Health, Individual 900 West Nifong Blvd., Suite 200 AND/OR 1-800-364-9687 or TTY (573) 526-1201 Columbia, MO 65203 573-441-6278 573-884-4294 (fax)

The CEO and/or Executive Director or administrative designate shall immediately report to local law enforcement officials any alleged or suspected A) sexual abuse, B) abuse or neglect which results in physical injury, or C) abuse, neglect or misuse of funds/property which may result in a criminal charge.

If staff suspect abuse/neglect/misuse of consumer funds/property the staff member shall:

1. Notify the on-call supervisor
2. Complete a GER in Therap
3. Make a hotline call to the appropriate agency or support the individual to make the report. (individuals over 18-call MO Adult Abuse Hotline: 800-392-0210, individuals aged 17 and under call MO Child Abuse Hotline: 800-392-3738.

BACKGROUND SCREENING

A satisfactory background screening is necessary for initial and continued employment. A background screening will be as in-depth as necessary in the best interest of the program.

Screenings will be conducted prior to hire and no later than two working days of hire; then annually thereafter. Background Screening are conducted for Employees, Host Home providers (and household members over the age of 18), and volunteers. Boone Supported Living may conduct these screenings or may request that it be done by an outside agency.

BSL background screenings may be conducted through the following organizations:

- Family Care Safety Registry (FCSR)
- Missouri Automated Criminal History System (MACHS)
- Criminal background check online through MSHP
- DHSS Employment Disqualification List

Other sources of potential background information can include:

- DMH Employment Disqualification Registry,
- MO Case.net MACHS
[<https://www.machs.msph.dps.mo.gov/MocchWebInterface/home.html>], DHSS Employment Disqualification Check
[<http://health.go.gov/safety/edl/webinstructions.php>]
- DMH Employment Disqualification Registry services may be used to identify employees or potential employees who have ever pled guilty to a disqualifying crime, including SIS or SES of the sentence.

If background checks are conducted through mail, provider will sign an attestation of the date that it was mailed.

In the event a background screening returns with a finding, BSL will determine eligibility of employment based on RSMo, Section 630-170 (Disqualification for employment because of conviction) and agency discretion. If there is reasonable cause to screen an employee's background, BSL reserves the right to do so at any time throughout the employment period. All background screening results received are immediately placed in the personnel file and will remain confidential.

SUPERVISION

All individuals being served are to receive 24-hour supervision, unless otherwise stated in their ISP or an addendum. When an individual is under the supervision of this agency, their staff should be aware of their location at all times even when at home. When outside the home, even greater precautions may be needed to ensure their individual's safety. It is imperative that level of care supervision be maintained at all times.

When it is determined that an individual should remain in line-of-sight, the staff must be able to see the individual at all times. Any exceptions to this will be outlined in the ISP. For example, they may be able to be in their personal bedroom or use the restroom/shower without staff, but be checked on at specified time frames.

It is important to note that supervision level requirements can change based on the setting (home verses community). Alone time, if in the ISP, often times falls into this category. It is a staff member's responsibility to know what supervision levels are required for each individual and each setting and this can be found in each individual's ISP.

Any alone time allowed in the home or community must be included in the ISP and documented accordingly. Some limitations may be included in the alone time plan. This could be phone contact with staff after a duration of time, checking in face-to-face or updating staff if they are going to a different location. If someone is not allowed alone time, it will also be included in the ISP and is normally reviewed by the Due Process Committee as it is a restriction.

INDIVIDUAL SUPPORT PLAN (ISP) IMPLEMENTATION

Each individual served will have an ISP that is written by the Support Coordinator. The ISP's focus is to assist the individual in achieving personally defined outcomes in the most integrated community setting, ensuring it is done in a manner that reflects the individual's preferences and choices, and contributes to the assurance of health and welfare. Focus is always to be on the needs of the individual. All staff will be familiar with the ISP of those individuals they work with. They will have read and acknowledged the ISP, the objectives/goals outlined in the plan and had training on the teaching methods for implementing each goal. This is done upon hire, annually when the new ISP is implemented and as amendments to the plan are made.

DEPARTURES/ABSENCES

At the beginning and ending of each shift, staff will communicate any known absences, departures or home visits taking place. Details of the departure, return or family contact information shall be conveyed.

PARTICIPANT SUSPENSION FROM SCHOOL/DAY PROGRAM/WORK/OTHER ACTIVITIES

If an individual is suspended from their job or day program, the Professional Manager will be notified and will report to the parents/guardian. Professional Managers will create a staffing for hours normally addressed through school, work, day program or other activities. The Finance Manager or designate will also be notified to make a plan to seek budget supports to cover staffing costs if needed.

These steps are necessary to make sure that staffing levels comply with ISP specifications to assure that when individuals are in our care that we meet needed staffing levels as specified in an individual's ISP.

SECTION VIII: SAFETY

Missouri DMH (MO DMH) requires several types of safety checks in the ISL settings. These include:

- Fire Drills--conducted monthly. Results recorded in Therap under the individual's list of programs.
- Tornado Drills--conducted monthly. Results recorded in Therap under the individual's list of programs.
- Earthquake Drills--conducted monthly. Results recorded in Therap under the individual's list of programs.
- Hot water checks--conducted monthly to assure that the hot water temperature ranges between 112-119 degrees Fahrenheit to prevent accidental burns.

Who is expected to do a drill?

- Individuals in the home and staff on duty during drills
- ALL staff should be capable of running a drill at any time.

Fire

Evacuation Procedures in case of a FIRE:

1. Assure individuals leave house immediately at the most appropriate exit.
2. Each home has a designated meeting place, as listed below:
 - Amelia: out front door to parking lot
 - Bagnell: mailbox

- Bear Bluff: mailbox
- Callaway: mailbox
- Cochero Host: mailbox
- Grace Lane: Meet at the storage shed in the parking lot.
- Gipson: mailbox
- Hatteras: mailbox
- Lafayette: across the street at the mailbox
- Lakewood: compactor by picnic table
- Lambeth: mailbox
- Milicent: mailbox
- Parker: across the street
- Rocky Mountain: mailbox
- Salem: mailbox
- Sierra Madre: across the street at the mailbox
- Southhampton parking lot
- Teton: across the street at the mailbox
- The Ranch: end of driveway
- Weathered Rock: playground

3. Call 9-1-1, then your on-call supervisor.

4. If the building is on fire--DO NOT RE-ENTER THE BUILDING

5. If the situation allows and does not endanger individuals or staff, staff may attempt to remove medications and client charts before exiting the home.

DO NOT RISK YOUR SAFETY.

When should drills be conducted?

- Monthly.
- Within five days of any new individual moving into an ISL.
- On various shifts and with various staff members.
- At least one drill should be conducted during hours of sleep, annually.

- Each year should include scheduled drills AND unscheduled drills.

Where/How do I record a drill's results?

1. Go to Therap
2. Select the program location (name of your ISL--usually the street name)
3. Click on the program for "drills".
4. Enter data as requested.
5. Click on "SUBMIT".

Where should Flammable Materials be stored?

Store in the shed or garage--away from appliances, flames, furnaces, heaters.

Do NOT near the stairs, or exits.

Tornado

Evacuation Procedures for a TORNADO

- Staff will direct individuals to the floor on the lowest level of the house, near an inside wall, and away from windows where possible. The list below tells the safe spot in each home for TORNADO shelter:

Amelia: bathroom

Bagnell: bathroom

Bear Bluff--go in front bathroom, stand in tub &cover head

Callaway--hallway bathroom

Cochero Host--basement

Grace Lane: SKM's bathroom or DD's bathroom. Place in shower area or tubs as able.

Gipson Upstairs and Downstairs--basement

Hatteras--laundry room

Lafayette--interior hallway or bathroom

Lakewood--bathroom

Lambeth--hall closet

Milicent--go into front bathroom, stand in tub

Parker--downstairs away from windows

Teton--basement

Rocky Mountain--stand in tub and cover head

Salem--basement away from windows

Sierra Madre--interior hallway or bathroom

Southampton--gather in laundry room

The Ranch--guest bathroom

Weathered Rock--meet in Chris' bathroom

- If possible cover the individual(s) heads with a mattress, sofa cushions, pillows. If not, have them use their arms to protect their heads.
- When safe, use your Red Cross First Aid/CPR training to check your individuals.

- If able to do so safely without compromising potential injuries, evacuate to a safe location AFTER the storms have passed.

When are tornado drills conducted?

Monthly, various shifts, random times. At least one is during an overnight shift.

Where/How do I record a drill's results?

1. Go to Therap
2. Select the program location (name of your ISL--usually the street name)
3. Select one individual and click on the program for "drills".
4. Enter data as requested.
5. Click on "SUBMIT".

EARTHQUAKE

Evacuation Procedures for an EARTHQUAKE

- Staff will direct individuals to the floor, near an inside wall and away from windows where possible.
- If possible take cover under a table or desk, covering head/neck with arms. Hold onto a furniture leg or part of furniture until tremors stop.
- For individuals in wheelchairs, lock the brakes and assist the individual to cover their head/neck and mattresses over heads
- When safe, use your Red Cross First Aid/CPR training to check your individuals.
- Stay inside the structure unless there is another risk factor (fire, flooding, compromised flooring/walls, electrical hazards).

When are earthquake drills conducted?

Monthly, various shifts, random times. At least one is during an overnight shift.

Where/How do I record a drill's results?

1. Go to Therap
2. Select the program location (name of your ISL--usually the street name)
3. Select one individual and click on the program for "drills".
4. Enter data as requested.
5. Click on "SUBMIT".

FLOOD

In the case of a flood, all residents and staff will immediately be moved to a place of safety and returned to the home only after sanitation measures have been completed.

Per the listing of Drills in Therap, water temperature checks are to be done WEEKLY.

EMERGENCY RESPONSE MEASURES

When an emergency occurs (natural disasters, medical emergencies, transportation) staff are expected to respond to the needs as they present.

1. Address needs (calling 911 and implementing CPR/FA)including choking)as needed.
2. IF CPR is needed, continue providing compressions/breaths as trained until emergency response arrives.
3. Once the scene is secure, notify the on-call supervisor
4. If the emergency requires emergency housing, on-call will work with agency management to provide needed shelter and notify the appropriate regional office and SB40 Board.
5. Guardian/family notification will be completed as soon as possible.

WATER TEMPERATURE CHECKS

Where/How do I record a water temperature result?

1. Go to Therap
2. Select the program location (name of your ISL--usually the street name)
3. Click on the program for "drills".
4. Enter data as requested. If a reading is outside range, (112-119)
 - a. indicate what follow-up you did
 - b. indicated who/title you & title of person contacted (e.g. "texted HM Ashley 1-13-21 9am) in comment section
5. Click on "SUBMIT".

STORAGE OF CLEANING MATERIALS

Keeping the ISLs clean and safe is a major prevention need to keep individuals and staff members safe.

- Cleaning materials (mop solution, glass cleaner, antibacterial wipes, etc.) are stored under the KITCHEN sinks.
- This is done to prevent possible injury from a cleaning wipe product being mistaken for a personal hygiene wipe product.
- Mops, brooms and other cleaning equipment should be stored away from main traffic areas in closets/pantries.

- Mopping after individuals go to bed is a safe way to help make sure they do not slip on wet floors.

HOME SECURITY-Prevention

All doors to the ISL home AND GARAGES will be locked while:

- no one is at the home
- during nighttime hours
- in the event of any suspicious activity outside of the home.

We also ask that staff members keep their cars locked while parked at the ISL (even in the garage).

All vehicles not currently in use should be locked. When on an outing, lock the doors to the vehicle you are using.

INTRUDER EMERGENCIES

Procedures in case of an intruder:

In the event of a home intruder or active shooter situation call 911 as soon as it is possible to do so. Staff should take the following actions: run, hide, fight.

Run---If the individuals in the home are capable, run away from the threat if you can, as fast as you can. Do not stop to gather personal belongings. Never run in a straight line, try to move around as much as possible. Run through or around other homes, vehicles etc. Only stop when it is safe to do so, or you can reach help.

Hide---If the individuals in the home are not capable of running and evacuation is not a possibility, hide in a closeable, securable location. Lock the door to the location. If the door does not lock, block or obstruct the entry with something such as a piece of furniture. Turn off the lights and remove any source of sound, including cell phones.

Fight---This is a last resort to save your life and that of the individuals. Use any means and any items within reach that can be used as a weapon. Position yourself to attack if the location has been breached. This may be the entrance to the home, the hiding place or wherever you are located when fighting becomes necessary.

If you are caught and subdued by the intruder:

- Never look them in the eye.
- Be submissive, never appear to pose a threat.
- Obey all commands and remain as calm as possible.

Each ISL situation will be different based on the needs of the individuals residing in that home. Each home will have a designated plan and it will be located in the emergency binder.

When should drills be conducted?

- Monthly.
- Within five days of any new individual moving into an ISL.
- Within a year, drills will be conducted on various shifts and with various staff members.
- On an annual basis at least one drill will be conducted during hours of sleep.
- Drills should be conducted monthly. Each year should have scheduled drills AND unscheduled drills.

Where/How do I record a drill's results?

1. Go to Therap
2. Select the program location (name of your ISL--usually the street name)
3. Select one individual and click on the program for "drills".
4. Enter data as requested.
5. Click on "SUBMIT".

MISSING INDIVIDUAL (RUNAWAY OR ELOPEMENT)

If an individual is missing or elopes, BSL staff will adhere to the following procedures:

- Contact the on-call supervisor immediately to start notification
- Search the home and/or grounds where the individual was last seen
- If more than 30 minutes passes, the on-call supervisor will make a missing person's report to local law enforcement agencies (with staff help, be ready to provide the information listed below)
- The on-call supervisor will notify the Executive Director.
- The Executive Director will notify the guardian, CEO, CMRO, and other interested parties.

- If an individual has a specific plan for elopements in their ISP that differs from company policy, follow that.

- Once the person is located, an GER will be completed by the on-call supervisor with staff input.

Information about the person to be provided to law enforcement:

- a picture--there is a current picture in Therap if needed
- height/approximate weight
- clothing worn
- any identifying marks

- time and place last seen
- any information on where the individual may go
- any physical or mental health challenges that officers should be aware of

These will be vital pieces of information to aid in the search for the individual.

If the person is found and elopement is related to a behavior incident and they refuse to return to the home, a staff member must remain with them until the situation is under control.

MAINTAINANCE REQUESTS

If you see a need for a repair, please follow this procedure:

1. Go to <https://boonesupportedliving.com/>
2. Click on the tab that says "STAFF PORTAL" near the top of the page.
3. Password: bslconnect"
4. Scroll down to "Staff Portal Feedback"
5. Click on "Maintenance Request"
6. Answer questions and click "submit".
7. Let your Professional Manager know that you completed the request.

BREATHING BARRIERS & FIRST AID KITS

Breathing Barriers

Each staff lanyard (these are passed between ON-duty staff) have a house key, company car key (if one is assigned to the ISL) and a small nylon pouch with a one-time use breathing barrier attached in case you need to use it for CPR or for rescue breathing. Pictured below are some examples of what these nylon pouches look like:

First Aid Kits/Vehicle First Aid Kits

The First Aid kits in the ISLs are there for everyone! These supplies are purchased by BSL and are available for staff as well as individuals.

There are also VEHICLE first aid kits at each ISL that can be borrowed while a staff is on duty.

Professional Managers or designates should check these first aid kits to assure that any first aid creams or individual dose packs are not outdated.

COMMUNICABLE DISEASE/INFECTION CONTROL POLICY

Staff who have been determined to have a contagious disease (including COVID-19) are required to notify the Nursing Coordinator. If it is determined necessary, the staff shall not report to work without written consent from the treating physician. If special control measures are needed, that will be addressed on a case-by-case basis. A communicable disease can be reported by using the disease case report form, CD-1 located on DHSS website. COVID-19 procedures are a living document with regular changes occurring per CDC guidance. Most recent versions will be used in employee training for new and existing staff.

[CD-1.pdf](#)

In the event of illness of a communicable nature for staff or an individual served, the following procedures should be followed:

1. Follow body substance precautions.
2. Contact Nursing Coordinator immediately.
3. Document symptoms.
4. Seek appropriate medical treatment by contacting a physician and the local Health Department. Document time of contact and treatment plan on an EMT/MAR.
5. Encourage individuals to follow physician's orders and engage in activities that are conducive to recovery (e.g., rest, appropriate food, medications and liquid intake).
6. Isolate individual and encourage other participants to maintain a healthy distance from the infected person.
7. Monitor other individuals and staff and ensure they are seen by a doctor if necessary.
8. BSL will notify parents/guardians as soon as possible.
9. BSL will notify Support Coordinator as soon as possible.
10. When medical treatment is involved, physician's orders must be followed.

Communicable Diseases: Examples include, but are not limited to, the following:

1. Diseases uncommon to a geographic area, age group, or anatomic site;
2. Cases of violent illness resulting in respiratory failure;
3. Absence of a competent natural vector for a disease; or
4. Occurrence of hemorrhagic illness.

Other procedures may be needed to avoid spread of the illness/disease; such as:

1. Rinsing all dishes in a bleach and water rinse.
2. Washing clothes and bedclothes of infected person separately from those of others.

3. Disinfecting restroom after each use by infected person.
4. Frequent hand washing with anti-bacterial soap, especially after contact with infected person.

BODY SUBSTANCE PRECAUTIONS/BLOODBOORNE PATHOGENS

Body Substance Precautions (BSP) is a system of infection prevention and control developed to focus on routine interactions with individuals who could have infectious or communicable diseases. BSP focuses on keeping ALL moist body substances from coming in contact with a transmission site through using proper barriers. Examples of moist body substances are blood, saliva, urine, vomit, feces, semen, wound drainage or other tissues.

It is important to focus on all moist bodily fluids as being potentially infectious. Many infectious organisms are carried without symptoms and thus may go undiagnosed. This is especially true for blood borne pathogens such as Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV) infection.

Also, antibiotic resistant strains of bacteria such as Methicillin Resistant Staphylococcus Aureus (MRSA) can grow and easily be spread from one individual to another on the hands of staff. By treating all moist body substances as potentially infectious it takes the "guess work" out of who should receive barriers and who should not.

What are barriers?

For this purpose, barriers are the identified method to best decrease the likelihood of transmission of moist bodily fluids from one person to another. Some examples of barriers for this purpose are gloves, plastic gowns and eye goggles. How can staff know which barriers to use? The appropriate barrier is to be selected after the exposure risk is identified based on the specific support task staff will be performing.

Risk factors that should be considered to assist in the decision-making process include:

- Type of body fluid with which there is or will be contact.
- Volume of blood/body substances likely to be encountered.
- Reasonable anticipation of exposure, i.e., "Will my hands be likely to touch an individual's secretions?"
- Probable route of exposures; i.e., splashing, hand contact, airborne.
- Microbe concentration in the fluid or tissue. (This is the most difficult to attempt to determine, when in doubt implement precautions.)

Some specific examples of the Body Substance Precautions system that should be followed are as follows:

Gloves

- Gloves should be worn when it is reasonably anticipated that your hands will be in contact with mucous membranes, non-intact skin, moist body substances, or surfaces/items that may have been soiled with these substances and/or individuals with a rash.
- Gloves **MUST** be changed between contact with different individuals and between contact with different body sites of the same individual. Dirty gloves are worse than dirty hands because microorganisms adhere to the surface of a glove easier than to your hands.
- Thus, it is very important to remember to promptly dispose of gloves after they are contaminated. Use sterile gloves when contact is involved with normally sterile areas of the body i.e. the eye.
- Non-powdered gloves are preferred as they decrease the likelihood of acquiring a latex allergy
- Hypoallergenic gloves or glove liners are also available for those who have allergic responses. Try to avoid using petroleum-based hand lotions as they will cause the latex in the gloves to deteriorate.

Signs and symptoms of latex sensitivity are:

- dry, itchy, irritated areas on the hand
- rash beginning 24-48 hours after contact to latex
- immediate skin redness
- hives
- itching; and/or respiratory symptoms from a runny nose to difficulty breathing. Seek medical attention if these symptoms are experienced.

Staff with Skin Problems -

Support staff with skin problems such as open lesions or weeping skin rashes must refrain from all direct care and handling of individual's care equipment until cleared by the agency's Nursing Coordinator.

Hand Washing

Hand washing is the single most effective means of preventing disease transmission. Examples of when you should wash your hands are:

- whenever they are soiled with body substances
- before food preparation
- before eating
- after using the toilet and before/after assisting an individual with direct care.

Proper hand washing technique includes these steps:

1. Use a sink with warm running water, soap and paper towels.

2. Make sure to push your sleeves up above your wrists and you may want to remove your jewelry and wristwatch.
3. Wet your hands and apply liquid or clean bar soap. If using bar soap place on a rack and allow it to drain after use.
4. Wet your hands vigorously together using friction, interlacing your fingers and rubbing the palms and back of the hands in a circular motion.
5. Clean between the fingers as well as the fingertips and nail beds.
6. Continue this for at least 10-15 seconds. It is the soap in combination with the rubbing action that helps dislodge germs.
7. Rinse your hands & wrist thoroughly, keeping your hands down & elbows up.
8. Dry your hands thoroughly from the fingers down to the forearms and wrists with a paper towel; if available use a clean paper towel to turn off the water.
9. Antiseptic hand washing soaps are to be used when there is a likelihood of contamination, an outbreak, when performing invasive procedures, or caring for high-risk individuals such as those who are immuno-compromised.

Face and Eye Protection -

Masks and/or eye protection should be worn when it is likely that your eyes and/or mucous membranes will be splashed with body substances. An example would be when emptying a urine catheter bag. These items can be disposable or reusable, however reusable equipment must be properly cleaned before being used again.

Apron or Gown protection - Aprons or gowns should be worn when it is likely that your clothing will be soiled with body substances. An example would be when changing an individual's bed which has heavily soiled linens. Disposable plastic aprons or gowns can be purchased. They should be removed and discarded after completion of each task.

Sharps Handling and Disposal -

Contaminated needles must never be recapped by hand. Broken glass and sharps (including disposable razors) that are contaminated must never be picked up by hand.

Tongs or a brush and dustpan must be utilized for this purpose.

All sharps must be disposed of in a closable, puncture-resistant container that is red or labeled with a biohazard symbol. It must be leak proof on the bottom and sides and be kept upright throughout its use and disposal. It must be replaced routinely and not be allowed to be overfilled. The container must be easily accessible to staff and located as close as feasible to the immediate area of use. The container must be securely closed to prevent spillage or protrusion of the contents during storage, handling, shipping or transport.

Disposal of regulated waste from an individual's room:

All trash generated from the participants private room, with the exception of fluid filled containers and regulated waste can be disposed of in regular trash bags.

Fluid-filled containers - All fluid-filled containers such as suction containers and hemovacs may be emptied directly into a hopper or toilet. Staff should wear protective attire to protect themselves from splashes unless a protective mechanical barrier (splash shield) is available.

Wound dressings - All wound dressings are to be disposed of to confine and contain any blood or body fluid that may be present. Small dressings may be enclosed in the disposable glove used to remove the dressing. This can be achieved by pulling the glove off inside out keeping the dressing in place on the exterior of the glove. The dressing and the glove can then be discarded into the regular trash container in the room.

Larger dressings should be removed using gloved hands and placed into a leak proof bag making sure to not contaminate the exterior of the bag. The bag can then be discarded in the regular trash container in the room.

Environmental cleaning - Low level disinfectants can be used to clean non-critical items (items that come into contact with intact skin such as bedpans, floors and furniture). An example of a low-level disinfectant would be bleach solution diluted to 1/4oz / gallon of water.

Cardiopulmonary Resuscitation (CPR) - Resuscitation devices are available to minimize the need for direct mouth-to-mouth resuscitation. These devices are placed in areas of the home to make them readily accessible in the event they are needed. They are located on the keychain for each ISL.

NON-PUBLIC WATER SUPPLY

In the event that an individual choosing BSL, LLC's services chooses to move to an area with a non-public water supply, the following procedures will be followed

- on-site inspections as required of any new ISL location by DMH
- water inspection within the previous 30 days, with any recommendations being resolved as confirmed by follow-up inspections
- reports of the initial and all subsequent inspections will be available for review at the ISL
- inspections will occur on an annual basis or more frequently to confirm a safe water supply
- if needed staff will be trained on techniques to identify any signs of unsafe water supply and the needed reporting process to agency maintenance.
- Signs to identify unsafe water supply will be kept in the emergency binder. If found:
- Staff will complete a maintenance request
- Staff will complete a GER in Therap.

--Note: as of 10-25-21 no ISL is located in a rural area using a non-public water supply.

SECTION X: HUMAN RESOURCES

EMPLOYEE AGREEMENT

All employees are expected to read, understand, and agree to the Policy and Procedure Manual. It outlines the expectations of all Boone Supported Living (BSL) employees. By signing the acknowledgement (provided to you after all training is completed), you agree that the policies outlined will be the basis for employment. Employment is "at will" and can be terminated at any time, for any reason, by either the employee or BSL.

AMENDMENTS TO POLICIES

Personnel policies may be amended from time to time. Such amendments are automatically incorporated as conditions of employment, for all employees, and each employee shall receive notice of amendments as they occur. These notices may be electronic or in hard copy. **Each employee is given access to the online version of Policy and Procedures upon hire through Trainual.**

AMENDMENTS TO OPERATIONAL POLICIES

Operational procedures may be amended from time to time. Such amendments are automatically incorporated into the Policy & Procedures Manual. Each employee is expected to read and agree to follow the Policy & Procedures Manual upon hire. Policies and Procedures will be reviewed annually for all employees (including contracted, adult household members, relief/respite providers and volunteers.)

Introductory:

A new employee will be in an introductory period for 90 days. During this time, the employee's performance will be evaluated by their supervisor. This introductory period may be extended based on performance. The introductory period is an important part of screening new employees and is considered a continuation of the employment selection process. It is used to closely monitor the employee's work, adjust training to facilitate successful employment or replace employees whose performance is substandard.

At any time during the introductory period the employee may be dismissed if management determines the person is unwilling or unable to perform the duties of the position satisfactorily or the employee's attitude, conduct, habits, or dependability do not merit continued employment. Each employee will read and sign an **Introductory Period Agreement** upon hire. It will be strongly adhered to and is considered an extension of this publication. It will be part of their personnel record.

Employment status will be one of the following:

An employee who has completed the introductory period and declares that they are available for and scheduled for an average of 32 or more hours per week. They must also work the hours scheduled to maintain this status.

Part-Time:

An employee who has completed the introductory period and declares that they are available for and scheduled for less than an average of 32 hours per week. Working extra shifts as needed does not alter this status.

PRN (As Needed):

An employee who does not have a regular schedule and works on a fill-in basis, as needed. In order to maintain employment, PRN employees must work a minimum of four (4) hours per week.

Change of Status/Availability:

After completion of the 90-day introductory period, staff may send requests for change of status or availability changes to scheduling@boonesupportedliving.com. This should be done at least two weeks in advance of the requested change date to ensure it can be granted while causing the least upset to the remaining team.

No Gossip Culture

Gossip Defined: *“casual or unconstrained conversation or reports about other people, typically involving details that are not confirmed as being true”*

Various studies have estimated that 80% of all conversation is considered gossip, regardless if it's about family, friends, coworkers, celebrities, politicians, etc. We humans like to talk about other non-present humans. Rightly or wrongly, it's what we do.

Our no gossip culture is about negative workplace gossip, which is rarely focused on solutions or involving staff who can be a part of the solution. Negative workplace gossip destroys trust between team members and the organizational as a whole.

For this reason, BSL expects all employees to foster an environment that is free of negative workplace gossip. If in doubt that your comment could be considered gossip, ask yourself these three questions: 1) Is it true? 2) Is it kind? & 3) Is it fair? Unless you are able to answer with an emphatic 'Yes' to all three questions, reconsider making the statement about the non-present individual.

Instead,

1. Speak to the person that may be causing the issue/frustration. If this does not resolve the issue,
2. Talk to someone who can do something about it. Start with the immediate supervisor. If this does not resolve the issue,
3. Keep going up the chain of command until you reach resolution.
4. Do not gossip, but also... Do not suffer in silence.

5. **Substance Testing Policy:**

6. Boone Supported Living is an illicit drug and alcohol- free workplace. We are committed to providing a working environment that is free of the problems associated with the use and abuse of drugs and/or alcohol. The use of illegal drugs and alcohol and misuse of prescribed and over the counter drugs subject employees and visitors to unacceptable safety risks that undermine BSL's ability to operate safely, effectively and efficiently.
7. While on duty at a BSL work site or operating a vehicle with BSL individuals on-board, staff are prohibited from using, possessing, distributing or selling alcohol or controlled substances. This is further outlined in the Drug Policy (click here to download [BSL Drug-Policy.pdf](#)), which is given to each applicant when the offer of employment is made.
8. BSL may require substance testing for the following reasons: post offer, random, upon suspicion and post-injury/accident. If injured on the job, it is the expectation of BSL's Workman's Compensation carrier that employees participate in a drug and alcohol test immediately following any accident or injury requiring medical treatment. Upon request, an employee must submit immediately.
9. Any person who refuses, fails to provide a sample, or otherwise attempts to alter the results of a substance test may be terminated.
10. Tests may be conducted internally or by an outside agency identified by BSL.

Personnel Documentation:

Certain documents are required for employment with Boone Supported Living by the Department of Mental Health and/or the agency. It is the responsibility of the employee to submit this documentation prior to employment and upon request. Once any required item expires, the employee's rate of pay may be reduced to minimum wage and/or they may be removed from work schedule until required items are submitted to HR. These items include but may not be limited to:

- Current Driver's License
- Social Security Card
- Proof of Education
- Proof of Vehicle Insurance
- Current Training Certifications

Performance Management

- New employees will receive a performance evaluation after 90-days to ensure they are on track for success with BSL. At this time, it will be determined if the employee will move to permanent status, continue the introductory period or be terminated.

- Employees who have been employed for at least six months will also receive an annual performance evaluation in September of each year. Employees may be eligible for a pay increase the following month. In addition, merit increases may be awarded to an employee at the discretion of the CEO. An employee will continue to be evaluated on performance even after reaching the wage cap for their position.

SCHEDULING

- The Scheduling Coordinator will complete weekly schedules according to the needs of the individuals served and then the availability of staff. All employees are responsible for obtaining the times they are scheduled to work. Schedules are subject to change based on the changing needs of individuals served.
- **ONLY THE SCHEDULING COORDINATOR, PROFESSIONAL MANAGER or EXECUTIVE DIRECTOR MAY APPROVE SCHEDULE CHANGES!**
- This would include switching a shift with another employee, being absent from a shift, arriving late, leaving early or any other changes.

REQUESTS FOR TIME OFF

- If an employee is requesting time off it must be done at least two weeks prior to the date requested by submitting an email to scheduling@boonesupportedliving.com. The scheduling coordinator will review all time off requests and approve or deny the request based on the needs of the business to fill the vacated shift and the employee's available PTO (discussed later in Benefits). Time off requests are NOT guaranteed. If the time off request exceeds the employee's available PTO balance, a secondary review and approval may be necessary.

LEAVE OF ABSENCE

- A leave of absence may be granted for, but is not exclusive to the following: Maternity or paternity leave, Surgery or illness related issues, Armed forces service, Company required leave (with or without pay), Personal reasons. If an employee is on a leave of absence (except for armed forces service), the time they are absent will not count towards time worked for purposes of an annual evaluation and pay increase. The actual leave time will be deducted from the time-worked year to determine eligibility. Benefit time cannot be earned during a leave of absence for any reason. If an employee is placed on company required leave, it may be without pay. An employee may be eligible to request a leave under the Family Medical Leave Act.

TRAINING & STAFF MEEETINGS

Employees will be scheduled for training and staff meetings, which are mandatory. If an employee is unable to attend a scheduled training or meeting they must notify their Professional Manager in advance, provide information on their weekly commitment and be excused by the Professional Manager.

This includes

- Weekly WIG meetings (Wildly Important Goals) scheduled by the professional managers. In this meeting staff will be assisted to set a personal weekly commitment related to BSL's Annual WIG. Each week you'll report on last week's commitment and be prepared to make a new one.
- Townhall meetings sent out one time per month--usually less than 30 minutes.
- Trainual modules as assigned for updates in policy and/or additional training needed. Staff need to complete these assignments by the assigned due date.

Unexcused absences from training or staff meetings are not acceptable. Missing a scheduled training or staff meeting will be treated as a no-call/no-show for a scheduled work shift.

If an employee's required certification expires, they may be removed from the work schedule. They may also be required to obtain the certification on their own time and at their own expense.

Employees may be removed from the work schedule if they fail to attend designated meetings or training where vital information is being provided that is required for continuation of work, for example, RN delegation training. It will be the responsibility of the employee to schedule a time to obtain the information or training required to be placed back on the work schedule.

EXIT INTERVIEW

BSL strives to be a great place to work. BSL requests that each employee participates in an exit interview when they resign their position. This will allow us to work on continuous improvement of the employment experience.

RESIGNATION/TERMINATION

Employment is a mutual agreement between the employee and employer and may be terminated at any time by either party. Boone Supported Living requires an adequate, professional notice, in written form, to be eligible for post-employment benefits.

Notice for Direct Support Professionals (DSP) shall be a minimum of two-weeks.

Notice for Management employees shall be a minimum of 30-days.

Written notice is defined as an email sent to scheduling@boonesupportedliving.com. The notice period must be completed with all schedules worked in full and without using PTO in order to be satisfactory. Verbal, text message or Facebook posts do not constitute written notice.

DATE OF TERMINATION

Date of termination will be the last day worked.

FINAL PAY

Employees of BSL agree that final pay will be paid on the regularly scheduled pay date in which it would be due according to the pay period. Rate of pay on the final paycheck will be reduced to minimum wage in the following circumstances:

- Failure to provide proper written notice, and complete the notice period satisfactorily
- Termination due to misconduct
- Failure to complete all required documentation of services provided

Staff may be required to repay a portion of their training costs if employed by BSL less than 6 months. Please refer to the schedule of fees covered during the on-boarding process.

PAYROLL POLICIES

Pay Schedule: BSL will use a weekly pay schedule. Pay days will be Friday of each week and will include hours worked from the previous work week. The work week begins on Sunday 12:00am and ends on Saturday 11:59pm.

Direct Deposit: BSL uses Direct Deposit to process all payroll to BSL staff. It is the employee's responsibility to provide direct deposit information.

Recording Time: Failure to record time and submit it appropriately may result in the employee's paycheck being delayed. It is strictly prohibited for someone to falsify time, record time before it is worked or alter another person's time. Only administrators can make adjustments to time, with the signature of the employee. Time will be recorded and verified by documentation.

BSL requires all documentation to be completed prior to the end of shift. If an employee has missing documentation, a valid payroll discrepancy as a result of failure to record time, or has failed to complete documentation the adjustment may be made to the next paycheck.

Overtime: Overtime is considered any hours worked over 40 in a normal work week. Overtime will be only be approved by management. If you are working under the embedment work week then overtime will begin after the 84 hours have been met. The pay rate for overtime will be half time, in addition to your agreed upon hourly rate.

Paystubs: Paystubs will be emailed by Columbia EDP for each pay period.

Training Pay: Boone Supported Living will pay employees' time for all required training.

If a certification expires because an employee did not attend a scheduled training, they agree that their rate of pay will be reduced to minimum wage during the lapse period AND they may be removed from the schedule until such training is obtained, possibly at the employee's own time and expense.

BSL will pay the cost of training for employees who demonstrate dedicated service. As part of the employment agreement, each employee approves that according to the

schedule of fees outlined in the Introductory Period Agreement, total training cost will be deducted from their final BSL paycheck in the following circumstances:

- Employment is terminated prior to the conclusion of the employee's Introductory Period
- The employee resigns without adequate notice prior to the conclusion of their Introductory Period

Training may be required outside of town. Employees may have to provide personal transportation. BSL will pay mileage to employees that are required to travel outside of town. Employees should carpool with others who are attending the same training in an effort to conserve resources.

Final Pay: Employees of BSL agree that final pay will be paid on the regularly scheduled pay date in which it would be due according to the pay period. Rate of pay on the final paycheck will be reduced to minimum wage in the following circumstances:

- Failure to provide proper written notice, and complete the notice period satisfactorily
- Termination due to misconduct
- Failure to complete all required documentation of services provided

Electronic Communication Policies

Boone Supported Living strives to be an agency focused on communication to address individual needs and wishes in a timely manner. We also see the value of social media as a method to help increase the self-esteem of our individuals as well as to share information needed to assure appropriate supports from the entire team. In efforts to assure that information communicated is respectful of the individuals' privacy as well as adhering to HIPPA, Confidentiality expectations and our "No Gossip" culture, BSL employees will adhere to the following expectations regarding electronic communication.

Social Media Policy: Employees must refrain from posting work related topics or any information that would compromise individual or agency confidentiality on social media sites EXCEPT for BSL closed group sites. Employees who choose to be friends with individuals served on social media networks are making a personal choice. If there is material or information you do not wish for them to know, or your page is not "Rated G", you should not accept a friend request. Employees will be held accountable for inappropriate conduct as it relates to employment and professionalism while representing the agency on social media networks. These actions are grounds for termination of employment.

For the purposes of this policy, electronic communication can include instant messaging, text, email, Facebook, Twitter, Snapchat, Instagram *and all other current and future Social Media platforms.*

1. Email: Use a protected encrypted server to transmit any individual information.

- Internal email used may be Outlook Mail, or Therap secure communication (S-COMM)
- Governmental Entities: "<https://securemail.mo.gov/securereader/init.jsf>" *If you cannot open an encrypted email, please contact management to assist you with this contact.
- Other entities or individuals: Information must be sent via fax, phone or in person

2. Facebook: BSL Staff Facebook group – Closed to the public and is the only site approved to post things related to work.

- All posts are to be "family friendly"
- Show individuals in a positive manner
- Use ONLY INITIALS to identify individuals in ANY digital or written communications
- If you post a photo of an individual, delete the picture off your device AND empty your deleted items folder IMMEDIATELY afterward
- Individual Facebook pages – Individuals may post anything (legal) they wish on their own sites.
- Public BSL Facebook page – Only Executive Management can make posts on our public page.
- Staff personal social media pages – Staff should never post anything regarding BSL or the individuals on their own social media sites. Specific exceptions may be made with Executive Management approval. Any posts by BSL on our public page may be shared freely, but sharing information posted within the closed staff group is a violation of your confidentiality agreement signed upon hire. ***This applies to all social media platforms***

3. Texting:

- Ensure cell phone is password protected
- Do not use personal identifying individual information
- State information in a positive light
- Delete conversation after completed

4. YouTube videos/photos:

- These may only be posted by BSL Executive Management when regarding individual or staff activities and only for those individuals that have signed the Media Release forms
- Other BSL staff should never make a post about anything related to BSL. These procedural expectations include but are not limited to only the technologies listed above and extend to additional forms of public social media as technology and communications continue to evolve. BSL Executive Management will determine if a communication sample is in violation of this policy for anything involving an employee or an individual and for the purposes of determining if employee discipline (up to and including suspension or termination) is necessary to ensure the company is free from potential violations of federal, state, civil, or criminal penalties.

Therap Usage: Therap is a cloud based, HIPPA compliant documentation service that provides the documentation and communication needs of Boone Supported Living. In addition, Therap provides a system to better support the individuals receiving services from BSL. Therap is intended to offer an efficient alternative to the amount of documentation required to meet compliance standards. The Therap cloud-based network is the property of Therap Services and the equipment and information used is the property of BSL and is to be used for legitimate business purposes. Employees are provided access to Therap to help them perform their job duties. All employees have the responsibility to use these resources responsibly and in a lawful and ethical manner. Documentation should be professional, accurate, sensitive and respectful. Failure to comply may result in disciplinary action including termination, civil/criminal liability and Department of Mental Health (DMH) investigation.

The following responsibilities are expected of each user:

- Electronic Signature-each person will have a user I.D. and password to access the system. The electronic signature will time and date stamp all entries within Therap. Employees shall never give this information to other people as it puts them at risk for falsification of documentation whereby one employee falsely documents as another and implicates them in activities not authorized or verified by the employee.
- Communication-Therap communication should be confidential. Unauthorized sharing will be considered a breach of confidentiality. There shall be no expectations of privacy on the employee's behalf. Access is granted solely for the purpose of performing the job duties and anything that employees create, store, send or receive using BSL property is not private and is owned by BSL.
- Monitoring-BSL has the right to, and will, monitor any aspect of the electronic systems used. This includes but is not limited to the internet, Therap, chatrooms, newsgroups, downloads etc.
- **Personal Communication/Computer Usage**

- Incoming personal calls and/or text messages must be brief and necessary for both the house phone and personal cell phones. Personal calls should be made during down time and shall not interfere with the individuals' needs. Excessive phone use or distraction from work duties should be avoided and may result in disciplinary action, if necessary.
- Having your personal phone, computer or other devices at work is a risk and is highly discouraged. If your property is broken or damaged by an individual being served, it is the employee's responsibility and the individual nor the agency will pay for it to be repaired/replaced.
- Employees may not use the company computer or other digital assets for personal use.

MEDIA RELEASE

- Employees agree to grant Boone Supported Living, LLC, its representatives and employees the right to take photographs of them and their property. They also grant authorization for BSL to copyright, use and publish the same in print and/or electronically. No employee is authorized to represent BSL in writing or in person, to the media or any other outlet without approval of the CEO.
- If any person wishes to opt out of the media authorization, it will require a signed revocation. Please contact the administrative office if you do not wish to participate in BSL media promotions.

ATTIRE/GROOMING

- Workplace attire and grooming must be neat, clean and appropriate for the work being performed and the setting in which the work is performed. Staff is expected to always present a professional, businesslike image to individuals served, co-workers, outside agencies and the public.
- Spaghetti strap tanks, halter tops, tube tops or other revealing clothing will not be permitted. Footwear that is closed-toed and laced up will be required for the safety of direct care staff, and those performing direct care duties. No sandals, flip flops, crocs, slides, heels or other inappropriate footwear is allowed while providing direct care. Staff may be required to wear special footwear for inclement weather conditions.
- Staff should also be sensitive to the preferences of the individuals served. Please avoid wearing clothing that espouses statements that could be considered offensive.
- Any staff member who does not meet the attire or grooming standards will be required to take corrective action, including leaving the premises to change clothing. Staff will not be compensated for any work time missed because of failure to comply with designated workplace standards. These are ongoing requirements of employment with BSL and may result in further disciplinary action if not corrected.

Workplace Safety/Preventing Injuries

With effort and attention to detail, most workplace injuries can be prevented. It is the responsibility of the staff on duty to meet the safety expectations of Boone Supported Living. These include, but are not limited to:

- Keep all work areas clean and free of clutter
- Keep all floors clean and dry
- Clean up spills immediately
- Use caution when walking in poorly lit areas.
- Perform CPR/1st Aid according to instructions
- Use the appropriate, trained method for all adaptive equipment
- Follow transportation safety policy at all times
- Wear the correct footwear while on the job
- Use provided personal protective equipment (PPE)
- Complete all lifts/ transfers according to individual plan of care and trained instructions All efforts should be made to avoid injury, including following health and safety best practices and universal precautions.

WORK-RELATED INJURIES

- All work-related injuries that occur while you are on duty or conducting business on behalf of BSL will be reported immediately to the **on-call supervisor**. They will contact the Human Resources Specialist.
- You must remain at the work site until the designated administrative representative is able to conduct an assessment of the injury and directs care. Direct care should only be given if the person doing it is a licensed medical professional.
- **YOU MAY NOT LEAVE THE PREMISES!**
- If the injury is life-threatening, **call 911**. You may be transported by EMS. Direction of care will take place once the injury is stable.
- Once a determination is made about the type of medical treatment needed, the employee will be directed to a designated physician or emergency treatment facility. **Per WC/OSHA if 911 is called they must be transported to the hospital by ambulance or rescue squad, Human resource or someone from OSHA will meet the injured employee at the hospital, require an alcohol and drug test be done and take a full statement and then complete the OSHA 300 form (located in the HR office) and report all the to the Missouri Department of Labor**
- Employees may be accompanied by the representative.
- The Human Resources Specialist or other designated individual will report all injuries to the Workers' Compensation carrier immediately.
- Post-injury substance testing is required, at which time, the substance testing policy applies ([BSL Drug-Policy.pdf](#)).

- BSL reserves the right to request subsequent substance testing from any Physician, Hospital or Lab where the employee is seen for treatment regarding the work injury.
- Failure to comply with company safety policies may result in disciplinary action.

RETURN TO WORK/TRANSITIONAL DUTY

- Boone Supported Living, LLC is committed to the well-being and safety of our employees. We have implemented a Transitional Duty/Return to Work Policy to return all employees to work after a work-related injury, as soon as safely and medically possible.
- Boone Supported Living, LLC will provide transitional return to work duties and assignments to our injured employees where possible based on needs of the individuals we serve and needed supervision levels. This may involve varied schedules, different work assignment locations or individuals served based on the work limitations prescribed. Transitional duty is defined as modified duties within the employee's physical abilities, knowledge and skills. Transitional duty work assignments will be developed based on the employee's known physical condition as defined by the authorized treating physician. Transitional duty assignments will be developed based on employee's physical restrictions, operational needs and availability of transitional duty. It is possible that an employee may be assigned transitional duty in a different location depending on the restrictions set forth by the authorized treating physician. Transitional duty will be paid at the regular rate of pay for that employee. Overtime will not be allowed without approval.
- If an employee is off work more than one week due to a work-related injury or illness, he/she must contact Boone Supported Living, LLC Human Resources Specialist AND Scheduling Coordinator at least once per week to provide updates on his/her medical status and probable return-to-work date. Transitional duty is a temporary remedy, and the length of time allowed will be decided on a case-by-case basis.
- Employees must receive written release for full job duties and that release must be in the administrative office, and approved, before they will be allowed to return to work at their pre-injury status.
- This Transitional Duty policy has been designed with the employee's and individuals served by our company's best outcome in mind. Our employees are a valued part of the organization and Boone Supported Living, LLC believes transitional duty will reduce financial hardships often caused by workplace related injuries.

SEXUAL HARRASSMENT

Sexual harassment has been defined as a form of sex discrimination, consisting of unwanted sexual advances that would create a hostile work environment. Examples of prohibited sexual harassment include but are not limited to:

- Supervisors or managers explicitly or implicitly suggesting sex in return for hiring, compensation, promotion, or retention decisions.
- Verbal or written sexually suggestive or obscene comments, jokes, or propositions.
- Unwanted physical contact, such as touching, grabbing, or pinching.
- Displaying sexually suggestive objects, pictures or magazines.
- Continual expression of sexual or social interest after an indication that such interest is not desired.
- Conduct with sexual implications when such conduct interferes with the employee's work performance or creates an intimidating work environment.
- Suggesting or implying that failure to accept a request for a date or sex would adversely affect the employee, with respect to a performance evaluation or promotion.

BSL has zero tolerance for sexual harassment in the workplace. Any employee who feels that he or she has been harassed is obligated to immediately report the incident to the Human Resources Specialist. Inquiries and/or complaints will be investigated as quickly as possible. All inquiries will be conducted in as confidential a manner as is compatible with a thorough investigation.

ETHICAL BEHAVIOR

Boone Supported Living expects all employees to act in an ethical manner while working with other employees, persons served, and their families/guardians. Employees will conduct themselves professionally and ethically while representing BSL in the community and to outside providers such as physicians, case managers, and vendors. This policy provides standards that all employees are expected to follow. Each employee is expected to recognize, value, and exemplify ethical conduct. Any behavior that is unprofessional, unethical or otherwise deemed to be outside of the program's best interest will not be tolerated and will be subject to disciplinary action, up to and including termination.

Employees are expected to report to management any known inappropriate or unethical behavior on the part of another employee. This would include any violations of company policy as detailed in any part of Policy and Procedure.

CHILDREN AT WORK

Employees and supervisors must consider issues of safety, confidentiality, disruption of operations, disruption of services, appropriateness, and legal liability, as well as sudden emergency, posed by the presence of children and non-staff in the workplace.

Therefore, BSL employees are prohibited from bringing children, family members, or friends to work. Exceptions may be made for special events such as company functions or with prior approval from your PM, Executive Director, or CEO. If outside business hours then the on-call supervisor may answer this question.

BENEFITS

BSL offers the following benefits to our **full-time** employees once successfully completing their introductory period.

Raises

Annual reviews will be completed each year in September. (Subject to change at management discretion.) Consideration for raises will be during this time for team members who have been with BSL on a part-time or full-time basis for a minimum of six months.

Paid Time Off (PTO)

PTO is a gift which, if not used before leaving BSL, may be paid out to an employee on his/her last check. Determinates will include: 2-week notice given and fulfilled, all documentation completed before final day, employee in good-standing overall. The accrual cap for all employees is 160 hours. The purpose of PTO is to encourage time away from BSL to recharge and is strongly encouraged to be used throughout the year. A maximum of 80-hours can be rolled over to a new calendar year, so anything in excess is use-or-lose. Employees who wait until the end of the calendar year to use their excess PTO run the risk of not having time-off requests approved due to staff scheduling needs.

Accrual Methodology

Salaried Employees:

40 hours PTO dispersed throughout the first year of uninterrupted employment.

- *80 hours PTO dispersed throughout the second year of uninterrupted employment.*
- *120 hours PTO dispersed throughout the third year of uninterrupted employment & each year thereafter.*

Hourly Employees: Accruals are based on hours worked but tied to the same multiples listed above. This will allow part-time employees to earn at least some time. It will also allow embedded employees to earn hours more commensurate to the hours they are putting in.

Holiday Pay: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving, Christmas Eve, and Christmas Day.

1. *Direct care employees working holidays will receive a bonus, up to time and a half of their ROP.*
2. *Salaried employees will have the day off, with pay. On Easter, they will get an extra 8 hours of PTO. Otherwise, if holiday falls on a weekend, the paid holiday will be observed the Friday before.*

Medical Co-op with Liberty Family Medicine or United Health Care

- *BSL covers 100% of employee premium for Liberty Family Medicine or 70% of the United Health Care premium.*

Dental Insurance

- *BSL covers 100% of employee premium*

Vision Insurance

- *BSL covers 100% of employee premium*

Retirement Plan: Simple IRA

BSL matches up to 3% of employee contribution

COACHING/PERFORMANCE IMPROVEMENT

BSL administration realizes that caring for other human beings is a complex process, and that it is easy to make a mistake when learning a new job task, process, or new supports for an individual or ISL. BSL Admin is committed to partnering with staff to help train, re-teach and refine job skills to help each employee be the best possible. Each team member has the potential to develop unique connections to our individuals and their families/support teams. Our individuals become attached to their support staff members and we will work to help preserve every positive relationship between individuals and their staff members.

For most of the issues listed in the "Disciplinary Action" tab, we have low-level interventions designed to help an employee improve performance (Coaching and Performance Improvement Plans). Both interventions are designed to be refine performance and to strengthen the relationship between the employee and supervisor.

Coaching

This is a more informal process. It may be a verbal reminder from supervisor to employee. A supervisor will ask the employee to sign off that the information has been reviewed. This is because the employee and the supervisor are both accountable to help improve a performance issue.

Performance Improvement Plans

This is a more formal step that may be needed if multiple issues or coaching have not successfully resolved a need. In that case, the supervisor/employee create a formal plan that identifies desired improvements/supports provided by the supervisor to improve a situation. There is a time period assigned to review, re-teach and re-evaluate how the plan implementation is changing employee performance. Periodic review points in the plan will be scheduled to evaluate the plan's effectiveness with a final review date. When completed, the employee is returned to a "satisfactory" performance status or referred for additional administration review.

While every effort will be made to utilize these retraining options when needed, Severe violations of company policy may require a more immediate disciplinary action at the discretion of executive management.

Write-Up

BSL will make reasonable efforts to support employees to learn all needed job skills. The administration team reviews each issue of performance to determine if it is a situation where more training is needed or if the issue falls within a disciplinary category. Potential disciplinary situations are listed below.

An employee may be reprimanded, suspended without pay, written-up, or dismissed when disciplinary action becomes necessary in the best interest of the program. Disciplinary action will be documented and explained to the employee. Reasons for disciplinary action include but are not limited to:

- Violation of BSL's Core Values
- Violation of the Ethical Behavior policy
- Violation of the Sexual Harassment policy
- Violation of company or individual confidentiality
- Incompetence
- Attendance (excessive tardiness, absenteeism or switching shifts)
- Abuse or neglect of BSL individuals.
- Misappropriation, destruction and/or loss of company or BSL individuals' property
- Failure to inform management of information necessary for effective administration
- Insubordination
- Misconduct
- Unprofessional Behavior
- Failure to return from a leave of absence
- Failure to improve on a Performance Improvement Plan
- Unsatisfactory performance of assigned duties
- Being under the influence of illegal drugs or alcohol on the job
- Using, selling, possessing, manufacturing, or delivering illegal substances, on or off the job
- Testing positive for the presence of drugs or alcohol

- Refusing or failing to immediately submit to a drug test request, or otherwise altering or attempting to alter test results
- Failure to meet individual level of care requirements

- Making a threat, bullying or committing acts of harm to BSL individuals, peers, and/or other stakeholders

- Other such causes requiring disciplinary action in the interest of the program

An employee may also be put on unpaid leave of absence from work duties while under investigation. Investigations may be conducted by BSL internally or any other investigating agency, including but not limited to:

- Department of Mental Health
- Division of Health and Senior Services
- Child Protective Services
- Law enforcement agencies.

AMENDMENTS TO POLICIES

- Personnel policies may be amended from time to time. Such amendments are automatically incorporated as conditions of employment, for all employees, and each employee shall receive notice of amendments as they occur. These notices may be electronic or in hard copy. Employees are assigned learning modules for Policy & Procedures in Trainual. They may access these modules at any time while actively employed.

UNFORESEEN CIRCUMSTANCES

- It is certain that situations will arise that have not been addressed by formal policy. Staff members are to utilize available resources in order to best handle any uncertain situation. First contact should be made to their on-call supervisor, then the Executive Director - who will consult whatever resources necessary to address the situation.

SANCTIONS

- Failure of a BSL representative to comply or assure compliance with these all policies (anything) may result in disciplinary action, including dismissal.

INCIDENT/CONCERN REPORTING

- Any Incident involving or witnessed by an employee must be reported to a supervisor in written format.
- These may be informational or lead to further documentation/reporting. An employee can have no expectation of action by the agency for an incident they fail to report. BSL will follow-up with all reports. All information regarding disciplinary action will remain confidential for every person involved, including the person making the report. BSL will not tolerate retaliation for reporting incidents.

FAMILY MEDICAL LEAVE ACT (FMLA) POLICY

- Boone Supported Living complies with the Family and Medical Leave Act (FMLA) and will grant up to 12 weeks of leave during a 12-month period to eligible employees (or up to 26 weeks of military caregiver leave).
- The purpose of this policy is to provide employees with a general description of their FMLA rights. In the event of any conflict between this policy and the applicable law,

employees will be afforded all rights required by law. If you have any questions, concerns or disputes with this policy, please contact Human Resources at 573-514-7662 x 101.

Eligibility

- To be eligible for leave under this policy, employees must meet all of the following requirements:
- · Have worked at least twelve (12) months for Boone Supported Living. (The 12 months of employment do not have to be consecutive.
- · Have worked at least 1,250 hours for Boone Supported Living over the twelve (12) months preceding the date the leave would commence.
- · Currently work at a location where there are at least fifty (50) employees within seventy-five (75) miles.

BSL Medical Marijuana Policy for Staff

Medical Marijuana

BSL will not discriminate against any employee who has and acts upon an active Medical Marijuana card.

However, the Drug Free Workplace Act of 1988 (DFWA) prohibits the use of marijuana (or any illicit drug) while employees are on-shift, because wherever they are providing support services, that is considered their 'workplace'. Employees, even those with Medical Marijuana cards, are prohibited from consuming marijuana while on shift.

Employees who are observed at demonstrating impairment while on duty (even if substance was consumed prior to being on shift) may be asked to leave work immediately and potentially submit to a drug test before allowed to return to work. Regardless if the employee has a Medical Marijuana card, demonstration of impairment while on shift is subject to disciplinary action, potentially including termination

