

PICKAWAY COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

CHAPTER 4

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CHAPTER 4

ELIGIBLE INDIVIDUALS POLICIES

4.0 SERVICES TO OUT-OF-COUNTY RESIDENTS

Any individual who is not a resident of Pickaway County may be eligible to receive school-age services from PCBDD if all the following conditions are met:

- A. An agreement exists between PCBDD and the school district ~~county~~ of residence of the individual which ensures
 - 1. Payment to the Board for 100% of local program cost for the program in which individual is enrolled. Local program costs are those costs not otherwise paid or reimbursable by state or federal funds. The superintendent shall establish the cost to be paid to the Board;
 - 2. An Individualized Education Program is developed which addresses and assigns responsibility for excess costs or program demands.
- B. No out-of-county resident shall displace a Pickaway County resident on any waiting list for locally funded services.
- C. Services available under this policy include only, school-age services for students residing in the district of Circleville City, Logan Elm, Teays Valley and Westfall Local School Districts.

No Pickaway County funds, regardless of source, can be used to provide early intervention, service and support administration, respite or residential services to out-of-county residents. Any Pickaway County resident receiving services from the Board whose county of residence changes shall no longer be eligible for Board services except as outlined in this policy.

4.0.1 INFORMATION AND REFERRAL TO INDIVIDUALS WITHOUT REGARD TO ELIGIBILITY

Information and referral services to any individual shall be made available without regard to eligibility for Board services. The Supervisor of the department of Service and Support Administration may assign a service and support administrator to any individual seeking such information whether or not the individual seeks enrollment and eligibility determination. Any Board employee who has the responsibility and authority for intake shall be authorized and

required to assure information and referral services are made available if requested. An individual determined to be ineligible shall be offered information and referral assistance in addition to being informed of the appeal process and the administration resolution of complaints process. The offer of information and referral assistance shall be in writing.

The provision of direct services to an ineligible individual is prohibited unless authorized through board policy and approved by the superintendent.

4.1 PROGRAMS

4.1.1 Early Intervention

A. Description of Services

- (1) The County Board provides specialized instruction, family training, counseling, and home visit services to Specific services provided are based upon the Board's plan, priorities, and available funds.
- (2) The County Board actively participates in the local Help Me Grow (HMG) program by:
 - a. Completing evaluations to determine eligibility and ongoing assessments; and
 - b. Utilizing Board staff to provide specialized instruction in everyday routines, activities, and places.
 - c. Distributing and discussing procedural safeguards with families.
 - d. Participating in the IFSP development, implementation and review.

B. Personnel Qualifications

Employees of the Board or contracting entities who are hired to work as early intervention specialists, program assistants, or supervisors, shall hold applicable registration or certification in accordance with rule 5123:2-5-05 of the Administrative Code.

C. Eligibility for children with developmental delays or disabilities

Eligibility and need for Early Intervention services are determined by HMG through:

- 1) Documentation of a diagnosed physical or mental condition associated with developmental disabilities or with a high probability of resulting in a developmental delay or disability
- 2) Developmental delay, or

3) Informed clinical opinion

If not eligible through a qualifying diagnosed physical or mental condition, two disciplines must be present to conduct the eligibility evaluation and need for Early Intervention.

D. Ongoing Child and Family Assessments

- (1) Within 45 calendar days of the initial referral to HMG, the first family and child assessment shall be completed to gather information on the strengths, needs, and choices of the child and family for the purpose of program planning.
- (2) Ongoing assessments for program planning shall be completed by qualified personnel and shall be summarized, documented, and provide detailed strength-oriented information on the child's abilities and recommended approaches for future interventions. This information shall be provided to parents and other team members as parental consent allows. The family shall be provided every opportunity to take an active role in the assessment process. For children receiving ongoing Board services, the team members must review all current developmental and family information so that duplication of information gathering does not occur.

E. Intake and Referral

Upon receipt of a referral from the family or other source, the Board shall immediately refer the family to HMG. Communication to HMG shall include the date and time the initial referral was received by the County Board to ensure that verbal or written contact can be made with the family within two working days after the initial referral.

F. Child Records

- (1) For each child birth to age three enrolled in the Board's Early Intervention program, the following information shall be compiled and kept on file.
 - (a) Verification of birth.
 - (b) Documents used to determine eligibility, including the written report of the Developmental evaluation or the written medical report.
 - (c) Documentation verifying the date of request for or referral to HMG and the date of initial contact with the Board if the Board is assisting with the initial evaluation/assessment process.
 - (d) Any ongoing assessments of the child and family.
 - (e) A health record containing ongoing pertinent health information including a record of current immunizations or the exemption or a waiver of medically contraindicated immunization a list of medications, a list of any allergies or as needed.
 - (f) Unusual incident and major unusual incident forms.
 - (g) Home and other community-based visitation

records, and ongoing, systematic program data. Documentation by each Board provider shall include date, duration, frequency, intensity and specific type of service provided, and outcomes in accordance with the IFSP. A summary of this data shall form the basis for the 180-day progress report and be used to measure progress with the outcomes identified on the IFSP.

- (h) Current IFSP, subsequent reviews, written notices regarding meetings, and other related correspondence with the family.
- (i) Signed written consents and releases including, but not limited to, informed written consent for the developmental screening, developmental evaluation, family assessments, and ongoing services.
- (j) Documentation of request for a copy of any required information was made, but the information was not available.

G. IFSP

Early Intervention personnel shall participate in the development, implementation, review, and monitoring of the IFSP and its timelines. The Board shall:

- (1) Use the statewide IFSP form made available through the Ohio Department of Health.
- (2) Participate with the parent and other service providers in the development of one IFSP only, including attending the initial, review, and annual IFSP meetings as requested by the service coordinator or family.
- (3) Provide information related to the IFSP process to the child's service coordinator, IFSP team, or the parent, as appropriate, including evaluation or assessment information if the provider is directly involved and unable to attend the meeting.
- (4) Supply required information for the IFSP when the Board or contract agency is requested to provide or fund a service or support leading to accomplishment of a child or family outcome. The Board must consent to the provision or funding of that service or support before it is listed on and obligated by the IFSP.
- (5) Participate in data collection and ongoing assessment related to the accomplishment of child and family outcomes for the IFSP review at least every 180 days and for the annual meeting to evaluate the IFSP

H. Parents Rights and Procedural Safeguards

- (1) For all infants and toddlers served by the Board, the Board shall:

Give annual notification of the availability of a procedure based on the resolution of complaints and due process under rule 5123: 2-1-12 of the Administrative Code. The procedure must include timelines that ensure the process is completed within 30 days as stipulated by the lead agency.

(2) For all Part C eligible infants and toddlers served by the Board, the Board shall:

- (a) Comply with the Ohio Department of Health's "Ohio Procedural Safeguards" policy.
- (b) Ensure parents are informed of these procedural safeguards afforded under the lead agency, provide a copy upon receipt of a complaint, and, upon request, ensure that families are aware that they may file a complaint with the lead agency at any time.
- (c) Ensure parents are afforded all requirements under section 5123.63 of the Revised Code, distribution of the "Bill of Rights."

(3) The Board shall ensure that parents of all eligible children served by the Board are annually informed of the complaint resolution process through the Board. Upon entrance into the Board, the Board shall ensure that parents have been informed of their procedural safeguards through the Ohio Department of Health and the county Family and Children First Council.

I. Staffing Ratios

The Board shall ensure a reasonable child-to-early intervention specialist and support staff ratio based on the resources available to the Board.

J. Calendar

The County Board shall ensure and make available early intervention services and supports on a year-round basis for a minimum of 240 days.

K. Reporting and Monitoring Requirements

To establish and maintain standards for early intervention services and supports the Board shall:

- (1) Participate in the Department's monitoring system through the accreditation process established pursuant to section 5126.081 of the Revised Code and rule 5123: 2-4-01 of the Administrative Code; and
- (2) Provide information requested by the lead agency for the purpose of monitoring for compliance with Ohio Department of Health policies or Part C federal regulations.

4.1.2. SCHOOL AGE

The School Age Program serves individuals who have developmental disabilities.

4.1.2.1. Eligibility

To be eligible for the School Age Program, an individual shall be:

- (1) Determined eligible for Board services after completion of the Ohio Eligibility Determination Instrument (OEDI) or Children's Ohio Eligibility Determination Instrument (COEDI).
- (2) At least six (6) and not yet twenty-two (22) years of age by September 30 of the current program year, except that a five (5) year old is eligible for admission to the school program, if such placement is deemed appropriate through the Individual Education Plan (IEP) process.
- (3) Recommended for placement in the program as the least restrictive environment by the school district of residence in accordance with the Rule 3301-51-02 of the Administrative Code.

4.1.2.2 Development of Individual Education Plan

Each individual shall have an IEP developed and reviewed in accordance with Rule 3301-51-02 of the Administrative. The Local Education Agency (LEA) of residence for the enrolled individual is responsible for the development of the IEP.

4.1.2.3 School Age Program

The School Age Program shall be individualized to meet the unique needs of each student. Service options, as determined by the IEP team shall be available in, but not limited to:

- (1) Communication
- (2) Daily Living Skills
- (3) Functional Academics
- (4) Human Sexuality
- (5) Mobility
- (6) Motor Skills
- (7) Recreation/Leisure Skills
- (8) Self-Help Skills
- (9) Social/Emotional Skills
- (10) Work Adjustment
- (11) Work Skills Training/Employment

Frequency and duration for each area shall be determined by the IEP team.

4.1.2.4 Reporting Student Progress To Parents

In accordance with Rule 3301-51-04 of the Administrative Code, periodic written reports consistent with the reporting schedules of the school district shall be provided to the parent of the child enrolled in the school age program regarding the child's progress.

4.1.2.5 School Age Enrollee Records

- A. The following information shall be maintained for each school age enrollee:
1. Completion of Children's Ohio Eligibility Determination Instrument (COEDI) or Ohio Eligibility Determination Instrument (OEDI);
 2. Application for enrollment;
 3. Verification of birth;
 4. Multi-Factored Evaluation, accompanying Evaluation Team Report (ETR) and IEP must be completed prior to commencing programming;
 5. A health record on file within thirty (30) days of enrollment which contains pertinent health information, including authorization for emergency medical treatment, a record of current immunizations, a list of any medications, and a list of any allergies and treatments.
 6. Emergency contact sheet;
 7. Accident or unusual incident reports;
 8. IEP current within one year and correspondence relating to the IEP process;
 9. Reports of progress on IEP goals and objectives;
 10. Behavioral program plans and data summaries, if required;
 11. Data noting other services, such as counseling with parents and referral services to other professional services and community agencies.
- B. The following information may be requested and included:
1. Previous programmatic and instructional records;
 2. Current family and child data;
 3. Information to determine or substantiate eligibility for other services such as supplemental security income, Medicaid, etc.;
 4. Any additional information necessary to complete the placement process;
 5. Amendment of Records;

A guardian or parent of a child enrolled in the school program may request that a record be amended if he/she believes the information contained within the record to be

inaccurate, misleading, a violation of the child's right to privacy or other violation of rights. See policy 2.204

4.1.2.6 School Age Facility

- A. The design and maintenance of Board program facilities and equipment shall be in conformance with all applicable laws, including the Americans with Disabilities Act and Section 504 - Rehabilitation Act of 1973 and any reauthorization of these acts by the federal government.
- B. Program facilities owned or leased by the Board shall be in compliance with State and local building and mechanical codes with respect to design, construction, and equipment applicable to the occupancy classification.
- C. All Board program facilities shall be in compliance with the Ohio Fire Code.
- D. Plumbing and sanitary installation shall be in compliance with the Ohio and local plumbing codes.
- E. Facilities with food preparation areas shall have:
 - i. a valid food service license and shall have on
 - ii. display all required permits in keeping with the
 - iii. Ohio Department of Health regulations.
 - iv. Documentation of the annual inspection of food
 - v. preparation, storage, and serving areas by the
 - vi. local department of health shall be on file in
 - vii. the administrative office.
- F. Break rooms, restrooms, and dining areas shall be maintained in an orderly and sanitary manner.
- G. Power equipment, fixed or portable, should include operating safeguards as required by the Division of Safety and Hygiene, Bureau of Workers' Compensation.

4.1.2.7 The Family Educational Rights and Privacy Act (FERPA)

The No Child Left Behind Act of 2001 requires annual notification to parents and eligible students of their rights under FERPA (see "Model Notification of Rights under FERPA for Elementary and Secondary Schools"). The Board shall provide this annual notification to parents.

Parents/eligible students who believe their rights have been violated under FERPA may file a complaint with:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-4605

4.1.2.8 Protection of Pupil Rights Amendment (PPRA)

- A. The No Child Left Behind Act of 2001 requires notification to parents and eligible students of their rights under PPRA (see “Model Notification of Rights under the Protection of Pupil Rights Amendment”). The Board shall provide such notice at least annually, at the beginning of the school year, and after any substantive changes in such policies.
- B. Parents shall have the right to inspect, upon request, a survey created by a third party before the survey is administered or distributed by the school program to students.
- C. The Board shall not release information from the following list of eight protected areas for a survey, analysis, or evaluation without the written consent of a parent, guardian, or a student who has reached the age of eighteen:
 - 1. Political affiliations or beliefs of the student or the student’s parent;
 - 2. Mental or psychological problems of the student’s family;
 - 3. Sexual behavior or attitudes;
 - 4. Illegal, anti-social, self-incriminating, or demeaning behavior;
 - 5. Critical appraisals of other individuals with whom respondents have close family relationships;
 - 6. Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers;
 - 7. Religious practices, affiliations, or beliefs of the student or student’s parent; or
 - 8. Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).
- D. Parents shall have the right to inspect, upon request, any instructional material used as part of the educational curriculum for students. The School Administrator shall make arrangements with the parent to inspect the instructional material within two working days of receiving the request.
- E. The Board shall not administer physical examinations or screenings to students without written parental consent, except those that are permitted or required by State law.
- F. The Board shall not participate in the collection, disclosure, or use of personal information (including items such as a student’s or parent’s first and last name, address, telephone number or social security number) collected from students for the purpose of marketing or selling, or otherwise providing the information for that purpose, without the written consent of a parent, guardian, or a student who has reached the age of eighteen.
- G. Parents shall have the right to inspect, upon request, any instrument used in the data collection of personal information, as described in 4.1.3.9.F above, before the instrument is administered or distributed to a student. The School Administrator shall make arrangements with the parent to inspect any such

instrument within two working days of receiving the request.

- H. The Board shall at least annually, at the beginning of the school year, notify parents directly of the anticipated use of the following specific activities or surveys:
1. Activities involving the collection, disclosure, or use of personal information collected from students for the purpose of marketing or for selling that information, or otherwise providing that information to others for that purpose;
 2. Any non-emergency, invasive physical examination or screening that is; a) required as a condition of attendance; b) administered by the school and scheduled by the school in advance; and 3) not necessary to protect the immediate health and safety of the student, or of other students;
 3. The administration of any survey containing one or more of the eight protected areas of information listed in 4.1.3.9.C above and that is not funded in whole or in part by Department of Education funds.

Parents shall have the opportunity to opt his or her child out of participation in the specific survey or activity.

- I. The requirements concerning activities involving the collection and disclosure of personal information from students for marketing purposes do not apply to the collection, disclosure, or use of personal information collected from students for the exclusive purpose of developing, evaluating, or providing educational products or services for or to students or educational institutions, such as the following:
1. Book clubs, magazines, and programs providing access to low-cost literary products;
 2. Curriculum and instructional materials used by elementary and secondary schools;
 3. Tests and assessments used by elementary and secondary schools to provide cognitive, evaluative, diagnostic, clinical, aptitude, or achievement information about students;
 4. The sale by students of products or services to raise funds for school-related or education-related activities;
 5. Student recognition programs.

Definition of some terms used in PPRA:

“Instructional material” – instructional material that is provided to a student, regardless of format, including printed or representational materials, audiovisual materials, and materials in electronic or digital formats (such as materials accessible through the Internet). The term does not include academic tests or academic assessments.

“Invasive physical examination” – any medical examination that involves the exposure of private body parts, or any act during such examination that includes incision, insertion, or injection in the body, but does not include a hearing, vision, or scoliosis screening.

“Personal information” – individually identifiable information including:

- 1) a student’s or parent’s first and last name;
- 2) a home or other physical address (including a street name and the name of a city or town);
- 3) a telephone number; or
- 4) a social security number

Parents/eligible students who believe their rights have been violated under PPRA may file a complaint with:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-4605

4.1.2.9 Brooks-Yates School Wellness Policy

In conjunction with the Child Nutrition and WIC Reauthorization Act of 2004 the Superintendent or designee shall develop and maintain a student wellness program.

The student wellness program shall:

Include goals for nutrition education, physical activity and other school-aged activities designed to promote student wellness;

Include nutrition guidelines for all foods available at each school during the school day in order to promote student health and reduce childhood obesity;

Provide assurances that guidelines for reimbursable school meals are, at a minimum, equal to the guidelines issued by the U.S. Department of Agriculture and;

Establish a plan of implementation and evaluation, including designating one or more persons with the responsibility for ensuring that the Board is compliant with Federal Law.

Development of the student wellness program will be a collaborative effort among the school food service staff, school administrator, teachers and nurse.

4.1.3 Caring for a Mildly Ill Child

Mildly Ill Children

Children experiencing minor common cold symptoms are not excluded from Brooks-Yates School. Children who may not feel well, but do not exhibit any of the symptoms of a communicable disease will be monitored but not excluded from the Brooks-Yates School.

Supervision of Sick Child

When a child is ill, the parent is contacted and the child will be isolated from other children and supervised by staff. The child is to be picked up by a parent or guardian.

4.1.4 Attendance Policy

Regular attendance in school is required by law and extremely important for a student's academic progress. All attendance records are reported regularly to the student's school district of residence. When a student does have to be absent from school, the following procedures are to be followed:

- 1) Student absences must be reported to the school office by 8:30 a.m.
- 2) Following is a list of types of absences and how each will be listed in the student's attendance record.
 - a) **Parent Excused Absence:** Any absence which fits under the following guidelines: religious holiday personal illness, family illness, quarantine, or death of a relative. Parents may excuse the student for any of these reasons up to and including 5 days.
 - b) **Medical/Doctor Excused Absences:** Absences verified by official notes from doctors or other healthcare providers.
 - c) **Planned Absence:** Absences which do not fit under those which are defined by state law and are subject to administrative approval.
 - d) **Unexcused Absence:** Absences under 5 days that are not verified or do not meet state definition.
 - e) **School Excused Absences:** Absences for extenuating circumstances approved by the administration.
 - f) **Truant Absence:** Absences exceeding the 5 days allowed other than doctor/medical excused or school excused. Absences in excess of five (5) days during the school year must be accompanied by a written medical excuse from medical personnel or any other excuse previously defined in this section. These excuses must be presented within one (1) day upon returning to school. Failure to present a excuse will result in the absences being recorded as unexcused.

A truant student as used in this section is a habitually truant student as defined in the Ohio Revised Code 2151.011 (A) (17) which states "any child of compulsory school age who is absent without legitimate excuse for absence from the public school the child is supposed to attend for five (5) or more consecutive school days, seven (7) or more school days in one school month, or twelve (12) or more school days in a school year.

School Attendance Definitions

Habitual Truant - is defined as a child of compulsory school age who has been absent without legitimate excuse for 5 or more consecutive school days, 7 school days in a school month or 12 days in a school year.

Chronic Truant - is defined as a child of compulsory school age who has been absent without legitimate excuse for 7 or more consecutive school days, 10 or more school days in a school month or 15 days in a school year.

Unruly Child - is defined as any child that does not subject the child's self to the reasonable control of the child's parents, teachers, guardians or custodians, by being wayward or habitually truant.

Delinquent Child - is defined as any child who violates any law of Ohio or the United States or any ordinance or regulation of a political subdivision of the state that would be a crime if committed by an adult. (Senate Bill 181 has expanded that definition to include O.R.C. 2151.02). Any child who is “habitual truant” and who previously has been adjudicated an unruly child for being a habitual truant and any child who is a “chronic truant.” Parents/Guardians of a truant and/or “at risk” student may be assigned to attend Truancy Court with the Pickaway County Courts or may be referred to the Parent Project in Pickaway County for a period of 10 weeks for failing to comply with Ohio’s Compulsory Attendance Laws. Attendance in the Parent Project is mandatory. Failure to attend this program may result in a complaint of Parental Education Neglect being filed in the Juvenile Court that has jurisdiction based upon the location of the school. A student is tardy if he/she arrives after the 8:45 and before 9:30.

Tardy: Arriving between 8:45 – 9:30

Early Dismissal: Leaving between 2:00 – 3:00

½ Day Absent: Arriving after 9:30 or leaving prior to 2:00

4.2 INDIVIDUAL SERVICE PLANS

- A. The purpose of this policy is to establish guidelines for the development of Individual Service Plans (ISPs). All individuals in any program operated by the Board will receive an ISP specifying the types of services/supports to be provided. This plan will be a single, unified document encompassing services provided across all programs in which the individual is enrolled.
- B. All ISPs will be based upon the individual’s preferences as expressed directly by the individual, parent or custodian, if a minor, or the individual’s guardian. The ISP will support the individual’s choices, meet the individual’s needs, enhance the individual’s options, and assist the individual in expanding and developing competencies that will lead to a more independent, secure, and responsible life.
- C. Coordination of ISPs
 - a. For these purposes, a Service and Support Administrator (SSA) is assigned by the Superintendent or designee. The SSA will gather input from the individual, parent or custodian, if the individual is a minor, guardian, and others as requested by the individual.
 - b. The SSA will schedule a meeting to develop the initial ISP within 30 days of enrollment in Adult Services and prior to service delivery for residential services. The SSA will also schedule a meeting to review the ISP at least annually. The ISP meeting will include the individual, parent/custodian (if the individual is a minor), guardian, and others as requested by the individual.
 - c. The SSA shall advise and present options in an appropriate manner to the individual so that he/she may have a voice in matters pertaining to his/her life.
 - d. The SSA shall develop the written ISP and ensure that services, goals, and objectives implemented are not conflicting with each other.
 - e. The SSA will provide copies of the ISP to the individual, parent/custodian if the individual is a minor, and the guardian. Relevant portions of the ISP will be

given to service providers with consent of the individual, parent/custodian, or guardian.

- f. The SSA will arrange subsequent meetings, document addendums to the ISP, and ensure that all relevant providers receive copies of addendums whenever an individual experiences major changes in training, education, services, supports, employment, housing, medical status, etc.

D. Required ISP elements

- a. The ISP shall be based on priorities identified by the individual and team. The ISP shall include opportunities:
 - i. For the individual to control his life through informed choices;
 - ii. For developing significant social relationships within the community;
 - iii. For working and participating in the life of his community;
 - iv. That are in accordance with the individual's selected lifestyle;
 - v. That support each individual's choices, desires and preferences leading to interdependence and full community inclusion;
 - vi. That address how services/supports will follow the individual into activities that take place in the community; and
 - vii. That enable the individual to fulfill his lifelong plans.
- b. Based upon the needs and choices of the individual, the service areas to be provided may include, but are not limited to:
 - vii. Choices and options
 - viii. Personal income
 - ix. Housing
 - x. Community membership
 - xi. Personal satisfaction
 - xii. Health
 - xiii. Safety
- c. Initial and subsequent formal/informal evaluations will be used to determine the type and method of service delivery required in each area identified above. Types of general services offered to meet the needs and choices of the individual may include, but are not limited to:
 - i. Homemaker/personal care
 - ii. Transportation
 - iii. Adaptive/assistive equipment
 - iv. Environmental modifications
 - v. Supported employment
 - vi. Respite
 - vii. Home delivered meals
 - viii. Nutrition services
 - ix. Interpreter services
 - x. Social work/counseling
- d. For each service provided, the ISP will specify the following:
 - i. Type of service
 - ii. Frequency
 - iii. Duration
 - 1. May be specified for each occurrence that the service is provided; or

2. the total time during the frequency period that the service is provided; or
 3. The total time during the period for which the ISP is effective that the service is provided.
- iv. Type of provider
 - v. Cost of the service (HCBS waivers, supported living)
 - vi. Funding source
 - vii. Frequency of review of the service to assess effectiveness
- e. The ISP will reflect if the recommended services will be provided by paid supports or natural, unpaid supports. If the service will not be provided, the ISP must specify the reason.
 - f. Formal skill development areas or training needs identified in the ISP will include:
 - i. Goals
 - ii. Measurable objectives
 - iii. Review schedule for goals and objectives
 - iv. Frequency, duration, and location of education, training, or therapy
 - v. Implementation strategies and methodologies and persons responsible for implementation,
 - vi. A statement regarding the frequency and type of documentation to be maintained.
 - g. The ISP must include consent for identified services/supports by the individual, the individual's parent or custodian if a minor, or guardian. The consent may be withdrawn at any time. If consent for services is refused, the reason for the refusal should be specified, as well as any reasonable accommodations or alternative services/activities presented to the individual and/or guardian.
 - h. The SSA will include the method by which incidents involving the individual are monitored for trends/patterns. Services/supports necessary to reduce future occurrences will be included in the ISP.
 - i. Any dissenting opinions will be listed in the individual's ISP.
 - j. The ISP will include a review of the individual's rights, as well as the grievance procedure adopted by the County Board, on an annual basis.
 - k. The ISP will reflect transportation services to be provided to the individual, as well as consent for those services.
 - l. The ISP will reflect the frequency with which Quality Assurance reviews will be conducted for HCBS and supported living services.
 - m. The following dates will be specified in the ISP:
 - i. Approval date for the ISP
 - ii. Projected effective date for the ISP
 - iii. Actual effective date for the ISP (Coinciding with PAWS confirmation for HCBS waiver services)
 - iv. Completion date
 - n. The name of the individual's SSA will be specified.
 - o. The signatures of all participants in the ISP process will be included.
 - p. The signature of the Superintendent or designee indicating approval of the ISP.

E. Addendums to the ISP

- a. An addendum to the ISP is required when an individual experiences a change in status, including, but not limited to:

- i. Change in medical status
 - ii. Change in behavioral status
 - iii. Change in employment
 - iv. Change in residential setting
 - v. Change in guardianship
 - vi. Change in services/supports required within the home, day program, or other area of services delivery
- b. The SSA will be notified whenever changes in status are noted. The SSA may meet with the individual, parent of a minor, legal guardian, or any other individuals relevant to the status change to discuss necessary modifications to the service plan, if necessary.
 - c. An addendum to the ISP will not be effective unless the individual or his/her legal guardian has provided written consent to the proposed change.
 - d. The individual or his/her legal guardian will be issued written notice of appeal rights for any proposed denial, reduction or termination of service. If the service being denied, reduced or terminated is a Medicaid-funded service, the individual or his/her legal guardian will also be issued written notice of his/her right to a state hearing in accordance with Ohio Department of Job and Family Services rules.
 - e. All written addendums to ISP's will be sent to the individual, legal guardian, and to relevant service providers.

F. Documentation of service delivery

- a. Content of documentation
 - i. Date of service;
 - ii. Place of service;
 - iii. Name of the recipient;
 - iv. Medicaid identification number of the recipient; (HCBS Waiver services only)
 - v. Name of the provider;
 - vi. Provider identifier/contract number; (HCBS Waiver and Supported Living services only)
 - vii. Signature of the person delivering the service or initials of the person delivering the service if a signature and corresponding initials are on file with the provider;
 - viii. Type of service (for homemaker/personal care under HCBS Waiver, type must include if routine, on-site/on-call, or level one emergency);
 - ix. Frequency and Duration of services (For HCBS Waivers the number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided;
 - x. Group size in which the services were delivered as defined in paragraph (D)(12) of rule 5123:2-9-06 of the Administrative Code; (HCBS Waiver services only)
 - xi. Arrival and departure times of the provider of service's site visit to the recipient's location or of the recipient's visit to the provider of service's location; (HCBS Waiver services only)
 - xii. Description and details of the services delivered that directly relate to the services specified on the recipient's approved individual service plan as those services to be provided; (HCBS Waiver services only)

- xiii. A notation made at least monthly indicating the response to services delivered; and
 - xiv. Forms that identify, for the individual, the ISP service(s) to be delivered. The forms shall include all of the above and may be checked off and initialed by staff for each continuous period of service delivery time for each date of service. Any variation between the ISP requirements and actual staff to individual ratios, times of service delivery, group size, or type of service delivered shall be documented. Documentation shall reflect the actual staff to individual ratios and the time period of the variation.
- b. Documentation will be reviewed by the SSA to ensure that services are provided in accordance with the ISP.

4.3 CONFIDENTIALITY

A. The purpose of this policy is to establish guidelines to protect individuals' right to confidentiality in the receipt of services from the Board. Any additions or exceptions to this policy by particular divisions of the Board will be located in the section of the policy manual pertaining to that division.

B. Safeguards

- a. Each Division Director will be responsible for assuring the confidentiality of any personally identifiable data. This includes information related to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present, or future payment for health care provided to an individual as outlined in Chapter 12 of the Board's policy manual. Personally identifiable data includes, but is not limited to, the following:
 - i. Names of individual and/or family members
 - ii. Address
 - iii. Date of birth
 - iv. Social Security, Medicaid, or Medicare numbers
 - v. Other information making it possible to identify individuals as identified by HIPAA.
- b. All records will be kept in a secure location.
- c. The Board will maintain, for public inspection, the names and positions of employees within the Board who have access to confidential information.
- d. All Board personnel collecting, maintaining, using, or otherwise having access to personally identifiable data will sign an acknowledgement of Board policies pertaining to confidentiality and their responsibility for implementing such policies.
- e. Individuals receiving services and/or the parent of a minor or guardian will receive information regarding the Boards' confidentiality policies/procedures.
- f. No information including individuals' first and last names will be posted in public areas.
- g. Individuals participating in meetings/committees in which confidential information is discussed must agree to follow all guidelines established in this policy, as well as any other policy pertaining to confidentiality. Failure to agree will result in exclusion from the meeting/committee.
- h. Any violation of confidentiality may result in disciplinary action.

C. Access to Records

- a. "Record" refers to any information or data recorded in any medium.
- b. Individual records shall be accessible to the following upon request:
 - i. The individual, guardian (within the scope of guardian authority), or parent of a minor.
 - ii. Personnel authorized by the Director of DODD.
 - iii. Federal and state officials in connection with the audit and evaluation of federally supported programs or in accordance with the enforcement of or compliance with the legal requirements related to such programs.
 - iv. Personnel providing direct services/supports may have access to information necessary to provide those services/supports upon written consent of the individual, guardian, or parent of a minor.
 - v. Family/advocates as chosen by the individual upon written consent by the individual receiving services, his/her guardian or parent of a minor.
 - vi. Agencies/programs to which the individual is enrolled or seeking enrollment upon written consent by the individual, guardian, or parent of a minor.
- c. Each individual's record will contain a listing of access provided to that record including:
 - i. Name of the party accessing the record;
 - ii. Date access was provided; and
 - iii. Purpose for which the party is authorized to use the data.
- d. The Superintendent will maintain an electronic records access procedure.

D. Disclosure of Confidential Information

- a. "Disclosure" refers to the release, transfer, or other communication of records of the individual or the personally identifiable information contained therein, orally, in writing, by electronic means, or by any other means to any party.
- b. Written permission from the individual, guardian, or parent of a minor is required prior to any dissemination of personally identifiable information. This permission will specify the person or organization to whom the information shall be released, the purpose for which the information was provided, and the time period during which the permission is valid.
- c. Information of a confidential nature will be transmitted in a secure manner.

E. Destruction of Records

- a. A permanent record will be made for each eligible individual receiving services from the Board. A "permanent record" will be maintained without limitation. This record will include:
 - i. The name of the individual;
 - ii. The address of the individual;
 - iii. The telephone number of the individual;
 - iv. General applications for program approval;
 - v. The type of program/service in which the individual was enrolled;
 - vi. The attendance records, if applicable, of the individual; and
 - vii. The date of disenrollment.

- b. All other records will be maintained and destroyed in accordance with the Board's records retention policy.
- F. The Board will review, at least annually, the systems and safeguards employed to preserve confidentiality of information.

4.4 COMMUNICABLE DISEASES POLICY

The Board recognizes that employees and participants may come in contact with minor or serious illnesses as a condition of enrollment or working in the board programs. The Board is concerned that infection from a communicable disease can present a significant medical problem. The Board has an obligation to provide a safe work and program environment. The Board desires to protect the health of non-infected employees and participants as well as ensure the right of individuals who may be infected with either a short-term or life-threatening communicable disease.

Consistent with this health concern, the Board has established the following:

A. Education

- (1) Initial orientation and continuing education shall be scheduled for employees concerning epidemiology, modes of transportation, and prevention of common and uncommon communicable disease to which they may be exposed during their employment (i.e. Hepatitis B, CMV, AIDS, lice, etc.).
- (2) Education shall be scheduled to review current knowledge of laws, practices and policies regarding communicable disease contact.
- (3) Annual training will be conducted for all staff on the need for routine use of precautions to control the spread of communicable diseases.

B. Infection Control

- A. The Board recognizes that control of communicable diseases is the legally mandated responsibility of the state and local health authorities. Employees of the Board will cooperate with these health authorities by following current Ohio laws and state and local regulations and order pertaining to communicable disease control and reporting.
- B. Adequate immunizations is fundamental to communicable disease prevention and control. The Board will comply with Ohio laws which require participants be adequately immunized. Records of immunizations will be kept in each individual's permanent record.
- C. Staff will use infection control procedures when working with participants to prevent spread of infection. Although additional precautions may be necessary which are specific to the disease/condition, the following minimal procedures will be used:

- i. Disposable non-latex gloves should be worn when assisting participants with toileting and when changing soiled diaper/undergarments; for situations which require touching blood and body fluids or for handling items or surfaces soiled with blood or body fluids. Gloves should be changed after contact with each participant.
- ii. Hands and other skin surfaces should be washed immediately and thoroughly after changing a participant's soiled diapers/undergarments or if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed. Hands should be washed periodically throughout the day using soap and running water. A germicidal soap product may be used.
- iii. To prevent saliva transmission and to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, and other ventilation devices will be available for use. It is expected that emergency techniques be implemented whether or not the emergency device is available.
- iv. Pregnant employees should be especially familiar with and strictly adhere to infection control procedures, because many infections which develop during pregnancy can be transmitted to the infant.

(4) Good sanitation is the obligation of all employees. Attention will be given to facilities, grounds, and surroundings for environmental factors that may affect health. Maintenance/custodial staff will give buildings close scrutiny, including equipment, floors, walls, and ceiling. Routine housekeeping procedures will incorporate the use of disinfectants. The restrooms and food service operations will be periodically checked. Problems will be brought to the attention of the Superintendent for resolution.

4.4.1 Student Health Guidelines

- A. Each student will receive a physical as part of the enrollment process. A health record shall be on file for each student served which contains ongoing pertinent health information.
- B. Students who show symptoms of minor communicable diseases will be encouraged to stay home.
- C. Control of communicable diseases among students requires careful observation and reporting of symptoms by all personnel and parents to the program nurse.
- D. Depending on the diagnosis of the communicable disease, the student must have evidence of an examination by a medical doctor stating he/she is ready to return to the program.
 - a. Enrollees will be excluded if required by the Ohio Department of Health Communicable Disease Chart.
 - b. Employees will follow instructions given by the program nurse.
- E. When incidents of communicable diseases occur, the Superintendent or designee will notify, when appropriate, the parents/guardians whose student has been exposed to

- infections. Notifications are given to all students regarding incidences of-communicable diseases, as deemed necessary by the program nurse.
- F. Certain infections/diseases will be life-long duration and the student will not be symptom-free. If there is evidence that the disease cannot be transmitted by normal casual contact in program attendance, he/she should continue in the program. The student should attend unless prevented from doing so by weakness or poor health.
 - G. In cases of diagnosed long-term communicable disease, the decision of who and when to inform others will be made by the Superintendent.
 - H. How to serve a person with specific communicable diseases/conditions will be determined by the student's IEP team. The recommendation may include:
 - 1. Attending program unconditionally,
 - 2. Attending under restrictive conditions, or
 - 3. Receiving services in the home.

The decision will be based upon a consideration of:

- 1. The nature of the risk and how the disease is transmitted;
 - 2. The duration of the risk;
 - 3. The severity of the risk and the potential harm to others; and
 - 4. The individual's physical condition.
- I. No special condition will be given beyond normal transfer requests for an employee who feels threatened by working with a student participant who has a life-threatening disease.

4.4.2 Employee Guidelines

- A. Every employee will be required to have a physical upon employment.
- B. If an employee is suspected of having a communicable disease, the Superintendent or designee will request the employee seek medical attention. The employee can return to work when the employee's attending physician states that continued presence at work will not pose a threat to the employee, co-worker, or eligible individuals. The Superintendent reserves the right to require an examination by a medical doctor chosen by the Board.
- C. An employee who has been diagnosed as having an infectious disease must inform his/her supervisor of the condition. An employee's health condition is personal and confidential. Precautions shall be followed to protect information regarding an employee's health condition.
- D. An employee may have or be a carrier of an infectious disease which is of life-long duration and he/she will not be symptom-free. If there is evidence that the disease

cannot be transmitted by normal, casual contact in the work environment, and the condition is not a threat to self or others, the employee will continue to work in a regular manner. The employee is expected to meet acceptable performance standards and will be treated in a manner consistent with other employees.

- E. No special consideration will be given beyond normal transfer requests for employees who feel threatened by a co-worker's life-threatening disease. Requests for transfer will be decided by the Superintendent based on the best interest of the agency.
- F. The Superintendent will determine the admissibility to the work place by an individual whose condition is in question. The Superintendent will convene a meeting of the employee, the employee's physician, and others as the Superintendent deems necessary. Based on evidence presented at the meeting, the Superintendent may decide:
 - (1) to return the employee to his/her usual place of employment unconditionally,
 - (2) to place the employee on a work assignment under restrictive conditions, or
 - (3) to seek to have the employee utilize sick leave and be placed on a leave of absence.

In making a decision, the Superintendent will consider:

- (1) the nature of the risk and how the disease is transmitted,
- (2) the duration of the risk
- (3) the severity of the risk and the potential harm to others, and
- (4) the individual's physical condition.

4.4.3 Isolation

Any student suspected of having a communicable disease, or showing signs of illness shall be cared for in an isolated area until a parent can take them home. This area shall be free of other students, and provide the student with a place to rest. A staff member shall be present during this time of isolation. In the event the child's illness worsens before the parent(s) arrive, the program nurse will be called.

4.4.4 Head Lice Policy

Pediculosis, or head lice, is classified as a nuisance condition and is not known to transmit infectious disease from person to person. The primary goal of identification and notification of a lice infestation is to ensure that consumers receive safe and effective treatment. Parents and/or guardians have the responsibility to treat this infestation.

The Board will emphasize prevention and education as a primary measure to control head lice.

The Board nurses will assume the major teaching role in educating parents/guardians, caregivers, staff and consumers about the transmission and treatment of head lice.

4.5 PARENT SURROGATE

In order to protect the rights of the child when the parents of the child are unknown or unavailable, or when the child is a ward of the state, the following guidelines are established:

1. The Board will follow the Local Education Agency (LEA) policy of the child's residence/placement. Copies of each of the involved LEA's policies on Parent Surrogates in the county shall be requested and kept on file in the administrative office.
2. The Board will work with the appropriate LEA when it is determined that a parent surrogate is needed for a particular individual.

4.6 RESEARCH

All staff and persons external to the program wishing to utilize the enrollees, residents, staff, and/or facilities of the Board for research purposes, should direct a formal research proposal to the Superintendent. Such proposals shall include a detailed description of the intended research, including:

- A. A statement of purpose, indicating the anticipated contribution to current knowledge in the field of developmental disabilities.
- B. A description of all procedures and methodology pertaining to direct or indirect contact with program clients.
- C. Criteria for selection of subject population: Age range, disability qualifications, levels of functioning, preferred location, etc.
- D. Specification of the time involvement of each staff member, enrollee, and/or resident participating in the research.
- E. Specification of provision for enrollee/resident's rights regarding confidentiality and informed consent to participate.
- F. An indication of any college or university course number for which credit hours () will be accumulated as a result of the project.
- G. Parental/guardian permission and/or self-signed adult permission forms, which must be completed for all enrollee/residents prior to their participation.
- H. Recommendations from the University Human Subjects Committee if the proposal originated at the university level.

The Superintendent will critically review the research proposal. All proposals will be evaluated for their assurance of participants' rights, feasibility of implementation, value to the Board's programs, and contribution to the field of developmental

disabilities. If the proposal is approved, arrangements will be made to implement the proposed project.

The researcher may be requested to make progress reports to the Superintendent.

A brief abstract of the project's final report summarizing the research findings shall be submitted to the Superintendent. In some cases, a copy of the entire final report from the project may be requested.

4.7 Student Missing From the School

The Board shall ensure that all enrollees are accounted for at all times. In the event staff discover that an student is missing, the following procedure will be followed:

- A. The Facility Director or designee would be contacted immediately, identifying:
 1. Student;
 2. Description of the clothing the student was wearing;
 3. Approximate time when the student was last seen;
 4. Location where the student was last seen.
- B. All search will be organized by the School Administrator All areas, on and surrounding the grounds, will be checked.
- C. It will be the responsibility of the Superintendent or designee to contact the Police Department after one half (1/2) hour has elapsed since determining a student is missing. Contact with the Police Department may occur earlier than one half (1/2) hour, depending upon the nature and needs of the missing person. A Summary of the missing person's vital statistics, clothing, medical conditions, and medications shall be prepared for the police by the School Administrator or designee.
- D. All staff involved in the search for the missing enrollee should continue searching until they are advised otherwise by the School Administrator or designee.
- E. The School Administrator or designee will immediately notify the Superintendent or his/her designee, and the individual's family/legal guardian to notify them of any prolonged absence.
- F. It is the responsibility of each staff member on duty to be able to account for those students under his/her supervision.

4.8 MISSING CHILD POLICY

At any time of initial enrollment of a child or children in the Board Early Intervention, pre-school, or school-age programs, the parents or legal guardian of the child(ren) shall present Director or designee a copy of the child's original Certificate of Birth and any information provided by the school that he /she most recently attended. The Board will, within twenty-four (24) hours, contact the sending school to request the student's official records. Records must

be received by the Board within 14 calendar days of the student's admission to the school. If the sending school, upon contact, indicates no record of the student, or no records are received by the end of the fourteen (14) day waiting period, the School Administrator will notify the law enforcement agency having jurisdiction in the area where the pupil resides of this fact and of the possibility that the pupil may be a missing child, as this term is defined in Section 2901.30 of the Ohio Revised Code.

The School Administrator shall provide access to the student's records to the law enforcement officials who are conducting the investigation.

4.9 Due Process

- A. The Board shall request from each LEA placing individuals into Board programs copies of their respective due process policies and procedures. These policies will be followed for individuals ages three (3) through twenty-one (21).
- B. See Board policy 2.19 for Administrative Resolution of Complaints

4.10 INCIDENT, ILLNESS, ACCIDENT, AND SEIZURE RESPONSE

Employees who possess a First Aid Certificate may administer treatment following an incident, illness, or accident. No employee shall administer treatment for which they are not certified to perform.

Whenever First Aid treatment is administered, reporting forms must indicate such -and the employee must report such action to the building authority.

When an eligible individual in any Board program experiences a seizure an incident report form will be completed for seizure activity only in the following circumstances:

1. The individual has no previous seizure history;
2. The characteristics of the seizure were unusual for the individual;
3. Emergency personnel were required.

Emergency services may be summoned by an individual who encounters a life- threatening situation or a perceived life-threatening situation. The building authority shall be notified as soon as possible after emergency services have been requested.

In situations which require timely medical attention and the parent, guardian, or advocate cannot be contacted for alternative instruction, emergency services will be requested.

The eligible individual's emergency medical form shall be provided to the emergency services personnel.

See Chapter 3, Section 3.3 and MUI procedures for specific documentation and reporting requirements.

4.11 ENROLLEE HEALTH POLICIES AND PROCEDURES

- A. All written policies and procedures concerning health shall be communicated to all personnel, persons served, parents of minor children, guardians, and residential services/supports upon request and shall be available in each program area.
- B. Medical Evaluations
1. All individuals seeking enrollment in the following programs are required to have a medical examination and to submit proof of immunization within 30 days of enrollment;
 - a. Early Childhood Programs – Medical must be current within 30 days.
 - b. School-age Program – Medical must be current within six (6) months.
 - c. Adult Programs – Medical must be current within six (6) months
 2. All pre-school enrollees must have a medical evaluation each year. Individuals enrolled in the school-age program must have medical updates as determined by their Multi-factored Evaluation Team.
 3. Each program shall make available vision and hearing screenings to preschool and school-age students.
- C. Each program shall maintain health files for each individual served which contains ongoing pertinent health information.
- D. Each program shall require annual completion of emergency medical authorization form and shall maintain such forms in a readily accessible area.
- E. All Board personnel shall be trained in the recognition of abuse and neglect in accordance with policy 3.10.8.
- F. Exclusions PR/SCHOOL
1. Prior to the start of each program year, the program supervisor shall notify the parents/guardian of enrollees as to the need for medical evaluations or immunizations. The program nurse will be responsible for follow-up.
 2. Children of compulsory school age who fail to meet compliance and are absent ten days will be reported to the attendance officer of the local education agency by the program supervisor or designee.
 3. Return to program will be authorized by the program supervisor or designee upon:
 - a. Receipt of completed medical evaluation or verification of immunizations,
 - b. Verification from the physician's office that such service has been completed,
 - c. Verification from the physician's office that such service has been scheduled.
 - d. Such variation in readmission standards shall be at the discretion of the program supervisor in relation to individual circumstance.
- G. Health Emergencies
1. Each program facility shall maintain an area designated as a First Aid station and shall keep it supplied with First Aid supplies in accordance with the American Red Cross.

2. All incidents/accidents shall be reported in accordance with policy 3.10.8 to the parents of minors, legal guardians, and other persons having care of the individual, including residential providers.
3. In the absence of a licensed nurse, if an injury or medical condition occurs that requires immediate medical attention:
 - a. One staff member should remain with the enrollee and administer First Aid,
 - b. One staff member should contact the office and facility supervisor to inform them of the situation,
 - c. If an ambulance is indicated, emergency personnel will be called by the person with first-hand knowledge of the situation.
 - d. The classroom instructor or facility supervisor shall call the family while the emergency form is retrieved. Inform them of the individual's condition; ask for any special instructions (contacting family physician, going to the hospital, etc.). If no phone or answer, contact emergency numbers.
 - e. If an enrollee is transported to the hospital, a staff member who witnessed the injury or incident should accompany that person. The emergency medical authorization form must be brought along.
 - f. The staff person should remain at the hospital until the parents or guardian arrives.
 - g. An incident/injury report concerning the emergency action should be completed by anyone witnessing the injury or emergency medical condition and/or providing emergency attention, and given to the Superintendent for review and signature within twenty-four (24) hours. The completed and signed form should be placed in the individual's file with a copy sent to the program nurse.
 - h. The Superintendent is to be immediately informed by the Division Director or designee if an enrollee is taken to the hospital and given a copy of the incident report after its completion.
4. If a situation occurs requiring First Aid:
 - a. An abrasion should be washed with soap and water and a band aid applied. . No other items should be administered without a physician's order.
 - b. Direct pressure should be applied to a bleeding wound.
 - c. An incident report should be completed by witnesses to the injury and by persons giving first aid. Parents/guardians are to be contacted by phone by classroom instructor, director or program nurse. If phone contact is not possible, written communication will be utilized.
 - d. An ill enrollee should be provided a clean, quiet, isolated area close to toilet facilities where he/she may lie down until dismissal time, until he/she is picked up early, or until he/she feels able to return to class/work.
5. The following precautions shall be taken for children suspected of having a communicable disease:
 - a. The program shall immediately notify the parent or guardian of the child's condition when a child has been observed with signs or symptoms of illness.

- b. A child with any of the following signs or symptoms of illness shall be immediately isolated and discharged to his parent or guardian.
 - 1. Diarrhea (more than one abnormally loose stool within a twenty- four-hour period);
 - 2. Severe coughing, causing the child to become red or blue in the face or to make a whooping sound;
 - 3. Difficult or rapid breathing;
 - 4. Yellowish skin or eyes;
 - 5. Conjunctivitis;
 - 6. Temperature of one hundred degrees Fahrenheit or higher;
 - 7. Untreated infected skin patch(es);
 - 8. Unusually dark urine and/or grey or white stool;
 - 9. Stiff neck; or
 - 10. Evidence of lice, scabies or other parasitic infestation.
- c. A child with any of the following signs or symptoms of illness shall be immediately isolated from other children. Decisions regarding whether the child should be discharged immediately or at some other time during the day shall be determined by the director and the parent or guardian. The child, while isolated at the program shall be carefully watched for symptoms listed in paragraph (2) above as well as the following:
 - 1. Unusual spots or rashes;
 - 2. Sore throat or difficulty in swallowing;
 - 3. Elevated temperature of 101 degrees Fahrenheit or higher;
 - 4. Vomiting.
- d. Programs shall follow the Department of Health “child day care communicable disease chart” for appropriate management of suspected illnesses.
- e. Transporting an ill person:
 - 1. If an enrollee becomes ill early in the day, the parent/guardian should be contacted to pick up the enrollee.
 - 2. If an enrollee has been ill during the day, but can take regular transportation home, the driver should be informed that the individual was ill so that necessary precautions may be taken. If possible, contact the program nurse for consultation.
- f. Illness/Accidents occurring during Board-sponsored events away from program facilities.
 - 1. When transporting enrollees to events staff will take the emergency cell phone for that building.
 - 2. Staff will administer First Aid, if necessary.
 - 3. Staff will attempt to keep the environment as calm as possible.
 - 4. Staff will contact the Board regarding the situation and request assistance, if needed. The designated staff at the facility will make any necessary contacts to individual’s family, residential services, etc.
 - 5. In the event of a medical emergency, emergency services will be summoned.
 - 6. If possible, a staff member will accompany the individual to the hospital.

- g. The program nurse or supervisor shall determine whether or not a physician's statement is needed prior to returning to the program.
- h. If a student has a seizure while in the program, the following procedure should be used:
 - 1. Keep calm and ease the person to the floor.
 - 2. Do not physically restrain the person, but try to keep him/her from striking his/her head or body parts against any hard, sharp, or hot objects.
 - 3. When he/she becomes quiet, turn him/her on his/her side to facilitate any oral drainage.
 - 4. Do not insert anything between his/her teeth.
 - 5. After the movements stop, the person should be allowed to rest or sleep.
 - 6. If the jerking of the body does not stop within five (5) minutes, medical assistance should be obtained, unless otherwise specified in the individual's service plan.
 - 7. Parents should be notified by phone or, if no phone contact is possible, by note that a seizure has occurred. Information about the seizure should be recorded on a seizure chart and given to the nurse. Any grand mal seizure should be reported to the parent/guardian immediately.
 - 8. The Seizure Log will be documented immediately after the incident subsides. An incident report will be written if the individual has no previous seizure history, the characteristics of the seizure were unusual for the individual, or emergency services were required.

4.11.1 RECOGNITION OF DO NOT RESUSCITATE (DNR) ORDERS

A. Policy Statement

The Board shall recognize DNR orders which conform to applicable Ohio Law and the guidelines set forth below.

B. General Principles

- 1. A valid DNR order which meets the requirements of these guidelines must be followed by the Board.
- 2. A DNR order will not be followed without both a physician's order and informed consent by the individual legally empowered to give consent.
- 3. Individual conscience must be respected by the Board, as long as the program as a whole can ensure that DNR orders are followed.
- 4. Individual records must reflect that a valid DNR order has been issued which conforms to these guidelines.
- 5. The Board will provide
 - a. Notice of guidelines to all enrollees, families, and staff; and
 - b. Adequate training for the implementation of these guidelines to persons involved with affected individuals.

C. Elements of a Valid DNR Order

1. Overview: A DNR order is a document which meets all of the following requirements:
 - a. The individual must either have a severe and irreversible terminal condition or be in a persistent vegetative state.
 - b. There must be a medical order written by a physician.
 - c. There must be evidence that the order was signed after receiving the informed consent of the individual or other person legally authorized to give informed consent on behalf of the individual.
 - d. The DNR order must be in the individual's file.
 - e. The order must specifically withhold the use of CPR after the spontaneous cessation of respiration and cardiac function; that is, CPR should not be initiated **if** there is no pulse or heart beat in the individual.
 - (1) The DNR order can prohibit use of Basic Life Support or Advanced Cardiac Life Support procedures.
 - (2) A DNR order cannot prohibit any other emergency procedure. Examples: If an individual is choking, staff should use the Heimlich Maneuver or other appropriate intervention. Severe bleeding should be controlled when an individual suffers a laceration..
2. The individual's medical condition must meet the following criteria.
 - a. A medical condition in which a physician has determined, to a reasonable degree of medical certainty that the condition is both;
 - (1) irreversible and
 - (2) will result in death within six months of the time that the DNR order is signed.
 - b. A persistent vegetative state diagnosed by a physician to a reasonable degree of medical certainty. The following are elements generally associated with a diagnosis of persistent vegetative state:
 - (1) a clinical condition of complete unawareness of the self and the environment, accompanied by sleep- wake cycles, with either complete or partial preservation of hypothalamic and brain-stem autonomic functions;
 - (2) no evidence of sustained, reproducible; purposeful or voluntary behavioral responses to visual, auditory, tactile or noxious stimuli;
 - (3) no evidence of language comprehension or expression;
 - (4) having bowel and bladder incontinence;
 - (5) having variable preserved cranial-nerve and spinal reflexes; and
 - (6) the vegetative state is either
 - (a) present one month after acute traumatic or non-traumatic brain injury or
 - (b) lasting for at least one month in individual with degenerative or metabolic disorders or developmental malformations.

- (c) The DNR order must be signed by at least one physician.
 - (1) Parental instruction is not adequate.
 - (2) Physician must affirmatively show that consent from proper person has been obtained.
- (d) There must be evidence that the order was issued after informed consent was received from any of the following:
 - (1) competent individual, either directly or through a valid living will;
 - (2) holder of a valid durable power of attorney;
 - (3) parent of a minor; or
 - (4) guardian of incompetent adult

D. Determining Whether the Individual is Competent to Consent to a DNR Order

1. Individual consent must conform to standards for informed consent to medical care.
2. Affidavits or other sworn statements of professionals who have personal knowledge of the individual's condition and the circumstances of the consent will be adequate evidence of informed consent.
3. If there is doubt about whether an individual is competent;
 - a. seek guardianship, or
 - b. ask court to decide if guardian is necessary.

E. Procedure to substantiate that the DNR Order is Valid

1. Decisions on validity of DNR orders should be made by a committee appointed by the Superintendent which includes persons with knowledge of:
 - a. medical procedures,
 - b. the individual involved, and
 - c. applicable ethical and legal principles.

The standing committee shall be made up of the following: Superintendent, a Board-employed nurse, a case manager, and the physician representative from the Human Rights Committee (unless that physician originated the order, then an alternate physician would be selected by the Board). For each instance during which a specific DNR order must be verified, persons with knowledge of the individual shall also participate.

2. There must be a good faith effort to determine that the order is valid.
3. In order to assess the validity of a DRN order, the Board has adopted a form to be filled out by a physician which requires certification that all requirements of the guidelines have been met. This form must be notarized.
4. A checklist will also be utilized to verify that all elements of sections C and D of this policy have been met

5. If the order does not meet the criteria, the individual seeking to have the order enforced
 - a. has appeal rights in accordance with Board policy (2.19)
 - b. can go to court for an order allowing enforcement of a DNR order.
6. Steps if DNR order does not meet criteria of this policy:
 - a. Notify the following individuals that the order is not valid
 - (1) Person who obtained the order
 - (2) Providers
 - (3) Family members
 - (4) Guardian
 - b. Notify of appeal rights
 - c. Give notice of alternatives, including health care facilities, hospice programs, etc.

F. On-going Review of DNR Orders

1. If the Board has a reasonable basis to believe that there is evidence that the condition which justified the DNR order no longer exists, the following procedures should be followed:
 - a. The Board shall request that the physician re-evaluate the need for a DNR order to determine whether the conditions meet the criteria under these guidelines.
 - b. The Board will notify the responsible persons that the DNR order will not be honored until the review is completed.
2. A DNR order shall be renewed at least every six months to determine whether the requirements of these guidelines continue to be met using the procedures set forth above. If a DNR order has not been renewed, the Board will not follow the DNR order.
3. If consent is withdrawn to a DNR order by a person with legal authority to give consent, the Board will not follow the DNR order.

G. Training

The Board will develop a training program which will include at least the following elements:

1. Procedures to notify all persons in contact with individuals with DNR orders about
 - a. the existence of the DNR order, and
 - b. changes in the DNR order
2. Procedures to carry out DNR orders, including procedures for
 - a. notifying all staff about the DNR policy, including the elements of a valid DNR order, procedures for implementation and the right of individual staff to object to procedure on grounds of conscience;
 - b. alternative procedures when a staff person objects to implementation of a policy on grounds of conscience;
 - c. providing comfort care to a person
 - d. removing a person from public scrutiny and providing a safe, dignified, and private place; and

- e. providing emotional support for other persons in contact with the individual, including staff and other persons enrolled in programs.

H. Miscellaneous

1. The Board is not responsible for the cost of obtaining valid DNR orders.
2. The Board shall make a copy of this policy available upon request.

Procedures for the Recognition of Do Not Resuscitate ("DNR") Orders

A. Initiating the DNR protocol

The Health Services Coordinator must be notified immediately whenever an individual, parent of a minor child, or legal guardian requests that a DNR order be recognized by the Board.

The Health Services Coordinator and Case Manager will meet with the individual, parent, or legal guardian to review the Board's recognition of DNR orders policy (4.11.1) and to provide the necessary forms to be completed. These forms include an informed consent form and the form adopted by the Board for the physician to verify the validity of the order.

A committee to verify the validity of the order will be convened by the Superintendent at the request of the Health Services Coordinator no later than one week from the time all required forms are submitted. "Required" forms include a copy of the order, the consent form, and the physician's validity statement. The committee will be comprised of members specified in policy 4.11.1 E.1.

The committee must reach a unanimous agreement that the order is valid in order for the order to be recognized by the Board.

If the committee determines that the order is not valid, the following steps will be taken:

1. The Health Services Coordinator or designee will immediately inform the individual, parent, or guardian that the order is not valid and the reasons why the committee arrived at that conclusion.
2. The Health Services Coordinator or designee will provide the individual, parent, or guardian with a copy of the Board's policy regarding the Administrative Resolution of Complaints.
3. The Health Services Coordinator or designee will inform the individual, parent, or guardian of his/her right to pursue court action allowing enforcement of the DNR order.
4. The Health Services Coordinator or designee will inform service providers that the order is not valid and will not be recognized.
5. The Health Services Coordinator or designee will inform the individual, parent, or guardian of available alternatives including health care facilities, hospice programs, etc.

If the order is determined to be valid, the following steps will be taken:

1. The Health Services Coordinator or designee will inform the individual, parent, or guardian.
2. The Health Services Coordinator will notify relevant community agencies of the existence of the DNR order (EMS, sheriff, etc.)
3. The Health Services Coordinator will contact the individual's Service Coordinator to request that an Individual Service Plan (ISP) meeting be held within 5 working days of the date the order was verified.
4. At the ISP meeting, the following issues will be reviewed:
 - a. The type of DNR order to be recognized (Do Not Resuscitate Comfort Care or Do Not Resuscitate Comfort Care -Arrest)
 - b. Guidelines to be followed in the event that the individual experiences respiratory or cardiac arrest during participation in Board programs, including:
 - (1) When to contact emergency medical services (EMS)
 - (2) How to provide a safe, dignified, and private place for the individual
 - c. The need to establish ongoing support meetings for
 - (1) The individual/family
 - (2) Direct service providers
 - (3) The individual's peers participating in Board programs
5. The Service Coordinator will include the guidelines established at the ISP meeting in an addendum to the existing ISP. Copies of the addendum will be provided to the individual, parent, or guardian, as well as to all the individual's direct service providers.
6. The Health Services Coordinator or designee will contact the Division Directors of all programs in which the individual participates to convene a staff meeting. This meeting must be held within 5 days of the ISP meeting.

The Health Services Coordinator must be notified if any changes occur in the existing DNR order. If this occurs he/she will contact both the Service Coordinator and the Division Directors of any program in which the individual participates in order to conduct follow-up ISP and staff meetings.

B. Training

Once a DNR order has been determined to be valid by the Board's committee and the ISP meeting has been held, the Health Services Coordinator Will contact the Division Directors of all services in which the individual participates to request a staff meeting.

The meeting should include both administrative staff responsible for the oversight of the program as well as all direct service staff. Such meetings will also be held to discuss any changes in existing DNR orders.

The Health Services Coordinator or designee will review the following topics during the meeting:

1. A review of the Board's DNR policy (4.11.1)
2. The procedures used to verify the validity of the order
3. The type of DNR order to be recognized

4. How to provide comfort care to the individual
5. A review of guidelines established in the individual's ISP meeting
6. The right of individuals to object to the recognition of the DNR order on grounds of conscience
 - a. If any direct service provider objects to the recognition of the order, he/she may be reassigned to another location while the DNR order is in effect. This reassignment will not constitute a reduction in responsibilities or pay.
 - b. If reassignment is not possible, such as in a residential setting, the individual's parent, or guardian may opt to choose another provider.
7. The availability of ongoing support meetings

C. Providing emotional support to families, staff: and peers

Ongoing support meetings may be held as established during the initial ISP and staff meetings.

Upon the death of the individual, the Superintendent/designee will arrange for a support person (grief counselor, social worker, therapist, etc.) to attend a single debriefing meeting with families, direct services and the individual's peers who wish to attend. This support person may provide families, stand peers with additional services or resources to assist with the grieving process. The Board shall not be responsible for the costs of additional services requested by families or peers.

Do Not Resuscitate ("DNR") Order Validity Checklist

Individual's Name: _____

A. The order meets each of the following requirements:

- | | | |
|-----|----|---|
| Yes | No | The order is written by a physician. |
| Yes | No | There is evidence that the order was written after receiving informed consent |
| Yes | No | The order withholds the use of CPR after the spontaneous cessation of respiration and cardiac function. |
| Yes | No | The order does not prohibit any other emergency procedure. |

B. The individual's medical condition meets the following criteria:

- | | | |
|-----|----|--|
| Yes | No | A physician has determined with reasonable medical certainty that the condition is both irreversible and will result in death within six months. |
|-----|----|--|

OR

- | | | |
|-----|----|---|
| Yes | No | The individual is in a persistent vegetative state. |
|-----|----|---|

C. Informed consent for the order has been received from any of the following:

- | | | | |
|-----|----|-----|---|
| Yes | No | N/A | The individual who has been deemed competent (Consent provided directly or through a living will) |
| Yes | No | N/A | Holder of a valid durable power of attorney |
| Yes | No | N/A | Parent of a minor |
| Yes | No | N/A | Legal guardian |

D. The Board has obtained the following:

- | | | |
|-----|----|---|
| Yes | No | A copy of the DNR order to be filed in the individual's chart |
| Yes | No | A statement by the physician verifying the DNR order |

The following committee members have participated in the completion of this checklist. Unanimous agreement that all requirements have been met is required to substantiate the validity of the DNR Order.

Signature/Title: _____ Agree Disagree

Signature/Title: _____ Agree Disagree

Signature/Title: _____ Agree Disagree

Signature/Title: _____ Agree Disagree

Signature/Title: _____ Agree Disagree

Signature/Title: _____ Agree Disagree

PHYSICIAN VERIFICATION FORM

- DNRCC (If this box is checked, the DNR Comfort Care Protocol is activated immediately.)
- DNRCC-Arrest (If this box is checked, the DNR Comfort Care Protocol is implemented in the event of a cardiac arrest or a respiratory arrest)

Patient Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Birthdate: _____ Gender: _____ Male _____ Female

Signature (optional): _____

Certification of DNR Comfort Care Status (to be completed by the physician)*
(Check only one box)

Do-Not-Resuscitate Order- My signature below constitutes and confirms a formal order to emergency medical services and other health care personnel that the person identified above is to be treated under the State of Ohio DNR Protocol. I affirm that this order is not contrary to reasonable medical standards or, to the best of my knowledge, contrary to the wishes of the person or of another person who is lawfully authorized to make informed medical decisions on the person's behalf I also affirm that I have documented the grounds for this order in the person's medical record.

Living Will (Declaration) and Qualifying Condition – The person identified above has a valid Ohio Living Will (declaration) and has been certified by two physicians in accordance with Ohio law as being terminal or in a permanent unconscious state, or both.

Printed name of physician*: _____

Signature: _____ Date: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____

*A DNR order may be issued by a certified nurse practitioner or clinical nurse specialist when authorized by section 2133.211 of the Ohio Revised Code.

See Reverse Side for DNR Protocol

FURTHER AFFIANT SAYETH NAUGHT

Date

Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME AT _____

OHIO, THIS _____ DAY OF _____

NOTARY PUBLIC

DO NOT RESUSCITATE COMFORT CARE PROTOCOL

After the State of Ohio DNR Protocol has been activated for a specific DNR Comfort Care patient, the Protocol specifies that emergency medical services and other health care workers are to do the following:

WILL:

- Suction the airway
- Administer oxygen
- Position for comfort
- Splint or immobilize
- Control bleeding
- Provide pain medication
- Provide emotional support
- Contact other appropriate health care providers such as hospice, home health, attending physician/CNS/CNP

WILL NOT:

- Administer chest compressions
- Insert artificial airway
- Administer resuscitative drugs
- Defibrillate or cardiovert
- Provide respiratory assistance (other than that listed above)
- Initiate resuscitative IV
- Initiate cardiac monitoring

If you have responded to an emergency situation by initiating any of the WILL NOT actions prior to confirming that the DNR Comfort Care Protocol should be activated, discontinue them when you activate the Protocol. You may continue respiratory assistance, IV medications, etc., that have been part of the patient's ongoing course of treatment for an underlying disease.

4.11.2 Assistive Listening Devices Monitoring

The Board in the implementation of Individual Service Plans, shall ensure that for any enrollee whose ISP indicates a requirement for hearing aids or other assistive listening device, the device is examined daily. For an adult enrollee, the responsibility for examination shall be indicated in the ISP. In accordance with rules for Education of Children with Disabilities, the examination and documentation of assistive listening devices worn by students enrolled in Brooks-Yates School shall occur under the supervision and direction of the school nurse.

Procedures for documentation of examination and monitoring shall be developed by the nurse.

4.11.3 Tracheostomy Care Policy

A. Policy Statement

The Board will not exclude an individual with a tracheostomy from attending board operated facilities and programs. When an individual with a tracheostomy chooses to attend a board operated facility or program the individual's team will assess the needs related to tracheostomy care and develop a plan that will assure the health and safety of the individual. The plan may include but not be limited to, the requirement of a personal attendant with training in tracheostomy care, the requirement of an STNA with specific training in tracheostomy care, a requirement of the presence of a nurse (LPN or RN) on site when the individual is present, or the requirement of the presence of a nurse with the individual at all times.

The Health Services Coordinator shall be a member of the team that develops the plan regarding tracheostomy care.

B. Procedures

- a. If an individual with a tracheostomy chooses to attend a board operated program or facility the individual or legal guardian shall be notified of the policy.
- b. The individual, parent or legal guardian and any other health professional of the individual's choice shall be invited and included in the development of the plan.

4.12 REMOVAL/SUSPENSION/EXPULSION

A. Removal

In an emergency, the Superintendent or designee may remove an enrollee from curricular, the work place, or extracurricular activities or the premises if the

enrollee poses a continuing danger to him/herself or other, or participates in the destruction of property.

1. For individuals placed by the Local Education Agency (LEA)
 - a. If the enrollee has been placed by the LEA, such removal shall be reported immediately to the parent/guardian and the LEA. A written incident report shall be prepared by the end of the work day. A copy of the incident report shall be forwarded within twenty-four (24) hours to the school district. Such removal may be accomplished despite an individual's handicapping condition, but are subject to the due process procedures of O.R.C. Section 3313.66
 - b. Emergency removal may be a planned component of a behavior management program when the program has been written following the Behavior Management Policy and Procedures and has been approved by the parents/guardian and the LEA.
2. For all other enrollees:
 - a. For enrollees not placed by the LEA, parents/guardians and residential homes, if appropriate, must be notified immediately.
 - b. The Behavior Management Policy and Procedures must be followed when the frequency, duration, intensity of the individual's behavior meets the specifications for a formal behavior management plan. Once implemented, this plan must be followed prior to removal of the individual.
 - c. Such removal is subject to Due Process Procedures

B. Suspension

1. For individuals placed by LEA's:

If a child repeatedly demonstrates inappropriate behavior which is not directly attributed to the child's handicapping condition, the Superintendent of the Board may request that suspension proceedings be initiated by the involved LEA. The Superintendent of the Board shall forward to the school district such written reports and other records as are necessary. Board personnel shall be released from regular position responsibilities in order to participate

Suspensions shall occur no more than ten (10) days total in any program year. Any accumulation of ten (10) days during the program year shall be considered expulsion and constitutes a change of placement which necessitates an IEP review for determination of a more appropriate educational or habilitative program. The local LEA is responsible for convening the interdisciplinary team. The Due Process rights of the individual are guaranteed.
2. For other enrollees:

Suspension is to be implemented only when part of an approved behavior management plan for the involved individual. The Behavior Management

Policy and Procedures approved by the Board must be followed. The Due Process rights of the individual are guaranteed.

C. Expulsions

1. For individuals placed by LEA's:
The policies and procedures of the involved LEA must be followed. The Due Process rights of the individual are guaranteed.
2. For other enrollees:
The Board on Discipline, Due Process, Behavior Management, and Case Management shall be used to determine the most appropriate placement for the individual.

4.13 FIRE, TORNADO, AND OTHER EMERGENCIES CALLING FOR EVACUATION

- A. Each facility operated by or serving enrollees of the Board by contractual agreement will have written procedures for fire and tornado emergencies. This plan will be available to and communicated to all persons assigned to the facility, including volunteers.
- B. Evacuation plans will be posted in strategic locations throughout each facility.
- C. Enrollees shall participate in training regarding these procedures.
- D. Fire drills shall be conducted at least monthly during the program.
- E. Tornado drills will be conducted at least monthly in April, May, June, and July.
- F. A written analysis of the conduct and effectiveness of each facility's fire and tornado drills will be prepared by each facility director or designee for review by the Superintendent.
- G. The director of each facility shall request an annual inspection of the facility by the local Fire Inspector, and any other appropriate investigative agency. Such reports shall be maintained in the office of each facility. Copies of the inspection reports shall be submitted to the Superintendent.
- H. Any health or safety needs are to be corrected and/or followed-up using the appropriate procedures on file.
- I. Any condition which may be hazardous must be reported immediately to the facility director by the individual observing the condition.
- J. The Board shall develop procedures for each facility covering fire, tornado, bomb threat, chemical or other possible emergencies calling for evacuation or other actions to protect the health and safety of persons in the facilities.

K. Local procedures for building use/regulations are on file at each Board location.

4.14 OPENING AND CLOSING OF BUILDINGS

The Superintendent or designee shall have the responsibility for ensuring that the Board facilities are routinely opened for routine operations and securely locked at the conclusion of those operations

4.15 FACILITY USE

The Board will make its facilities and grounds available to the public for educations, recreational, and gathering purposes within the guidelines adopted by the Board. The use of Board facilities shall be encouraged to the extent that such use promotes a positive image of the facilities, Board, and its purposes.

The Superintendent shall have the authority to approve building use requests within guidelines of Board policy and procedures, unless an exception is made by Board policy.

The PCBMR/DD shall make the facility available so that actual and necessary may be paid by the user.

PCBMRIDD is proud of its facilities and shall exercise such control of their use as necessary to protect them and to protect the Board from additional financial obligations as a result of the use of the facilities for activities that are not for the purpose of Board operations.

A. Application

1. Applications for the use of any Board facility must be made through the Superintendent/designee at least five (5) working days before the use is to occur so that reasonable arrangements can be made.
2. The Superintendent/designee will then contact the appropriate building authority to check for possible schedule conflicts.
3. Arrangements for services (custodian, etc.) will be made through the Superintendent/designee.
4. A contractual agreement will be developed which outlines the parameters of use, responsibilities of both parties, etc.

B. Restrictions

1. The use of program facilities shall not interfere with the regular program activities.
2. No illegal drugs or alcoholic beverages are permitted. No smoking is permitted, except for in designated areas, and is not allowed by minors.
3. Gambling activities are not permitted in program facilities or on grounds.

4. Facilities must be vacated by 10:00 pm, unless a later time is approved by the Superintendent.
5. The Superintendent/designee shall ensure that a responsible person is designated to be in charge of all arrangements. The person may be a member of the group if so designated by the Superintendent. Otherwise, a person selected by the Superintendent will be authorized to serve as the responsible person.

C. Fees

1. Fees may be charged to cover the cost of operation. The schedule for such fees shall be approved by the Board.
2. Priority is given for activities which augment implementation of Board programs.
3. Priority is given for activities involving enrollees of the Board
4. Fee Structure
 - a. Fee is paid as follows: \$25.00 total, \$15.00 of which will be paid to responsible person if that person is not part of the group. Any responsible person may waive his/her receipt of the fee. \$10.00 will be paid to the Board operational fund. All wages and supplemental fees of the responsible person, such as gas money, will be paid by the party requesting use of the facility.
 - b. If any employee requests use of a the Board facility and will be designated the responsible person, the entire fee may be waived. Groups consisting of staff members are encouraged to make a donation, but no fee requirement exists.
 - c. For non-profit organizations or governmental agencies, the fee may be waived by the Superintendent.
 - d. The fee for any private or commercial for-profit venture is \$250.00. The Board shall have decision-making authority for any private or commercial for-profit venture.

4.16 EMERGENCY CLOSING OF FACILITIES

The Superintendent or designee shall have the responsibility of closing the program should it be determined that an emergency condition exists, such as inclement weather, natural disaster, or maintenance problems of a potentially harmful nature.

At the beginning of each program year, the Superintendent shall establish a procedure for notifying enrollees, parents/guardians, and staff of such emergency closing. The Superintendent shall communicate these procedures to parents, enrollees, staff and others, as appropriate and necessary for the safe operation of the program.

- A. In some cases of departure from the routine schedule, locally available radio and television stations shall be contacted to announce the changes.
- B. In cases where the program has been in operation part of the day and an early dismissal becomes necessary due to emergency conditions, the parent/guardian, or other emergency contact person should be notified by telephone, if possible, of the approximate time the enrollee will be returned home.
- C. Enrollees will be left at locations other than their residence only in accordance with conditions agreed to, in writing, by the parent or legal guardian.

4.17 WAITING LISTS, SERVICE SUBSTITUTION LISTS, AND LONG-TERM PLANNING REGISTRIES

- I. Purpose
 - a. To establish processes by which waiting lists are developed and maintained.
 - b. To establish methods of communicating these processes to individuals, their legal guardians, and families, as appropriate.
 - c. To establish due process procedures.
- II. Definitions
 - a. "Alternative Services" means the various programs, services, and supports, regardless of funding source, that exist as part of the Board service system and other services systems including, but not limited to:
 - i. Services provided directly by the Board
 - ii. Services funded by the Board through providers
 - iii. Services provided and funded outside the DD system
 - iv. Services provided at the state level
 - b. "Current need" means the individual needs and would use the service within twelve months if it were offered to the individual.
 - c. "Date of request" means the date and time of any written or other documented request for service. The request, including the date and time of request, shall be included in the individual's record and maintained by the Board. "Date of request" is the controlling date for placement on a waiting list or service substitution list and shall be documented at the time of any such request.

Documentation of the date of request shall also include the ODJFS 2399 “Home and Community-Based Services Waiver Referral” signature date as described in rule 5101:1-39-94 of the Administrative Code.

- d. “Department” means DODD as established by section 121.02 of the Revised Code.
- e. “Emergency status” means any situation that creates for an individual a risk of substantial self-harm or harm to others if action is not taken within thirty days. An “emergency” may include one or more of the following:
 - i. Loss of present residence for any reason, including legal action,
 - ii. Loss of present caretaker for any reason, including serious illness of the caretaker, change in the caretaker’s status, or inability of the caretaker to perform effectively for the individual
 - iii. Abuse, neglect, or exploitation of the individual
 - iv. Health and safety conditions that pose a serious risk to the individual or others of immediate harm or death
 - v. Change in emotional or physical condition of the individual that necessitates substantial accommodation that cannot be reasonably provided by the individual’s existing caretaker
- f. “Guardian” means a guardian appointed by the probate court under Chapter 2111 of the Revised Code. If the individual is a minor for whom no guardian has been appointed under that chapter, “guardian” means the individual’s parent. If no guardian has been appointed for a minor and the minor is in the legal or permanent custody of a government agency or person other than the minor’s natural or adoptive parent, “guardian” means that government agency or person.
- g. “Home and community-based services” means Medicaid-funded home and community-based services provided under a Medicaid component the Department administers pursuant to section 5111.871 of the Revised Code.
- h. “ICF/DD” means intermediate care facility for persons with developmental disabilities. “Individual” means a person with mental retardation or other developmental disability.
- i. “ISP” means individual service plan.
- j. “Medicaid case management services” means Medicaid-covered case management services under Ohio’s state Medicaid plan.

III. Exclusions from waiting lists

- a. The following Medicaid-eligible individuals shall receive services within 90 days of the date that the need for such services has been documented on the individual’s ISP in accordance with applicable law, which determination shall be included in the individual’s record maintained by the Board.
 - i. Individuals who are assessed and who are determined to have a need for Medicaid state plan services including habilitation center services and Medicaid case management services;
 - ii. Individuals enrolled in a home and community-based services waiver for persons with an ICF/DD level of care who are assessed and who are determined to have a need for the services covered by the waiver.
- b. Individuals enrolled in residential facility, home care transition, or individual options waivers who are being transferred to a different home and community-based services waiver for persons with an ICF/DD level of care. Such individuals may be transferred in accordance with rules of the Department and other

applicable laws to another ICF/DD level of care waiver for which the individuals are eligible.

- c. Children who are subject to a determination under section 121.38 of the Revised Code.
 - i. Such children who require the home and community-based services provided through the Medicaid component that the Department administers under section 5111.871 of the Revised Code shall receive services through that Medicaid waiver.
 - ii. For all other services, such children shall be treated by the Board as having emergency status.

IV. General waiting list requirements

- a. Waiting lists for Medicaid services
 - i. The Board shall establish and maintain waiting lists, in accordance with rule 5123: 2-1-08, for each home and community-based waiver administered by the Board. When an application is made for a waiver, the individual shall be placed on the list for the waiver appropriate to the individual's need based on the individual's assessment. The original date of request shall be the date of placement on the waiting list.
 - ii. Medicaid-eligible individuals who need Medicaid-covered services included in the following categories shall receive those services within the time periods specified in paragraphs III (a) and (b) of this policy and shall not be placed on a waiting list or service substitution list for those services;
 - 1. Early childhood services;
 - 2. Educational programs for preschool and school-age children;
 - 3. Adult services;
 - 4. Service and support administration;
 - 5. Residential services and supported living;
 - 6. Transportation services;
 - 7. Family support services provided under section 5126.11 of the Revised Code.
- b. The Board shall establish a separate waiting list, in accordance with rule 5123: 2-1-08, for at least each of the following categories of non-Medicaid services for which available resources are inadequate to meet the needs of all individuals who have a current need for the services;
 - i. Early childhood services;
 - ii. Educational programs for preschool and school-age children;
 - iii. Adult services;
 - iv. Service and support administration;
 - v. Residential services and supported living;
 - vi. Transportation services;
 - vii. Family support services provided under section 5126.11 of the Revised Code.
- c. The Board may establish additional waiting lists for other categories of services, which are determined to be necessary and appropriate for individuals according to their ISP.
- d. Procedures for requests for services

- i. When services are requested, the Board shall inform the individual, the individual's guardian, and the individual's family, as applicable of the alternative services.
 - ii. When a request is made for a service, the individual shall be placed on the list for the service appropriate to the individual's need based on the individual's assessment.
 - iii. The original date of request shall be the date for placement on the waiting lists.
 - iv. The Board shall place individuals with a current need for a category of service and individuals who meet the priorities established in 5123: 2-1-08 section D of the Administrative Code for a category of service on the waiting list for that category of service.
 - v. The Board shall inform the individual, the individual's guardian, and the individual's family, as applicable, of the individual's place on the waiting lists.
 - vi. Where there is a dispute regarding the date of request, an individual or person with legal authority to act on behalf of the individual, may appeal under procedures set forth in this policy.
- e. The Board may place an individual on more than one waiting list.
- f. The Board may establish priorities for making placements on its waiting lists according to an individual's emergency status and shall establish priorities in accordance with 5123: 2-1-08 (D) of the Administrative Code.
- g. If it is determined an individual needs a different category of service other than the one for which the individual is waiting, the Board shall provide the category of service, or place the individual's name on the waiting list for the category of service based on the new date of request. The Board shall inform the individual, the individual's guardian, and the individual's family, if applicable, of the individual's place on the waiting list based on the new date of request.
- h. The Board shall develop policies and procedures regarding the Board's waiting lists, that comply with section 5126.042 of the Revised Code and rule 5123: 2-1-08 of the Administrative Code. The policies and procedures shall address consistent methods of providing information about the alternative services. On an annual basis, the Board shall review the policies and procedures. The Board shall notify individuals on the waiting list, the individual's guardian, and the individual's family, as appropriate, of any changes in the policies and procedures. The Board shall document that notice was given and the content of such notice.
- i. If an individual determined eligible in one county after July 1, 1991 seeks placement in another county, the individual shall be presumed to be eligible for County Board services in the receiving county. If the receiving county deems it necessary to conduct a separate evaluation, the receiving county may do so, but the individual shall receive services or be placed on the waiting list during the period of re-evaluation.
- j. When an individual relocates or expresses a desire to relocate from one county to another county, any waiting list for a home and community-based services waiver shall be reordered in the new county based on the individual's original date of request for such waiver.
- k. When an individual relocates or expresses a desire to relocate from one county to another county, the individual's name and date of request for any non-Medicaid category of services will be added to any waiting list using the new date of request made to that County Board.

- l. Upon the Department's request, the Board shall submit in a format specified by the Department documentation related to its waiting lists, including, but not limited to, information regarding individuals who requested services or who were removed from the waiting list.
 - m. The Board shall maintain the confidentiality of information related to individuals on the waiting lists in accordance with section 5126.044 of the Revised Code, HIPAA regulations, as well as policy 4.2 and Chapter 11 of this policy manual. Except as provided in division (D) of section 5126.044 of the Revised Code, when disclosure of the identify of an individual is needed to ascertain that the Board's waiting lists are being maintained in accordance with section 5126.042 of the Revised Code and rule 5123: 2-1-08 of the Administrative Code, the Board shall release only the individual's name, the category of services requested by the individual, the individual's rank on the waiting list, the individual's date of request for services and any circumstances under which the individual was given priority when placed on the waiting list pursuant to 5123: 2-1-08 D.
 - n. When a category of service for which there is a waiting list becomes available, the Board shall reassess the service needs of the individual next scheduled on the waiting list to receive the category of service. If the reassessment demonstrates that the individual continues to need the category of service, the Board shall offer the service to the individual. If the individual refuses the service, the individual may remain on the waiting list in the individual's current position based on the individual's current need.
 - o. The Board shall review the current status, reassess the service needs, and inform the individual, the individual's legal guardian, and the individual's family, as appropriate, of the individual's current position on all waiting lists on at least an annual basis. The individual planning process shall address findings of this reassessment and shall include any process or plan for helping the individual prepare for the requested service.
 - p. The Board shall inform each individual on the waiting list, the individual's guardian, and the individual's family, as appropriate, of the alternative services on at least an annual basis.
 - q. If it is determined the individual is not eligible for a category of service, the Board shall remove the individual's name from the list for that service and shall assist the individual with contacting other agencies/programs for which the individual may be eligible. Individuals removed from the list have a right to due process as set forth in 5123: 2-1-08 M.
- V. Except as provided in 5123: 2-1-08 (F), the Board shall do, as priorities, all of the following in accordance with the assessment component approved under section 5123.046 of the Revised Code of the Board's plan developed under section 5126.054 of the Revised Code:
 - a. For the purpose of obtaining additional federal Medicaid funds for home and community-based services, Medicaid case management services, and habilitation center services, do both of the following:
 - i. Refinancing of supported living and family support services
 - 1. Give an individual who is eligible for home and community-based services and meets both the following requirements priority over another individual on the waiting list established under 5123: 2-1-

- 08 (C) for home and community-based services that include supported living, residential services, or family support services.
 - a. Is twenty-two years of age or older;
 - b. Receives supported living or family support services
- ii. Refinancing of adult services
 - 1. Give an individual who is eligible for home and community-based services and meets both of the following requirements priority over any other individual on a waiting list established under 5123: 2-1-08 (C):
 - a. Resides in the individual's own or family's home and will continue to do so after enrollment
 - b. Receives adult services from the county board
- b. As federal Medicaid funds become available pursuant to paragraph 5123: 2-1-08 (D1), give an individual who is eligible for home and community-based services and meets any of the following requirements priority for such services over any other individual on a waiting list established under 5123: 2-1-08 (C):
 - i. Does not receive residential services or supported living, either needs services in the individual's current living arrangement or will need services in a new living arrangement, and has a primary caregiver who is age sixty years of age or older;
 - ii. Is less than twenty-two years of age and has at least one of the following needs that are unusual in scope or intensity:
 - 1. Severe behavior problems for which a behavior support plan is needed;
 - 2. An emotional disorder for which anti-psychotic medication is needed;
 - 3. A medical condition that leaves the individual dependent on life-support medical technology;
 - 4. A condition affecting multiple body systems for which a combination of specialized medical, psychological, educational, or habilitation services are needed;
 - 5. A condition the Board determines to be comparative in severity to any condition described above and places the individual at significant risk of institutionalization.
 - iii. Is twenty-two years of age or older, does not receive residential services or supported living, and is determined by the Board to have intensive needs based upon the criteria set forth in paragraphs (V)(b)(ii)(1 – 5).
- c. Except as provided in ORC 5126.04.2 (G) and for a number of years and beginning on a date specified in rules adopted under ORC 5126.04.2 (K), give an individual who is eligible for home and community-based services, resides in a nursing facility, and chooses to move to another setting with the help of home and community-based services, priority over any other individual on a waiting list established under 5126.04.2 (c) who does not meet these criteria.

VI. The Board shall, in accordance with a protocol developed by the Department, develop and implement a procedure for timely notification of each individual currently on the Board's waiting list, the individual's guardian, and the individual's family, as appropriate, of the priorities in section 5126.042 of the Revised Code and the individual's due process and appeal rights. The Board shall document that notice was given and the content of the notice.

- VII. An individual with emergency status shall receive first priority for services. No individual may receive priority for services pursuant to paragraph 5123: 2-1-08 (D) over an individual placed on a waiting list with an emergency status.
- VIII. Order for offering services to individuals with priority
- a. If two or more individuals on a waiting list established under 5123: 2-1-08 (C) for home and community-based services have priority for the services pursuant to paragraph 5123: 2-1-08 (D)(1) or (D)(2) in a manner that, to the greatest extent possible, achieves the following objectives:
 - i. The maximization of federal funding;
 - ii. A mix between the number of individuals with priority under paragraph 5123: 2-1-08 (D)(1) and (D)(2);
 - iii. A reasonable contribution by the Board to increase the enrollment into home and community-based services during each state fiscal year of at least five hundred individuals who did not receive residential services, supported living, or home and community-based services in the prior state fiscal year, in accordance with section 5123.046 of the Revised Code.
 - iv. In dealing with living arrangements, the following objectives:
 1. The promoting of individuals' ability to choose other individuals with priority under 5123: 2-1-08 (D)(1) and (D)(2) with whom to live if the individuals have an existing relationship;
 2. The filling of vacancies in living arrangements with individuals who have priority under 5123: 2-1-08 (D)(1) and (D)(2).
 - b. When individuals are offered services in accordance with the process set forth in 5123: 2-1-08 (G)(1) and two or more individuals have equal rank, the Board shall offer the home and community-based services to such individuals in the order they are placed on the waiting list based on the date and time of their request for services.
- IX. The plan submitted by the Board pursuant to section 5126.054 of the Revised Code shall be consistent with policies adopted by the Board that implement paragraphs 5123: 2-1-09 (G) and (H).
- X. Due Process
- a. The Board shall provide due process rights to all individuals placed on waiting lists. Due process shall be available to any individual aggrieved by an action of the Board related to the following:
 - i. The approval, denial, withholding, reduction, suspension, or termination of a service funded by the Medicaid program.
 - ii. The establishment or maintenance of, placement on, the failure to offer services in accordance with, or removal from a waiting list.
 - b. Due process shall be provided in accordance with Chapters 5101: 6-1 to 5101: 6-9 of the Administrative Code when the service involved is funded by the Medicaid program (see policy 2.19.1) and in accordance with rule 5123: 2-1-12 of the Administrative code when the services involved are not Medicaid-funded.
 - c. The Board shall, in the manner specified in rule 5123: 2-1-12 of the Administrative Code give notice to each individual on the waiting list, the individual's guardian, and the individual's family, as appropriate, of the

individual's due process rights. The Board shall document that notice was given and the content of such notice.

- XI. Not later than the fifteenth day of March of each even-numbered year, the Board shall prepare and submit to the Director of the Department its recommendations for funding of services for individuals and its proposals for reducing waiting lists for services. This report may be incorporated in the Board's annual plan.
- XII. When any part of rule 5123: 2-1-08 requires disclosure of alternative services, the Board shall ensure that providers are identified in accordance with sections 5126.046 and 5126.055 of the Revised Code and rules adopted by the Department regarding free choice of provider.

4.17.1 Waiting List for BYS

All requests for placement in BYS must be made by the appropriate person representing the Local Educational Agency responsible for the education of the student. Requests made by any other person or entity will not be recognized as an official request for services. If it is determined that such a placement is appropriate by all parties, and subsequently authorized by the LEA and the parent/guardian of the student BYS will take the following action:

- 1. If an opening is available BYS will enroll and service the student based on the IEP.
- 2. If no opening exists at the time BYS will place the student on a waiting list based on the time and date of the authorized request.
 - a. If a subsequent opening becomes available the LEA of the student at the top of the waiting list will be contacted.
 - 1. If the placement is still considered to be appropriate the student will be enrolled and served based on the IEP.
 - 2. If the placement is no longer considered to be appropriate the LEA of the next student on the list will be contacted appropriate action taken

4.18 EARLY INTERVENTION AND BROOKS-YATTES SCHOOL POLICY ON STAFF RATIOS

The Board has established the following ratio guidelines for staffing. This does not mean that the Board will automatically add positions when any of the ratios are at maximum levels. The Board will assure that consumers' and families' needs and services will not be compromised when the levels are near or reach maximum levels. The Board shall assess the ratio at regular intervals with regard to the expected duration and reasons for increased caseloads. If the expected duration is short term then the Board may make appropriate adjustments in stated ratios through the temporary assignment of additional personnel or approval of additional time by staff to meet the needs of consumers and families.

Early Intervention will attempt to maintain a ratio of Early Intervention specialist to enrolled eligible individuals at the FTE rate of 1: 18. For eligible individuals "Full-time" means that the individual requires through the ISFP personal visit by a specialist at least 2 times per month. Regardless of the FTE needs of eligible individuals a specialist will maintain a caseload of no more than 25 individuals.

School: For a full school age classroom BYS shall maintain, at a minimum, a ratio of 1 teacher and 2 classroom assistants for each classroom.

A full classroom shall consist of at least 6 (no more than 8) students identified as eligible and appropriate for services and appropriately placed by the LEA. A classroom teacher may have an enrollment of up to 10 students as long as no more than 8 are in attendance at any one time.

4.19 Policy on Personal Funds of the Individual

- (A) The Board shall not require an individual to use personal funds to make up the difference between the cost of goods and services and the amount of payment received by the Board from third party payers for the same goods and services.
- (B) Each individual has the right to manage his/her own personal financial affairs unless otherwise specified on the individual's plan. If the individual needs assistance with his/her own financial affairs then, based on formal or informal assessments, the individual's plan shall indicate the criteria, parameters, and documentation necessary regarding the assistance to be provided to the individual.
- (C) If individual needs assistance with his/her own financial affairs—the individual shall be solely responsible for the payment of any fees associated with such management.
- (D) If the individual's plan specifies any staff member is providing any assistance to an individual, the Board shall involve the individual as much as possible in the management of his/her financial affairs.
- (E) No Board employee will establish or manage a bank account or funds on behalf of an eligible individual.
- (F) The board shall investigate the loss of funds and shall take any action necessary to recover the funds from any person who may have caused the loss of the individual's funds. The board may impose disciplinary action on a board employee if violation of board policy is determined. Law enforcement agencies may be contacted for criminal investigation.
- (G) The Superintendent shall not authorize the opening of any account by Board employees for the purposes of Board business except for accounts required by law or statute.

- (H) All funds maintained under the auspices of the Board must make a monthly report to the administrative offices. The report shall be available for Board review.
- (I) Any and all funds received by a Board employee shall be deposited in accordance with administrative procedures for receipt and deposit of funds. All funds shall be accounted for separately. Funds received to be used for an eligible individual shall be accounted for separately. Said funds shall be encumbered and shall not be available for any purposes other than stated purposes.
- (J) No Board employee shall receive funds from eligible individuals or other resources from eligible individuals for personal use, of any kind, except in accordance with Board procedures. An eligible individual or an eligible individual's family may request a Board employee to assist with the safekeeping of money for an outing or field trip. A Board employee must notify his or her supervisor when assisting with an eligible individual's personal funds. A Board employee may assist an eligible individual in this way without being in violation of Board policy. Each Board employee shall clearly explain the restraints of this policy to any eligible individual or family making such a request. The Board employee shall provide an accounting of the funds to the eligible individual or the eligible individual's family.
- (K) No Board employee shall be a representative payee.

Approved:

Board Policy, Chapter 4, 1/22/15, Board Action #15-7