



**EVANSTON OFFICE**

50 Allegiance Circle  
Evanston, WY 82930  
(307) 789-3710 Phone  
(307) 789-0823 Fax

Visit us on the web at [www.mrsi.org](http://www.mrsi.org)

# **EMPLOYEE GUIDELINES**

Revised June 2023

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-Employee Acknowledgment Form for Employee Guidelines-

I, the undersigned employee, hereby acknowledge that I have been informed the MRSI Employee Guidelines are available on-line at [mrsi.org](http://mrsi.org). I understand it is my responsibility to read the guidelines and comply with the guidelines, practices, and rules of employment of Mountain Regional Services, Inc. If I do not have personal access to the web, I may use a MRSI tablet or the computer station in the scheduling office to access this document or I may request a copy from the front desk.

I specifically understand and agree that I am an employee at will. I understand that my employment is for an unspecified period of time and that either the employer or I may terminate employment at any time, with or without reason or notice. I specifically understand and agree that this statement contains all the terms relating to my employment and that no representations have been made or may be made contrary to the foregoing, either expressed or implied.

---

Please Print Your Name Above

---

Employee Signature

Date

---

Witness Signature

Date

**MOUNTAIN REGIONAL SERVICES, INC.**

**Employee Guidelines**



Dear Employee:

Welcome to Mountain Regional Services, Inc. (MRSI). Our Mission Statement is to assist each person served in achieving the highest quality of life. Our Vision Statement is to provide quality services that support the choices and needs of the persons served and promote purpose, respect and dignity.

It is our intent that your employment at MRSI will offer you the opportunity for personal and professional growth. People are our most important assets and resources, and the success of our organization is the direct result of our employees.

As a staff member, you will work directly or indirectly with persons with disabilities. You become a role model for these individuals and thus perform an important service in helping them achieve success.

The objective of these guidelines is to acquaint you with the ground rules of MRSI. We suggest that you study these guidelines carefully.

Again, we are happy to have you as a part of the MRSI team and look forward to a long and rewarding association.

Most Sincerely,

MRSI Management

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# **SECTION 100**

## **Guideline Information**

## **101. About the Guidelines**

The MRSI Employee Guidelines will acquaint you with the Company and the guidelines affecting your employment. Since it is impossible to anticipate every situation that could arise, these guidelines will highlight general company practices and benefits. Other existing practices may not appear in these guidelines. If you are not sure about a written or unwritten guideline of MRSI, have questions about any portion of these guidelines, or need further information, please ask your supervisor or the Human Resource Department.

These Employee Guidelines have been created without bias toward the employee, the employer, or any group of employees. It is the Company's guideline that the employment relationship between the Company and its employees is at-will, and can be terminated with or without cause at any time, at the option of either the employee or the Company. The provisions of these guidelines or any other documents (such as benefit statements or confidentiality agreements) are not intended to create any contractual obligation that conflict in any way with these guidelines.

We recognize that our business needs may change from time to time and that new governmental regulations take effect. Therefore, we reserve the right to amend, rescind, or modify any of the Company's guidelines, practices, and benefits at any time, with or without prior notice. However, the at-will nature of your employment relationship is not subject to change. Employees will be notified of any changes via Therap.

We wish to apply company guidelines consistently and without discrimination so that all similarly situated employees receive fair treatment. However, a situation may arise which requires us to modify our normal operating procedures. While we attempt to minimize these situations, we must reserve the right to consider each case separately and make any appropriate exceptions we deem necessary.

If any provision of these guidelines is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way. If any of the guidelines in this manual conflict with state or federal law, the law controls, and the guideline or portion of the guideline that conflicts with the law will be considered inapplicable to the employees, to the extent it conflicts with the law.

These Employee Guidelines apply to all new and existing employees of the Company. These guidelines apply to full time, part time, temporary, and trainee employees, except where otherwise stated. These Employee Guidelines supersede all previous company guidelines, practices, and benefits, both written and unwritten.

Refer to these guidelines whenever you have questions about company guidelines, practices, or benefits. These guidelines are effective immediately, and you are expected to know and comply with them accordingly.

## **Guideline Definitions**

To help you understand words and terms these guidelines use, the following definitions apply, unless the context plainly requires a different meaning.

The terms “The Employer,” “The Company,” “We,” or any other first-person terms are used in these Employee Guidelines to mean Mountain Regional Services, Inc.

The terms “employee,” “personnel,” “staff,” “worker,” “you,” or any other second-person terms are used in these guidelines to mean Mountain Regional Services, Inc. employees, excluding independent contractors or unless otherwise specified.

A “trainee” is one who has not completed the specified orientation and training period.

A “full time employee” is one who is assigned to a position that involves a regular schedule of 40 hours per week. Some DSP positions having a regular schedule of 32 or more hours weekly, based on scheduling necessities, may be designated as full time. For the purposes of the Patient Protection and Affordable Care Act (PPACA), 30 hours or more per week will be considered full time. Part time employees temporarily filling in for a 40 hour per week position will not be considered full time. In all cases, work hours are dictated by the current prevailing business conditions and employer’s discretion.

A “part time employee” is one who is generally scheduled to work fewer than 40 hours in a workweek or is on part time status. Part time status is not a guarantee of any number of work hours in any workweek, unless you are selected for a part time position that has regularly scheduled hours. In all cases, work hours are dictated by the current prevailing business conditions and employer’s discretion.

A “temporary employee” is one who is hired as an interim replacement to temporarily supplement the work force or help complete a specific project.

A “regular employee” is one who is not working under a temporary status.

“Company premises” or “work premises” include any and all company-controlled buildings, offices, vehicles, parking lots, and surrounding areas, whether owned, leased, under the custody of or occupied by the Company, before, during and after working hours.

# **SECTION 200**

## **Employment Guidelines**

## **201. Visitors**

All visitors to Mountain Regional Services, Inc. must be accompanied by a staff member and must check in at the front desk. A visitor pass may be obtained from the receptionist. Tours need to be arranged in advance through the President. **Due to confidentiality, safety and other reasons, no staff is allowed to have visitors (whether visitors are employees of Mountain Regional Services, Inc. or other acquaintances) AT ANY TIME while on duty at the Community Living Sites and Adult Day Services.** When off-duty staff are at the center conducting personal business (i.e., checking schedule, picking up check, etc.), it is important that this business be done without interrupting participant services being provided.

## **202. Intruders**

Any staff member who identifies a stranger without the proper "Visitor" identification/badge at the MRSI building or other MRSI property, needs to approach the intruder and if possible, ascertain who they are and what their business is on the premises. The visitor should then be escorted to the front desk or house supervisor to obtain the proper permission/authorization to be on the MRSI premises.

## **203. Protection & Advocacy Access Guideline**

Every employee of Mountain Regional Services, Inc. must understand that Protection and Advocacy has unfettered access to ALL participants and ALL participant records. This includes 24 hours per day, seven days per week access. Participants do not have to have permission from ANYONE to contact P&A, nor does P&A have to ask for permission from ANYONE to contact a participant. There is NO BUFFER whatsoever between P&A and our participants. P&A may visit Adult Day Service programs, the community living sites, participant apartments or any other place they so desire. If a participant wants to contact P&A after hours, they may call the number or ask for assistance and leave a message 24 hours per day. This policy is very clear and must be adhered to by all employees of Mountain Regional Services, Inc.

## **204. Guideline for Subpoenas, Search Warrants, Etc.**

Headquarters

Refer all individuals with subpoenas, search warrants, investigations and other legal actions to the President or designee

Community Living Sites

Refer all individuals with subpoenas to the President or designee. Refer all individuals with search warrants, investigations, and other legal actions to the On-Call Supervisor who in turn will contact the President or designee.

## **205. Bulletin Boards**

Bulletin boards are available to keep you informed of new guidelines, procedures, announcements of meetings, Mountain Regional Services, Inc. health and safety information. Also found on the bulletin boards are items of general information such as legal matters that affect your employment including federal and state laws. The MRSI President or his/her designate approves and posts all notices. Unauthorized removal of any posted notice is prohibited and may result in corrective action and/or termination.

## **206. Suggestions**

Suggestions for the improvement of Mountain Regional Services, Inc. especially those pertaining to working conditions and operational efficiency, are solicited and appreciated. Suggestions should be discussed with your immediate supervisor and/or the President. Suggestions may also be sent via SComm through Therap or be placed in the suggestion box which is checked regularly and is located by the employee entrance in the MRSI building.

## **207. Reporting Changes**

It is essential that changes in address, telephone number, marital status, emergency contact, income tax exemptions, and other important information be reported immediately. Mountain Regional Services, Inc. requires that your records be up to date. Report all changes to the Human Resource Department and/or the Accounting Department. Please see the Human Resource Department for necessary forms.

## **208. Meal Periods**

Meal periods are scheduled for some staff members, and all employees who have a scheduled meal period are expected to take their meal period at the scheduled time. You must clock out for a scheduled meal period and must leave your work area and may not engage in work during this unpaid time. Many of the hourly employees who work directly with our participants do not have a scheduled unpaid meal period.

Staff working in the Adult Day Service and Community Living Programs are never to bring food from outside (ie. fast food, delivery, etc.). Meals brought in should be comparable to what participants eat and should be an example of a balanced meal. When staff takes participants to get fast food, they are allowed to purchase food for themselves.

Community living staff, including staff working 7-3 at the CLS, may eat lunch/dinner prepared for the participants at mealtime. Night staff may not eat resident food.

## 209. Solicitations/Contributions

Personal soliciting or canvassing within the facility is prohibited. Individual employees or representatives of any organization are not permitted to contact other employees on the job, collect funds, or advertise their products without consent from the President or designee. **\*NO ONE is permitted to distribute or circulate printed material on Mountain Regional Services, Inc. property at any time without permission.\***

## 210. Mountain Regional Services, Inc. Property And Participant Personal Property or Possessions

Property belonging to Mountain Regional Services, Inc. and may not be taken from the premises without authorization from the President or designee. Unauthorized removal, willful damaging, or defacing of Mountain Regional Services, Inc. property or moving MRSI property to other areas without authorization is a serious offense and may result in disciplinary action, legal action and/or termination.

Participant personal property or possessions may not be taken from the premises without authorization from the President or designee. Staff must never use participant personal property or possessions. Unauthorized removal or use, willful damaging, or defacing of participant personal property or possessions is a serious offense and may result in disciplinary action, legal action and/or termination.

## 211. Personal Appearance

As a staff person, your appearance serves as a role model to participants and trainees and reflects the image of Mountain Regional Services, Inc. You are required to conform to established standards of dress which are appropriate for your job. Dress codes are required for all departments and must be followed.

General guidelines that need to be followed by all staff are: There are to be no tank tops, bare midriff or revealing shirts. Shorts and skirts must be long enough that when arms are at your sides the length is at or below your fingertips. **Any hoops or dangling jewelry may be yanked from your body causing pain and damage and should not be worn.** Footwear: Staff working directly with participants or while in training must wear supportive footwear. Flip flops, sandals and other non-supportive footwear are not allowed as they may cause injury due to lack of support during active situations. Therefore, all footwear must have an enclosed heel or sturdy/supportive strap. Clothing must be neat, clean, and in good taste. Tattoos, t-shirts, hats, or other clothing which display suggestive connotations such as sex, alcohol, drugs, tobacco, satanic emblems or other inappropriate verbiage or emblems will not be allowed. Careful attention must be given to personal hygiene and good grooming. Hair must also be neat and clean. Beards and mustaches must be kept neat, clean and trimmed appropriately. Clothing appropriate to the weather conditions is required. Participants will often imitate the actions of staff. Therefore, you must set an example and wear clothing conducive to the weather conditions (i.e. no shorts/sandals when it is cold or snowing, wear jackets/sweatshirts when it is cool, etc.). Slippers and pajamas are not considered appropriate work attire. All



these dress code issues are health and safety issues related to those whom we serve and yourself. Failure to comply may result in personal injury, disciplinary action and/or termination.

### **212. Damage to Staff's Property**

Damage to staff's property (i.e. clothing, shoes, etc.) will be reimbursable when caused by a participant and approved by management for the value of the item, up to \$50.00. Shirts will be reimbursed up to \$25.00 and pants up to \$40.00. Damage to staff's eye glasses will be fully reimbursable. Damage to electronic items (cell phones, laptops, etc.) is not reimbursable (with the exception of a cell phone that is used for business purposes). All reimbursements will be on a case by case basis at the discretion of the President or designee and must be approved prior to the purchase of a new item. In order for staff to receive reimbursement, a receipt for the new item as well as the damaged item (which will not be returned), must be given to the CEO. It is highly recommended due to the nature of the services we provide, that staff not wear expensive clothing or jewelry that is of sentimental or high value. Doing so is at the employee's own risk.

### **213. Smoking, Smokeless Tobacco Use & Electronic Cigarettes (a.k.a. e-cigarettes, vaping)**

Mountain Regional Services, Inc. is officially a smoke-free organization. Smoking, chewing, vaping, or the sale of tobacco products is strictly prohibited in Mountain Regional Services, Inc. owned or rented buildings or Mountain Regional Services, Inc. vehicles with the exception of designated areas at each location. At the community living sites, all smoking, smokeless tobacco, or use of e-cigarettes, is to be done outside the house. Staff who smoke should not ask participants who are non-smokers or reformed smokers to go to smoking areas whether it be at MRSI, restaurants, or any other area where they may be exposed to second hand smoke. Staff must always maintain necessary staffing patterns, and may be required to limit smoke breaks based on available staff. Butts must be deposited in provided receptacles. Failure to adhere to this guideline is a serious offense and may result in disciplinary action and/or termination.

### **214. Nepotism**

In order to avoid potential improprieties and conflicts of interest in human resource decisions, Mountain Regional Services, Inc. has adopted a policy with regard to nepotism. Persons in supervisory positions will not be permitted to directly or indirectly supervise relatives or girlfriends/boyfriends. These persons may **NOT** be in a supervisory/subordinate role in any single department.

### **215. Distribution of Memorandums**

Any memorandum dealing with a procedure/guideline or which may have the effect of causing a procedure/guideline to change must be reviewed and initialed by the President or designee prior to distribution.

## **216. Employment At-Will Guideline**

It is important that you understand the terms of your employment. You and the Company have an employment at-will relationship. The employment relationship is for an unspecified time period. Either you or the Company may terminate employment at any time, with or without reason or notice.

While we hope that our relationship is a mutually satisfying one, we can make no assurances, either expressed or implied, concerning the duration of your employment with us or the reasons for termination of employment.

This guideline contains all terms relative to your employment, and no representations may be made contrary to the foregoing, either expressed or implied. Nothing in these Employee Guidelines or in any other documents (such as benefits statements, performance evaluations, or any other written or verbal communications) should be construed to create an employment agreement for a specified time period. This portion of the Employee Guidelines is not subject to change.

## **217. Americans with Disabilities Act**

The Americans with Disabilities Act of 1990, as amended, prohibits discrimination on the basis of disability and protects qualified applicants and employees with disabilities from discrimination in hiring, promotion, discharge, pay, job training, fringe benefits, and other aspects of employment. The law also requires that covered entities provide qualified applicants and employees with disabilities necessary reasonable accommodations that do not impose undue hardship. The law covers applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations.

If you believe that you have been discriminated against under any of the above laws, you should immediately contact:

The U.S. Equal Employment Opportunity Commission (EEOC)

Main Address: 131 M Street, NE, Washington, DC 20507. Email: [info@eeoc.gov](mailto:info@eeoc.gov)

Phone Number: 1-202-921-3191. Toll Free: 1-800-669-4000.

ASL Video Phone : 844-234-5122, 1-800-669-6820 (TTY for Deaf/Hard of Hearing callers only)

## **218. Hiring Guideline**

You are considered for employment based upon your education, training, experience, and overall qualifications to meet specific job requirements. Prior employment, education, and personal references are reviewed in the evaluation of applicants. Background checks which include the submission of employee fingerprints to the FBI and the Wyoming Division of Criminal Investigation, the Department of Family Services' Central Registry, and the Office of Inspector General will be completed on each employee hiring into a

position which may involve working directly with people with disabilities or acquired brain injury. These background screenings will be conducted at least every five (5) years throughout employment. An applicant who is subject of a national fingerprint based criminal history record check for a noncriminal justice purpose (such as an application for a job...) has certain rights. You can review the Noncriminal Justice Applicant's Privacy Rights by visiting: <https://health.wyo.gov/wp-content/uploads/2018/07/Privacy-Rights.pdf>

A personal interview, and in some cases testing, is required prior to employment. Each staff position at Mountain Regional Services, Inc. has a job description outlining the duties and job requirements. Errors or omissions in information provided on Mountain Regional Services, Inc. application forms and other submitted material may result in your discharge upon its discovery. Failure to successfully complete the initial or any subsequent background checks will result in your release from employment.

### **219. Affirmative Action**

The principles of nondiscrimination are basic to the structure of Mountain Regional Services, Inc. In every aspect of the organization, Mountain Regional Services, Inc. encourages, practices, and supports affirmative action to recruit and advance qualified minorities, women, persons with disabilities, and covered veterans.

### **220. Rehiring Former Employees**

It is MRSI's guideline to make decisions with regard to rehiring former employees on a case by case basis.

### **221. Equal Employment Opportunity**

Mountain Regional Services, Inc. is committed to a policy of equal employment opportunity for all individuals and will make every effort to provide equal employment opportunity without regard to race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age (40 or older), disability or genetic information, or any other classification protected by federal, state, or local law. Equal Employment Opportunity applies to all personnel practices, including (but not limited to) recruitment, hiring, training, promotion, termination, compensation, discipline, evaluation, benefits, transfers, educational assistance, and social and recreational activities.

Our goal is to establish and maintain a work environment free from discrimination, coercion, and harassment. However, the Company will not hire or promote any person who is not qualified for a job.

Any discrimination in the workplace based upon membership in any protected classification is illegal and violates company guidelines.

## **222. Orientation Period and Staff Training Guideline**

At the beginning of employment, Mountain Regional Services, Inc. will provide initial orientation training(s) for staff members, volunteers, consultants, and trainees, according to their specific job descriptions by the Human Resource Department and/or other qualified individuals. Individuals who will be working in the Adult Day Service (ADS) or Community Living Site (CLS) Programs and a few other positions, will complete the entire training period. The length of the training period will depend on the job position and the level of responsibility and required skill level. Mountain Regional Services, Inc. will provide ongoing training by the Human Resource Department and/or other qualified individuals as needed.

Staff must attend the following mandatory training: Abuse/Neglect, Behavioral Plans, Informed Choice, Persons Centered Planning, Blood Borne Pathogens, Boundaries, Diversity, Cultural Competency, Documentation, Cybersecurity, Driving Video, Emergency Disaster, HIPAA, Fire Safety, Client Safety, Hazardous Materials, Mental Illness, Participant Training which includes Participant Specific Training and topics covered in the Participant Handbook, Adult Day Service (ADS)/Community Living Site (CLS) Training, Peri-Care Video, Personal Protective Equipment, Harassment/Sexual Harassment, Seizure Video, Universal Precautions, and Tuberculosis. In addition to the above listed training, all Direct Support Professionals (DSP) and DSP supervisory staff must also attend CPR/1st Aid and CPI classes.

## **223. Promotions and Movement between Positions (non DSP)**

It is the policy and desire of Mountain Regional Services, Inc. to promote qualified individuals from within the organization whenever possible. Vacant positions are publicized agency wide via therap. If you wish to be considered for an open position, you must notify the Human Resource Department and/or department director as stated in the announcement outlining the opening, the qualifications needed, etc. Some openings will have a cutoff date, and you will need to notify those concerned before that date if you wish to be considered.

Advancement to a new job position will require you to satisfactorily perform your new duties. All transfers and promotions will be processed in the same manner as new hires. You will realize the usual scrutiny within normal performance evaluation. If you are not able to perform satisfactorily in your new position, you may request reassignment to your previous job or another job. Pay rates may fluctuate up or down depending upon the pay rate for a particular job.

## **224. Filling of Direct Care Positions Internally & Requesting a Change of Position in the ADS/CLS Departments**

We recognize that your work schedule and days off are essential parts of job satisfaction. We understand that you have changes in your life that may cause you to want to switch shifts or days off, and we would like to assist you with these needs. Knowing this, we are attempting to make this process as easy as possible.

This procedure allows those employees who have never moved from their original full time position the opportunity to have a First-Time Move into another position with no time requirements. If you were previously part of an administrative move, this will not be counted as your First-Time Move. If you have used your First-Time Move and the need arises for you to change your shift or days off, you may complete a Request for Change of Position form. This form requires you to provide justification of why you need to move and requires several signatures.

We encourage employees to try to work six months in their current position before making a request to move. However, we do realize that personal issues arise. Please contact the scheduling office for the proper form for the move you are requesting or if you have any questions regarding these guidelines.

Open direct care positions will generally be posted weekly (if there are openings) via SComm. These postings will list specifics for each position including any restrictions that may apply.

In order for you to be considered for an open direct care position, you must inform the Scheduler that you are interested in the position. Your name will then be listed on the Hiring Request form for that position. When the position has been filled, you will be notified if you are the person selected to fill the position. If you have any questions regarding the status of an open direct care position, you may contact the Scheduler.

Taking into consideration client care issues (i.e. driving status of employee, gender restrictions of clients and overall care of clients, etc.), requests will be considered in the following order:

- Current employees who are out on Family and Medical Leave or stand-by status due to serious medical conditions.
- All current employees with "First-Time or Annual Move" requests.
- All new employee requests for full time positions.
- Other considerations may be taken under advisement.

We are unable to take into consideration an employee's "CLS" or "Group" preference. Positions will be filled accommodating employees' request for shift and days off only.

Employees who resign their full time position in favor of part time status will relinquish any seniority they may have effective the same date as their status change. This seniority adjustment will only be considered if and when you request placement back into a full time position. When a determination is made of who will be placed in a specified position, you will have the same seniority as a newly hired employee who began employment on the same day as your status change from full time to part time.

Advancement to a new job position will require you to satisfactorily perform your new duties. You will realize the usual scrutiny within normal performance evaluation. If you are

not able to perform satisfactorily in your new position, you may request reassignment to your previous job or another job. Pay rates may fluctuate up or down depending upon the pay rate for a particular job.

## **225. Stand-By Status**

Stand-by status may be granted to individuals who are unable to meet the requirements of full time or part time status who do not qualify for Family and Medical Leave (FMLA). Stand-by status will follow the same criteria, entitlements, and obligations as the FMLA. Stand-by status provides eligible employees up to 12 work-weeks of unpaid leave during a 12-month period. The 12-month period is measured forward from the date the employee is placed on stand-by status. Refer to Section 600 for FMLA information.

Stand-by status may also be granted for educational needs and is for those employees who are attending school (educational institution such as a university, college, junior college, or trade/tech school, etc.). MRSI will allow the individual employee up to but not more than one year on this status if approved.

To request placement on stand-by status, a Request for Placement on Stand-By Status form must be completed, submitted and approved prior to the date stand-by status will commence. Requests for placement on stand-by status will be considered on a case by case basis.

## **226. Leave of Absence**

Any full time employee who misses more than five consecutive days of leave without pay must be eligible for Family and Medical Leave Act leave (employed with MRSI for 12 months and must have worked for 1250 hours in the previous 12 months) and the reason for leave must be FMLA qualifying.

If you are unable to return to work after exhausting your FMLA or Stand-By leave and paid leave (if applicable) you will be released from employment with Mountain Regional Services. However, once you have been released to return to work you are encouraged to submit an application so that it can be reviewed to determine your eligibility for rehire. Per MRSI's guidelines rehiring former employees is on a case by case basis.

If the employee is not eligible for FMLA leave and/or the reason is not FMLA qualifying or Stand-by status qualifying, the employee will be required to change his or her status to part time. This change will be effective at the beginning of the next pay period following the first day of the unpaid leave, and your pay rate will change accordingly.

To help prevent this, please be sure to manage your paid leave time carefully so that you are able to cover any other absences that you may have.

The taking of another job while on family/medical leave or any other authorized leave of absence may be grounds for termination, to the extent permitted by law.

## **227. Performance Evaluations**

You will be given a written evaluation of your performance after approximately one year and annually thereafter.

The Performance Evaluation process may include but is not limited to:

1. Giving you a clear understanding of your job responsibilities and duties and to assess your progress toward stated goals.
2. Provide an opportunity for you and your supervisor to discuss your strengths and challenges.
3. Reaching an agreement as to which areas require strengthening and establish a program or system to accomplish this.
4. Giving recognition for good work performance.
5. Determining training needs and future goals.
6. Reviewing goals from your previous evaluation, if applicable.

When your job performance is reviewed, the following factors, as well as others, may be considered:

1. Your knowledge of your work.
2. Your quality of work.
3. Your quantity of work.
4. Your problem solving abilities.
5. How well you relate to others.
6. Your attendance and punctuality.
7. Your conduct and appearance.
8. Your cooperation.
9. Your ability to meet your position's objectives that have been set.
10. Your attitude.
11. Previous evaluations.

Your signature and at least one goal for the coming year are required. You are encouraged to add any comments you may have. A copy will then be given to you and the original will be retained in your Human Resource file. If you refuse to sign the evaluation, it will be noted on the evaluation and filed in your Human Resource file.

## **228. Resignation**

If you must resign from your job, it is requested that you give at least two (2) weeks advance written notice prior to the last day you intend to work. Two weeks or more notification is important to allow the agency time to recruit and train a replacement for your position to reduce the burden your leaving may place on fellow staff and participants.

If you should terminate your employment at Mountain Regional Services, Inc., a letter of resignation is requested in addition to completion of an exit interview form. The purpose for this procedure is to gather information about your employment at Mountain Regional Services, Inc. that will help us to improve working conditions or gain operational suggestions which might help us better serve our employees and participants. Once an individual has resigned his/her position, any rescinding of this resignation will be treated as a rehire and the rescinded resignation may or may not be accepted.

Walking off the job is considered a "quit." Any staff person who walks off the job or leaves the premises without authorization will be considered to have resigned. Threatening to walk off the job may also be considered a "quit" or insubordination requiring corrective action.

The following items must be returned to your supervisor or the Human Resource Department: Keys, identification badge, and any other Mountain Regional Services, Inc. property. Failure to return these items could result in the replacement cost being deducted from your final check.

Final checks will be made available within the time frames specified by state and federal guidelines. Final checks will be available from the Accounting Department. Checks that are not picked up in a timely manner will be mailed to your address of record. Final checks will not be direct deposited.

### **229. Visiting Participants Who Are in the Hospital**

On occasion, a participant may spend time in the hospital due to medical conditions requiring specific care of a physician. On these occasions, the participant is considered to be in the care of the hospital staff. As hospitalization can be frightening for some individuals based on the unfamiliar staff and surroundings, MRSI will continue to have contact with the participant while they are cared for in other facilities. Staff wishing to visit with hospitalized participants will need prior permission from the Director of Program Coordination. In the event the Director of Program Coordination is not available (i.e. on days off or on vacation), staff will need to seek permission from the COI/CH Director. Staff should never assume the liberty to visit without permission from one of these individuals, whether the visit takes place on company or staff's own personal time.

### **230. Staff/Participant Relationships**

The relationship between staff and participants should always reflect the professionalism necessary to facilitate the rehabilitation effort. Staff should not attempt to form friendships with participants. Staff should never violate physical boundaries with participants (i.e. hand holding, touching, hugging, etc.) unless the intention is physical intervention from harm, or unless directed in the Plan of Care. It is never acceptable for staff to engage in derogatory or condescending conversation with participants even if they are doing so in a joking manner, as retaliation or otherwise. No employee may provide personal services to participants at Mountain Regional Services, Inc. (i.e. loans, housing, etc.). Staff must maintain professional boundaries at all times. **Staff must never have a sexual or intimate**



**relationship with a participant.** Staff must never discuss personal issues such as family, vacations, party attendance, religious or political views, etc. with participants or around participants. MRSI suggests employees working directly with participants refrain from “friending” participants or participants’ family members. Staff must never lend or sell to or accept items from participants. Staff must never take participants to their homes, etc. Crossing these professional boundaries can cause severe difficulty for the participants and could result in disciplinary action and/or termination. **All incidents must be reported, including suspected; refer to section 233 Critical Incident Reporting Guideline. Per the Adult Protective Services Act (WS 35-20-103): "Any person or agency who knows or has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected, exploited, abandoned or is committing self-neglect, shall report the information immediately..."**

### **231. Seclusion and Restraint Guideline**

1. MRSI’s policies and procedures governing the use of seclusion.
  - a. MRSI does not use seclusion under any circumstances.
2. MRSI’s policies and procedures governing the use of restraint.
  - a. MRSI adheres to all state and federal statutes, rules, and regulations regarding the use of restraints.
  - b. MRSI uses the Crisis Prevention Institute (CPI) Nonviolent Crisis Intervention Training Program.
  - c. Restraints include physical, chemical, and mechanical.
    - (i) Physical restraint is defined as the application of physical force without the use of any device, for the purpose of limiting the free movement of a participant’s body. Physical restraint does not include holding a participant, without undue force, in order to calm or comfort him or her, or holding a participant’s hand to safely escort him or her from one area to another.

In accordance with current legislation and guidance, the circumstances that may justify the use of physical interventions include: When an individual poses a significant risk to self. When an individual poses a significant risk to others. When an individual causes damage to property that may result in significant risk of harm to self and/or others.

- (A) Physical restraint cannot be used unless listed as a right’s restriction in a participant’s Individual Plan of Care. Currently, there are no MRSI participants with restraint in their plan of care. Therefore, restraint is not allowed for any MRSI participant except in the event of an extreme emergency or circumstance to ensure the immediate physical safety of the participant, a MRSI staff member, or other persons, and when less restrictive positive behavior supports have been determined to be ineffective. This may include:

- \* Contacting on-call supervisor
  - \* Verbal de-escalation
  - \* Physical redirection and/or disengagement skills
  - \* Offering distractions
  - \* Following someone who has eloped and is not a danger to self or others
  - \* Changing staff (if possible)
  - \* Utilizing cushioning devices for head strikes
  - \* Contacting the community mental health, case manager, guardian or 911/Police Department
- (B) If the staff including on-call have tried less restrictive positive behavior supports and have determined them to be ineffective and the situation is beyond their ability to resolve internally, staff may utilize a physical restraint and must call 911 prior to (or as soon as possible after) engaging in emergency restraint.
- (C) The emergency restraint is time-limited and with approved physical holds can only be performed by individuals trained and certified in CPI. Restraint shall not be used as coercion, discipline, convenience, or retaliation by personnel. Removal from restraint shall occur as soon as the threat of harm has been safely minimized.
- (D) The on-call supervisor will contact or voicemail the Crisis Prevention Team. The Crisis Prevention Team, which includes the participant's guardian and case manager, will meet for follow up and discuss possible changes to plan.
- (E) All MRSI staff providing direct care service shall receive initial and annual competency based training in Nonviolent Crisis Intervention which may include other specialties under CPI. This includes training on de-escalation and safe physical management. MRSI will follow CPI standards for the use of non-violent physical crisis intervention and shall not modify those standards/requirements.

- (F) The procedures for the use of restraint shall adhere to the following:
  - (1) Documentation demonstrates that least restrictive intervention techniques were used prior to the use of restraint.
  - (2) Appropriately trained personnel continually assess, monitor, and re-evaluate the participant to determine if restraint is still needed.
  - (3) Staff provides face-to-face evaluation of the participant within one hour of the use of restraint.
  - (4) If an injury occurs as a result of a restraint, staff will receive appropriate retraining within five (5) business days of the injury being detected.
  
- (G) The use of restraint shall always:
  - (1) Be documented in ISP Data Behavior Tracking, General Event Report and T-Log (high notification) before end of scheduled shift.
  - (2) Follow Critical Incident Reporting guidelines.
    - (a) Use of Restraint.
    - (b) Injury occurred resulting from restraint.
    - (c) Police involvement.
  - (3) Result in review and, as appropriate, revision of the participant's plan of care.
  
- (H) Following the use of the restraint, the participant, the guardian when appropriate, case manager and staff shall discuss the reasons for the use of restraint. The discussions shall be documented and address:
  - (1) The incident.
  - (2) Its antecedents.
  - (3) The reasons for the use of restraint (last resort, harmful to self or others).
  - (4) The person's reaction to the intervention.
  - (5) Actions that could make future use of restraint unnecessary.
  - (6) When applicable, modifications made to the treatment plan to address issues or behaviors that impact the need to use restraint.
  
- (I) The chief executive or designated management staff member shall review and sign-off on all uses of restraint after every occurrence. The review shall include:
  - (1) Verification that the MRSI policies and procedures regarding restraints were followed.

- (2) Verification that the behavior support plan for the participant was followed.
  - (3) Determination if modifications to the treatment plan are needed.
  - (4) Determination if staff involved in the restraint have received appropriate training and utilized this training appropriately when using a restraint.
  - (5) Verification that recommendations identified during the review of the restraint usage are appropriate and being implemented.
  - (6) The chief executive or designated management staff member shall document the results of this review.
- (J) The use of restraint shall be recorded and reviewed for:
- (1) Analysis of patterns of use.
  - (2) History of use by personnel.
  - (3) Environmental contributing factors.
  - (4) Assessment of program design contributing factors.
- (K) If the frequency of use of restraint changes, the chief executive or a designee shall investigate the pattern of use and take appropriate action to continuously reduce or eliminate the use of restraint.
- (ii) Chemical restraint is defined in the DD Waiver Provider Standards as “any drug that is administered to manage a participant’s behavior in a way that reduces the safety risk to the participant or others, has the temporary effect of restricting the participant’s freedom of movement, and is not a standard treatment for participant’s medical or psychiatric condition.” MRSI has been instructed by the Division to include PRN’s of psychotropic medication as a chemical restraint.
- Refer to Individual Plan of Care regarding PRN Medication. All PRN medications are ordered by a licensed medical professional. The On-call Supervisor will make a determination if PRN medication is needed. PRN medication should be used only as a last resort and only after other positive interventions have been tried (see PBSP). It is the participant’s choice whether or not to take a PRN if one is offered.
- (iii) Mechanical restraints are not used at any time under any circumstance for behavioral control.

### 232. Abuse, Neglect and Exploitation

Abuse, neglect, and exploitation are matters that Mountain Regional Services, Inc. takes very seriously and will not be tolerated. It is your duty and the law that you report any abuse, neglect or exploitation that you may witness. Suspected abuse, neglect, or exploitation will then be reported to the proper authorities. If it is determined that you have abused, neglected or exploited a participant, you will be subject to corrective action up to and including termination. If it is found that you had knowledge of abuse/neglect/exploitation and failed to report it, you will be subject to corrective action up to and including termination. All incidents must be reported, including suspected; refer to section 233 Critical Incident Reporting Guideline. Per the Adult Protective Services Act (WS 35-20-103): "Any person or agency who knows or has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected, exploited, abandoned or is committing self-neglect, shall report the information immediately..." The mission of Mountain Regional Services, Inc. is to assist participants in achieving the highest quality of life. To achieve this goal, it is important that we interact in a positive, constructive, and appropriate manner with the people we serve. Anything short of this is not acceptable.

### 233. Critical Incident Reporting Guideline

Per the Adult Protective Services Act (WS 35-20-103): "Any person or agency who knows or has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected, exploited, abandoned or is committing self-neglect, shall report the information immediately..." After assuring the health and safety of the participant and other individuals.

Any incident that involves:

**Suspected ABUSE** is defined as intentionally or recklessly inflicting physical or mental injury, unreasonable confinement, intimidation, cruel punishment and may include sexual offenses.

**Suspected SELF ABUSE** is characterized as abuse (Intentionally or recklessly inflicting physical or mental injury, unreasonable confinement, intimidation, cruel punishment and may include sexual offenses) inflicted by self.

**Suspected NEGLECT** is defined as the act of depriving a vulnerable adult of the minimum food, shelter, clothing, supervision, physical and mental health care, and other care necessary to maintain life or health, or which may result in a life-threatening situation.

**Suspected SELF-NEGLECT** is when a vulnerable adult is unable, due to physical or mental disability, or refuses to perform essential self-care tasks, including providing essential food, clothing, shelter, or medical care, obtaining physical or mental health care, emotional well-being and general safety, or managing financial affairs.

**Suspected EXPLOITATION** is defined as the reckless or intentional act taken by any person, or any use of the power of attorney, conservatorship or guardianship of a vulnerable adult, to obtain control through deception, harassment, intimidation or undue influence over the vulnerable adult's money, assets, or property with the intention of depriving the vulnerable adult of those assets, or to intentionally misuse the principal's property, and in so doing, adversely affect the principal's ability to receive healthcare or pay bills for basic needs or obligations.

**Suspected ABANDONMENT** is defined as leaving a vulnerable adult without financial support or the means or ability to obtain food, clothing, shelter or health care.

**Participant DEATH** due to any cause.

**INTIMIDATION** is defined as the communication by word or act to a vulnerable adult that he, his family, friends or pets will be deprived of food, shelter, clothing, supervision, prescribed medication, physical or mental health care and other medical care necessary to maintain a vulnerable adult's health, financial support or imply that they will suffer physical violence.

**SEXUAL ABUSE** means sexual contact including, but not limited to, unwanted touching, all types of sexual assault or battery as defined in W.S. 6-2-302 through W.S. 6-2-304, sexual exploitation and sexual photographing.

**POLICE INVOLVEMENT** is defined as any incident that results in police involvement with participants, including but not limited to arrests of participants, questioning of participants by law enforcement, or police calls to participant's home or service delivery site.

**CRIME** as defined by the Wyoming Criminal Code.

**INJURIES CAUSED BY RESTRAINTS**, including drugs used as restraints, physical restraints, and mechanical restraints.

**SERIOUS INJURY** An injury, such as suspected fractures, wounds requiring stitches, or injuries due to falls, which requires an emergency room visit, hospital visit, or non-routine visit to a doctor or clinic.

**ELOPEMENT** The unexpected or unauthorized absence of an individual for more than four hours when that person is receiving waiver services or the unexpected or unauthorized absence of any duration.

**MEDICATION ERROR** is an event where a participant is given (1) the wrong medication, (2) the wrong dosage, (3) medication which should have gone to a different participant, (4) medication via an incorrect delivery route (such as oral vs. topical), or (5) medication at the wrong time (by an hour or more from the scheduled time). DFS, P&A, and law enforcement notification is not required for this incident type, but DDD notification via an incident report is required.

**EMERGENCY USE OF RESTRAINTS** is an unplanned event where restraints were used to restrain a participant.

**MEDICAL/BEHAVIORAL ADMISSION** indicates that the participant was admitted to a Medical or Behavioral care facility for additional treatment. This incident does not require notifications to the various agencies.

**USE OF RESTRAINTS** – any time a physical, mechanical or chemical restraint is deployed on a participant, whether it is an emergency restraint or one that has been ordered by a physician and approved in the plan of care.

**OTHER INJURY** means a visible injury that does not require a doctor's visit.

Upon determining that an incident meets the above standards, staff will call:

Call 911, if immediate medical treatment is needed.

- 1) Call On-Call Supervisor.
  - a. On-Call supervisor will notify Medical Professional, when appropriate.
  - b. On-Call supervisor will go to the site of the incident to gather all needed information regarding the incident.
  - c. On-Call supervisor will call Case Manager and Program Coordinator. **If a medication needs to be added to the MAR, the Director of Health Care Services should be notified.**
  - d. On-Call supervisor will voice mail the following: CEO or designee, COI/CH Director, Program Coordinator, Director of Health Care Services and Training Director.
- 2) Program Coordinator or designee will review the incident to determine if it meets the criteria as a Reportable Critical Incident. If the incident is determined to be reportable, the Program Coordinator or designee will complete and send the DDD Initial Notice of Incident Report form and inform the participant's guardian and when warranted DFS and P&A.
  - a. Program Coordinator or designee will notify the following of a report being filed: CEO or designee, COI/CH Director, Director of Health Care Services, and Training Director.
- 3) If the alleged incident requires staff disciplinary action or reassignment, On-Call supervisor will contact the COI/CH Director or Human Resources to determine needed staff action.
- 4) DSP needs to document the incident by completing a GER in Therap prior to the end of their shift.
- 5) If there is a med error, please follow MRSI Medication Guidelines.

**IT'S YOUR DUTY TO REPORT!**

<https://health.wyo.gov/healthcarefin/hcbs/>, click on: “HCBS Incident Submission Guidance Manual,” or call (307) 777-7115 \* Toll Free (800) 510-0280.

### **234. Suicide Prevention Guideline**

Learn the warning signs. These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- Talking about wanting to die or to kill one-self.
- Looking for a way to kill oneself, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.
- Asking for help.

#### **Suicide is preventable.**

In the event a staff member or family member shows signs of suicide call 911 or call 1-800-273-TALK (8255).

Beginning July 16, 2022, dialing “988” will route calls to the National Suicide Prevention Lifeline. In 2020, Congress designated 988 as a new three-digit dialing, texting, or chat code for direct connection to support for anyone experiencing substance use issues, a suicidal crisis, or mental health-related distress. When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing National Suicide Lifeline network. These trained counselors will listen to callers, understand how their problems are affecting them, provide support, and connect them to resources if necessary.

The current Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis, even after 988 is launched nationally.

In the event a participant demonstrates suicidal behavior:

1. Establish safety and refer to Individual Plan of Care (IPC).
2. Notify the On-call Supervisor.
3. On-call Supervisor will contact High Country Behavioral Health for emergency assessment (789-4224).



### Establishing safety:

- Take the signs of suicidal behavior seriously.
- Verbally redirect participant from suicidal actions and remove any dangerous objects if possible. If there is immediate danger, call 911.
- Remain calm and respectful to the participant. Reassure the participant that things can get better and offer to help.

### Refer to Individual Plan of Care (IPC):

- There may be times when a participant makes suicidal statements when they are overwhelmed. Participants with developmental disabilities often have a difficult time describing their emotions or why they are upset. They may be experiencing confusion, embarrassment, shame, sadness, rage, etc. They may misunderstand or misinterpret social cues, feel inadequate regarding life skills or challenges, or may be upset about previous traumatic events experienced in their life. Some participants have a professional therapist or counselor they meet with regularly to discuss these emotions and events. Staff can remain supportive by encouraging the participant to speak with someone about how they feel, and to follow the guidelines written in the IPC.
- Common behaviors, warning signs and stress management guidelines may be listed in the participant's IPC for staff to support the participant during these moments. Each plan of care is individualized to meet the needs of the individual receiving services.

### Notify the On-Call Supervisor:

- When safety is established, DSP staff can respectfully inform the participant that they will take all suicidal behavior seriously, and can ask the participant if they would like to speak with a counselor from High Country Behavioral Health (HCBH) (789-4224) for an assessment of emergency services.

### Contact Behavioral Health agency for emergency assessment:

- In the event there are no further guidelines in the IPC and for the safety of the participant, in situations when a participant makes suicidal statements (e.g. "I'm going to kill myself!, I wish I was dead., I'm going to cut my throat!"), staff should contact the on-call supervisor who will notify High Country Behavioral Health (789-4224) for an emergency assessment. The number can be called at all hours for an HCBH examiner to collect information related to the individual's suicidal behavior.
- In the event the participant engages in suicidal behavior (attempts to severely injure self, uses objects in life-threatening ways, etc.) staff should call 911. The on-call supervisor will still need to be notified.

### **235. Absence or Tardiness (All Staff Except Direct Support Staff)**

You were hired at Mountain Regional Services, Inc. because the work which you do is important to the success of this organization, and more importantly, you provide a service to the participants at MRSI. Regular and consistent attendance is a necessity. When you know that you must be absent or late for work, you are required to notify your supervisor immediately in order that adjustments can be made to accomplish the job you were being relied upon to do that day. You **must personally speak with your supervisor** or designate as soon as you know that you will be absent or late for work. **LEAVING A MESSAGE WITH THE RECEPTIONIST, VOICE MAIL, TEXT MESSAGES OR EMAILS ARE NOT ACCEPTABLE.** All staff is required to leave a number where they can be reached. If coverage for your position is required, it may be necessary for you to work. Staff wanting to use paid leave for their absence should submit a leave request as soon as they return to work.

If you are absent due to injury or illness, you may be required to submit a physician's release to return to work.

Employees found to be fabricating their reason for calling in/requesting time off may be placed on an attendance contract or issued other corrective action.

### **236. Absence or Tardiness for Direct Support Staff**

You must contact the appropriate person as soon as possible before the beginning of your scheduled shift, if you are planning to be absent. You must personally speak with: (1) Scheduler, available from 7:00 a.m. to 3:00 p.m. Monday through Friday, excluding holidays, or (2) The On-Call Supervisor at any other time by calling 679-4774. If you are late for work, or going to be late for work, you must follow the same procedures to keep your supervisor informed. **LEAVING A MESSAGE WITH THE RECEPTIONIST, VOICE MAIL, TEXT MESSAGES OR EMAILS ARE NOT ACCEPTABLE.** All staff is required to leave a number where they can be reached. If coverage for your position is not available, you may be required to work. If coverage is not available and you are unable to work, you will be required to provide written proof of the reason for your absence to the Human Resource Department on the next business day. This written proof must contain information that is consistent with the reason as well as date and time of your absence. Staff wanting to use paid leave for their absence should submit a leave request as soon as they return to work.

To assure employees are able to contact us if they intend to take time off, we have implemented the following procedure:

- 1) If you are calling-in after regular business hours to request your shift off, you must first call the on-call phone at (307) 679-4774.
- 2) If you are unable to get through to the on-call phone, you will then need to contact CLS Lodgepole at (307) 789-5573 and leave a call-back number where you can be reached.

- 3) Do not assume that because you have spoken with a staff at Lodgepole that your time off has been granted.
- 4) The staff at Lodgepole will locate the on-call supervisor and provide your call-back number. The on-call supervisor will return your call. You will need to be at your call-back number when the on-call supervisor returns your call.
- 5) Understand that not being able to contact the on-call phone will not be an acceptable excuse for not contacting us if you need to request your shift off.

It must be understood that because of the type of work we do regarding participant care, which is a 24 hour per day, seven day per week operation, if you do not report for work or contact us to notify us of your absence, your absence will be classified as a no call/no show. Any employee who does not report for their shift and does not contact us as specified, will be issued a verbal warning for their first offense. A second offense may result in a written warning. A third offense may result in termination. Three no call/no shows in a row will result in termination. Also, please remember that being absent from your shift by three or more hours will be considered an absence.

Refusal or failure to report for a shift for which time off has been denied, may result in you being removed from your current position (demoted) and/or terminated. Again, this is due to the possibility of participants not receiving adequate supervision and the disruption to the delivery of services if you do not report for your scheduled shift.

If you are absent due to injury or illness, you may be required to submit a physician's release to return to work or verification of your illness/injury.

Employees found to be fabricating their reason for calling in/requesting time off may be placed on an attendance contract or issued other corrective action.

### **237. Excessive Absence**

Excessive absence is defined as being absent for a scheduled shift more than three times in a one-month period.

Absences of more than three times per month in two months of any three-month period may warrant a warning.

Continued absences of more than two times for the remainder of the month in which you received the warning, in the month following the warning or in any two months of any three-month period may warrant an attendance contract.

Employees being placed on an attendance contract will be required to follow a strict set of attendance guidelines which may be modified on a case by case basis depending upon individual circumstances.

Leave time requested two weeks or more in advance, Family and Medical Leave Act leave (FMLA) and bereavement leave will be excluded from the three per month limit as long as they have been authorized through the appropriate channels. Being absent from

your shift by three or more hours (unless you are taking an authorized scheduled break) will be considered an absence.

### **238. Excessive Tardiness**

Tardiness will be defined as being late by five minutes or more. Excessive tardiness is defined as being late for a scheduled shift more than three times in a one month period.

Being late for a scheduled shift more than three times per month in two months of any three month period may warrant a warning.

Continued tardiness of more than three times for the remainder of the month in which you received the warning, in the month following the warning or in two months of any three month period may warrant a tardiness contract.

Employees being placed on a tardiness contract will be required to follow a strict set of attendance guidelines which may be modified on a case by case basis depending upon individual circumstances. If the employee refuses or is unable to comply with the requirements of the tardiness contract, he/she may be released from employment.

### **239. Weekly Scheduled Breaks**

As part of your regular schedule, you may be scheduled by your supervisor to take a break for a determined period of time at some point during your work week. The duration of this scheduled break will depend upon which CLS/group room you are assigned to as well as other mitigating factors. You will then work until you reach 40 hours on your last shift of the week. If you wish to leave prior to reaching 40 hours, there are no coverage issues, and it has been approved by your supervisor, you may do so.

### **240. Clock In/Out Times**

Direct Support Professionals should be clocking in no sooner than 10 minutes before the beginning of their shift and clocking out no later than 10 minutes after their shift is over unless there are extenuating circumstances or it has been previously authorized by the Staff Scheduler, your supervisor or other MRSI official.

### **241. Sleeping on the Job**

Due to the need for continuing supervision of our participants and for obvious safety reasons, sleeping on the job or any appearance thereof (i.e. laying back in a recliner or on a couch with your eyes closed, resting with your head on a table, etc.) **will be** considered sleeping on the job. This will be considered negligence of your employment duties, and it will not be tolerated. Any employee responsible for the care of participants determined to have been sleeping or giving the appearance of sleeping during their scheduled shift will be subject to corrective action with the possibility of termination.

## **242. IPC (Individual Plan of Care) Training Summaries**

Staff is required to be trained on participants they are working with. Staff will need to complete a Participant Specific Training Form documenting the training and when it took place. This training and the completion of these forms must take place prior to completing any participant's pre-billing schedules. Training topics include: General overview of IPC; Mealtime plan or guidelines; Mobility, positioning needs, skin integrity needs; Supervision needs; Use and maintenance of adaptive equipment; Health, safety or medical concerns, needs and/or protocols; Medication and medication assistance including Medication Assistance Record (MAR) and possible side effects; Behavioral needs and positive behavior support plan, if applicable; Rights and restrictions; Participant goals and objectives. Medicaid mandates proof of training prior to the billing being submitted. All training forms will be updated annually or as revisions occur in the Individual Plan of Care. The Human Resource Department will record the information.

## **243. Therap Documentation**

Staff are required to complete all Therap documentation for each shift prior to the end of the shift. Errors on Attendance and ISP Data will cause a non-billable service.

The required documentation includes:

- T-log (daily communication log)
- Attendance (for billing times)
- ISP Data (for objectives and behaviors)
- Health tracking (for Intake and Elimination, Blood Glucose, Seizure Report, Vitals, etc.) as per IPC
- GER (for critical incident reporting)
- S-Comm (for reporting health changes)
- MAR (if MAT trained)

MRSI guidelines are:

- When a staff person is notified regarding incomplete or missing Therap documentation, the staff is required to have the documentation completed/corrected by the end of their next scheduled shift.
- If staff fails to comply, they will be issued a training log.
- If the staff again fails to comply within six months of the training log, a written warning will be issued.
- If after the written warning, the staff fails to comply again, they will be placed on a contract for six months.
- If after being placed on a contract staff fail to comply, staff will very likely be released from employment.

## **244. Corrective Action Offenses and Termination**

We hope that this section of the Guidelines will never need to be referred to in discussing your behavior during your employment at Mountain Regional Services, Inc. The offenses outlined below are examples of unacceptable conduct and are not inclusive or exclusive. In the absence of special circumstances, the following offenses are subject to corrective action. ***It is important to remember that any of the following could result in immediate termination.*** The Human Resource Department will make every effort to ensure a fair process.

**ALL STAFF ACKNOWLEDGE THAT EMPLOYMENT AT-WILL EXISTS IN THEIR RELATIONSHIP WITH MOUNTAIN REGIONAL SERVICES, INC. AND THIS EMPLOYMENT MAY END AT-WILL WITHOUT CAUSE OR NOTICE.**

1. Violation of any agency guidelines.
2. Interfering with or disrupting the performance of other employees on the job.
3. Interfering with or disrupting participant program time.
4. Improper conduct or indecency on agency property.
5. Leaving premises during work hours without permission from your supervisor or any unauthorized absences.
6. Use of profanity, abusive and/or threatening language.
7. Improper behavior.
8. Spreading of rumors or malicious gossip.
9. Acts of violence.
10. Habitual failure to scan in/out for your shift.
11. Speeding and/or careless driving of an agency owned vehicle or of a personal vehicle on agency property.
12. Threatening, intimidating, or coercing a fellow employee on the premise at any time for any purpose.
13. Threatening, intimidating, or coercing a participant at any time for any purpose.
14. Mistreatment of company property **or participant personal property or possessions.**
15. Violation of controls for the protection of confidential or privileged information.
16. Falsification or omission of Mountain Regional Services, Inc. daily, weekly, and/or monthly records, including but not limited to all Therap documentation, time records, accounts payable, accounts receivable, and other reports.
17. Insubordination, e.g., not following a reasonable and legitimate instruction issued by a MRSI official.
18. Gambling of any form on company premises or at any time during working hours.
19. Failure to wear specified personal protective equipment.
20. Wasting time.
21. Creating or contributing to unsanitary conditions by poor housekeeping.
22. Felony conviction.
23. Theft.
24. Excessive use of personal cell phones (or other electronics) that prevents or interferes with performance of required duties and the care of participants is strictly prohibited. This includes but is not limited to: Making or receiving personal phone calls or text messaging, playing games, watching movies, wearing headphones or earbuds, etc.
25. Substantiated complaints by coworkers, supervisors, or participants concerning an employee's misconduct or performance.

26. Abuse, neglect, exploitation or inconsiderate treatment of participants or employees.
27. Inability or unwillingness to cooperate with coworkers or supervisors.
28. Dishonesty or failure to report dishonest acts, whether knowledge of such acts or plan is obtained directly or indirectly.
29. Failure to adhere to work schedule.
30. Use of work time for personal business.
31. Failure to observe traffic or parking rules, violations of federal, state or local laws (including traffic and parking violations) while in company vehicles, on company premises, or at any time while on duty.
32. Insufficient, careless work performance, neglect of duties, substandard work performance, or frequent errors.
33. Excessive accidents.
34. Causing false alarm or panic in the workplace.
35. Deliberate delaying or restricting productivity, or inciting others to delay or restrict productivity.
36. Horseplay or malicious mischief, such as hiding property of another employee, a participant or of the Company.
37. Failure to follow a participant's IPC or willful disregard of following a participant's IPC.
38. Failure to check in company vehicles/keys prior to leaving shift.
39. Not being familiar with the individual plan of care for the people you are working with and/or errors on Therap documentation.
40. Walking off the job or threatening to walk off.
41. Failure to report an accident involving a company vehicle or joyriding in a company vehicle.

Accusations of misconduct (excluding sexual harassment and harassment allegations which are addressed in another section of these Employee Guidelines) should be directed to your supervisor, department director, or the Human Resource Department. The individual being informed of the accusation(s) will request written documentation from the individual making the accusation if this has not already been done. The written documentation will then be presented to the department director responsible for following-up on the accusations. These accusations will then be followed up on by the department director or the department director's designee of the employee the accusation was made against. For accusations that are found to have basis, corrective action may be issued. If it is determined that an employee has made an accusation in bad faith or knowingly provided false information regarding an accusation, corrective action, up to and including termination may be taken against the individual who provided false information.

Corrective action may be issued to the employee by the employee's direct supervisor, department director or the Human Resource Department depending upon individual circumstances. Corrective action will be discussed with the President or the Human Resource Department prior to being issued to determine the extent of the corrective action to be taken and to ensure consistency.

## 245. Types of Corrective Action

All corrective action is documented in written format for tracking purposes.

For Your Information (FYI) – A FYI is the first step in making an employee aware of an issue or problem that needs to be addressed and corrected. These may be issued agency wide or individualized.

Training Log - Staff who appear to have misunderstood or did not know about certain guidelines, participant training issues, etc. may be issued a Training Log. The training is used to show the staff what error(s) has occurred, what needs to be done differently in the future, and otherwise help the staff learn the duties they did not understand. Staff is encouraged to write any suggested solutions on this sheet and then sign the form. If staff refuses to sign or add a suggestion(s) to the document, this will be noted on the document and the document will be placed in the individual's Human Resource file.

Verbal Warning - A verbal warning may be issued in place of a Training Log or may be issued prior to a written warning to inform staff of an area requiring correction.

Written Warnings - Staff who engages in inappropriate behavior may receive a written warning for the infraction. A written warning may be issued if an individual has previously received a Training Log or verbal warning on the same issue. A written warning may also be issued without prior receipt of a Training Log or verbal warning depending upon the severity of the infraction. Staff is encouraged to write any comments on this sheet and then sign the form. If the staff refuses to sign this document, this will be noted on the document, and the document will be placed in the individual's Human Resource file. Unsigned written warnings will still be considered to have been issued and will hold the same weight as one that has been signed. Written warnings are serious matters and staff must take corrective action. Continued violation of a guideline/procedure after being issued a written warning will typically result in termination. Employees being issued corrective action on multiple unrelated issues may also be released from employment.

Work Improvement Plan - Staff may be placed on probation when performance falls below the standards for the position. You are encouraged to participate and add any comments to the work improvement plan that you may have. The probationary process will be explained and the specific expectations of the staff noted. Once the work improvement plan is completed, it must be signed by the staff person. If a staff member refuses to sign or comment on the document, this will be noted on the document, and the document will be placed in the individual's Human Resource file. As with written warnings, an unsigned work improvement plan will still be considered to have been issued and will hold the same weight as one that has been signed.

Demotion - Demotion is the placement of an employee into a lower level position, usually with a lower level of pay. This section of the corrective action process may be utilized when an employee does not meet the expectations of his/her position or fails to adequately perform his/her duties.

Suspension - In the instance of serious or repeated offenses, suspension from the job may be utilized. Suspension will be for a definite period of time (i.e. 10, 20, 30, work



days, etc. with or without pay) during which paid leave will not accrue. Suspension is also used when a period of time is necessary to investigate an offense and determine the severity of the action to be taken.

Termination - Termination is the permanent removal from the job and may occur at any time. Staff discharged will be paid for hours actually worked and any accrued paid leave. Walking off the job is considered a “quit.” Any staff person who walks off the job or leaves the premises without authorization will be considered to have resigned.

Since employment is at-will, termination may occur at any time, with or without reason or notice. The Company does utilize a progressive corrective procedure and usually implements corrective action in a particular order. We will review each case individually and issue corrective action as we deem necessary and appropriate. The Company reserves the right to “skip steps” in the event of a serious violation. Please note that the following offenses, in the absence of special circumstances, will result in termination from employment for the first offense:

1. Substantiated abuse/neglect of participant.
2. Assaulting a co-worker.
3. Theft of agency, participant, or co-worker’s property.
4. Malicious/willful destruction of agency, participant, or co-worker’s property.
5. Severe safety violations.

#### **246. Charges of Law Violations, Convictions, and Incarceration**

Employees are required to inform MRSI of any charges made against them as well as any convictions or incarceration that may occur during their employment as soon as the employee is able to do so. Employees must also inform MRSI if at any time they are investigated by the Wyoming Department of Family Services or if they are listed on the Department of Family Services’ Central Registry.

In the event an employee is charged with an offense that would prevent them from passing a background check or is investigated by the WY Department of Family Services, the employee may be released from employment or the employee may be suspended until a resolution determination can be made depending upon individual circumstances. If an employee is convicted of an offense that would prevent them from passing a background check or listed on the WY Department of Family Services’ Central Registry, the employee will be released from employment.

#### **247. Transportation to CLS and Authorized Driver Privileges**

Transportation to and from the community living sites (CLS) will be provided. No personal vehicles are to be driven to the CLS without prior permission from the President or designee except for the 11-7/11-9 shift.

All applicants for employment are required to sign an authorization to the Department of Motor Vehicles, allowing MRSI to obtain an original driving record. If you have a driver’s license in another state, MRSI will assist you in obtaining the driving record as well. This is at no cost to you. Exceptions to this may be made on a case by case basis depending on individual circumstances. Once your driving record is received a determination will be made regarding your driving status.

All authorized drivers are required to sign an authorization to the Department of Motor Vehicles, allowing MRSI to obtain an original driving record annually to maintain their authorized driving status. If you have a driver's license in another state, MRSI will assist you in obtaining the driving record as well. This is at no cost to you. Driver's licenses must also be kept current by submitting an updated, valid driver's license prior to expiration of your current license. If you are not an authorized driver, you may not drive agency vehicles or drive a personal vehicle for agency purposes. Inability to become an authorized driver may preclude you from consideration for certain positions or employment in general.

Any staff receiving a moving violation offense, including a DUI, must report the offense to the Human Resource Department no later than the first working day after the offense has taken place.

### **248. Company Vehicles**

It is the responsibility of all Mountain Regional Services, Inc. staff utilizing company vehicles to ensure the vehicles are clean (no trash, vacuumed, etc.). Weekly random vehicle inspections for cleanliness will be conducted. If the vehicle has any trash in them the assigned group room and/or CLS staff will be notified of the results of the inspection and told to clean the vehicle. Vehicles that were not clean will be re-inspected the next day to see if the task has been completed.

Vehicle keys and Emergency Information binders must be checked out.

1. CLS staff is required to complete the daily vehicle inspection form.
2. ADS staff is required to fill the company vehicles assigned to their group room before they reach the half-tank mark (ask your supervisor for instructions).
3. For safety reasons, AT NO TIME are any participants to be left unsupervised in a vehicle. Designated staff driving company vehicles are responsible for ensuring all participants have exited the vehicles and reached their final destination. The designated driver will be the last person to leave the vehicle area and only after walking around the vehicle and completing a final check for participants, participant property, emergency binders, etc. ALL Staff working at a community living site or in an adult day service group room are responsible for the safety of EVERY PARTICIPANT at the community living site or group room, regardless of staff assignments.
4. If you are involved in a vehicle accident on the job, follow the instructions which should be posted in all vehicles. Obtain vehicle insurance information from all involved drivers. Call the police and report the accident. Without exception, the police must be contacted anytime there is an accident that involves a MRSI vehicle regardless of how minor the accident appears. They must be contacted immediately following the accident once the safety of participants and staff has been secured. Contact your supervisor and report the accident. If the accident resulted in damage to the Mountain Regional Services, Inc. vehicle, inform the On-Call Supervisor who will inform senior management by voice mail or phone.

Provide a brief narrative of the incident, the damage and include the vehicle number. On the next business day, acquire an Automobile Accident Questionnaire from the Accounting Department to complete regarding the accident. Finally, deliver a completed copy of the police report and the completed Automobile Accident Questionnaire to the Accounting Department and be available for a conference call to the insurance agent at that time.

5. All persons in Mountain Regional Services, Inc. vehicles WILL wear seat belts at all times. Staff should be certain that participants have their safety restraints on properly before leaving the parking area.
6. The ADS/CLS Programs have certain limitations with regard to the number of round trip miles they are entitled to travel and should check with their supervisor regarding these limitations.
7. Keys are to be removed from the vehicle (company and/or personal) any time MRSI staff depart the vehicle for any reason or any length of time. During Community Living, all vehicle keys must be locked in the file cabinet as soon as staff enters the home. At no time are the keys to be left lying around unattended. Windows in company vehicles must be rolled up when not in use.
8. Eating, drinking, using tobacco or vaping in company vehicles is prohibited.
9. Cell phones may only be used for emergency purposes. If an emergency requires the use of a cell phone, you must be parked in a safe location prior to doing so.
10. During Adult Day Services, all vehicles must be locked and vehicle keys must be checked in as soon as staff and participants arrive at the center. When staff and participants go out into the community, the staff will check out a group assigned vehicle. Staff will write on the white board the date, who they are taking out, what vehicle they are taking, the destination, the time they are leaving and when they will be back. **NO CONFIDENTIAL INFORMATION SHOULD BE LEFT IN AN UNLOCKED VEHICLE AT ANY TIME FOR ANY REASON.**
11. Any person who receives a ticket for a moving violation or a parking ticket while driving a company vehicle due to their negligence will be responsible to pay the ticket. Mountain Regional Services, Inc. will not be responsible for tickets incurred by staff negligence.
12. During Community Living hours, staff will check out a CLS assigned vehicle. If the CLS is assigned more than one vehicle, one of the vehicles must be returned to the main center at the end of the shift for the next day. Keys for the vehicle must be placed into Emergency Information binder and placed in the cabinet at the center. **NO CONFIDENTIAL INFORMATION SHOULD BE LEFT IN AN UNLOCKED VEHICLE AT ANY TIME FOR ANY REASON.**
13. **NO OVERNIGHT PARKING:** Staff should never leave company vehicles in the No Overnight Parking areas overnight. If any DSP Supervisor sees that a vehicle

has been left in the No Overnight Parking area, they will need to move this vehicle.

**NON-PAVED ROADS:** Company vehicles are not to be taken off paved roads. If there is a time that a vehicle needs to be taken on a non-paved road, permission must first be obtained through your department director.

**LEAVING CITY LIMITS:** If staff plans to take participants out of city limits, they must contact the On-Call Supervisor and inform them of where they are planning to go.

**TRIPS OUT OF TOWN:** Any persons wishing to go out of town on a trip must fill out the appropriate paper work. Your department director will approve or disapprove the trip. All requests need to be made one week in advance of the trip.

### **249. Employee Relations Guideline**

We believe that the best employment relationships result from direct employee/ employer contact. We have found over the years that being open and direct with our employees has served us well. If you have questions or concerns about your job, your wages and benefits, or Employee Guidelines, we encourage you to openly discuss it with your supervisor, department director or a member of MRSI Management. Employees should never feel that their problems are too small to deserve management's attention.

### **250. Required Employment Notices**

Federal and state laws require the Company to post legal notices informing you about some of your rights. The Company has posted the required notices on the bulletin board by the employee entrance in the main MRSI building. Every employee is responsible for reading these notices. Please inform the Human Resource Department if any accommodation is required to receive the information in these notices. Employees may not remove or in any way alter the posted notices. Unauthorized removal or alteration of any posted notice is prohibited and may result in corrective action and/or termination.

### **251. Employment Records Guideline**

The Company maintains confidential employment records for each employee. These records include all application materials, performance and conduct records, corrective actions, training records, and other information relative to your employment.

The Company strives to protect the confidentiality of these records by storing them in a safe and secure place. Only authorized individuals will be permitted to view confidential employment records. In the unlikely event of a federal or state investigation, we may be required to provide the contents of your employment file or payroll information to a court of law or to a governmental agency, such as the Federal Bureau of Investigation. You will be notified of any such investigation, if appropriate. Employees may be granted limited access to review his/her own employment file, at reasonable times, upon request. There are some parts of your file you will not be permitted to look at, such as reference checks from previous employers. To better protect the confidentiality of your file, you may review the file only in the presence of a member of the HR Department. All

employment files are the property of the Company and will not be removed from company premises.

Each employee is responsible for reporting to MRSI any change in payroll, personal, emergency, or benefit information, including name, address, telephone numbers, dependents, beneficiaries, withholding status, deductions, or other such changes. Changes must be made in writing and submitted within 10 working days of the date the change becomes effective.

## **252. Outside Employment Guideline for Full Time or Professional Staff**

If you choose to work outside the Company, you may do so, as long as it does not interfere with your work schedule or performance at MRSI. Outside employment that affects your attendance, work performance, productivity, or conduct, either directly or indirectly, or that creates a conflict of interest of any kind, is strictly prohibited. Except for specific incidences, schedules will not be adjusted and special considerations will not be made for employees who have outside employment. Prohibited outside employment includes:

- A. Performing services for or acting as an agent, officer, employee, director, consultant, partner, or shareholder for any client of the Company without prior permission from the President or designee.
- B. Performing services for or acting as an agent, officer, employee, director, consultant, partner or shareholder for any business entity similar to the Company without prior permission from the President or designee.
- C. Receiving personal income or material gain from outside individuals or companies for producing materials or rendering services during working hours, on company premises, using company property, or at any time while performing services on the Company's behalf.
- D. Promoting a personal business at any time during working hours, while using company property, while on company premises, or at any time while representing the Company without prior permission from the President or designee.
- E. Using the Company name as part of any outside promotional campaign or other business endeavor without expressed knowledge and approval of the Company's President.

The list of possible conflicts is varied and diverse, but some examples are as follows: subcontracting services to another human services agency, job coaching, etc. when Mountain Regional Services, Inc. could be the contractor with use of its employees first. In some cases, an employee may have to choose between employment at the Company and other outside employment.

## **253. Confidential Information Guideline**

The services that you perform for the Company may pertain to or contain confidential information, including (but not limited to):

- 1. Information about the participants of the Company, such as participant names, participant guardians, addresses, telephone numbers, and other participant data.

2. Information about company finances.
3. Information regarding company employees, such as wages, benefits, disciplinary actions, and other personnel information.
4. Information regarding company legal matters, such as contracts, legal claims, and litigation.
5. Personal information regarding employees, such as addresses, telephone numbers, and information about employee's family and health matters.

All confidential company matters must be held in strict confidence. Employees must not discuss confidential matters or release confidential information to any outside party (insurance representative, attorney, banker, broker, agent, family member, friend, or any individual other than that the individual employee has authorized in writing to discuss the confidential matter) without expressed knowledge and permission of the Company President. Outside parties who insist on knowing confidential information should be directed to the President of MRSI or their designee.

If any question arises about how to treat information, treat it as confidential until the President or designate directs otherwise. For staff who have access to participant health information, please see MRSI's guidelines with regard to HIPAA in Section 900 of these guidelines.

Employees must not use or release company proprietary information. This information includes (without limitation) any company information encompassed in any reports, investigations, research or development work, mailing lists, bid lists, directories, listings, plans, specifications, proposals, codes, marketing plans, financial projections, vendor and/or subcontractor quotes, financial data, and any and all concepts or ideas, materials, or information related to the business, products, or services of the Company or the Company's participants.

No employee may use or disclose, either directly or indirectly, for his or her benefit or the benefit of another, any of the Company's confidential or proprietary information, whether or not the information is acquired, learned, attained, or developed by the employee or in connection with others. All such confidential information should be sufficiently guarded to protect it from misuse.

The Company owns all copyrighted works of any kind or description, created or developed by an employee or in connection with others during the performance of employment duties for the Company.

#### **254. Safety Guideline**

Employee and participant safety is our primary concern. This guideline is intended to reaffirm the Company's concern for your safety and our support for safe work practices.

All company employees must observe and abide by safety standards and be safety conscious at all times. Any unsafe condition or practice an employee observes must be reported to your supervisor or department director. First Aid Kits and fire extinguishers

should be located in each of the community living sites, main center, and in each company vehicle. Employees must learn the location of all First Aid Kits and fire extinguishers as soon as possible after beginning work.

During a situation involving the health/safety of participants or staff, staff will make a determination based on the severity of the situation whether to call 911. If 911 is called, you must also contact the On-Call Supervisor as soon as possible.

Our safety standards are as follows:

1. Each new hire must attend a new employee orientation. During the orientation, the new employee will receive a description of their work activities. All known potential job hazards will be discussed in detail. Job safety activities will be explained, as well as required provisions to prevent harm or injury to the employee or participants.
2. A semi-annual inspection of all houses and other work sites will be conducted to detect actual and potential safety hazards. All employees must inspect their immediate work areas daily to detect safety hazards.
3. If a safety hazard or potential hazard is identified, you must report this to your supervisor immediately.
4. Employees are responsible for immediately reporting all accidents and injuries to their supervisors, regardless of how minor the occurrences may seem at the time. All injuries require that you complete a Staff Injury Report and submit it to your supervisor or the Human Resource Department by the end of your shift or as soon as you are medically able. Failure to report such incidents may result in corrective action, up to and including termination.
5. Employees may not leave their personal or company vehicles running while unattended.

## **Potential Hazards**

The potential hazards that exist at MRSI are varied. To prevent accidents or injuries, the following safety standards have been established:

1. All lifts must be done using the correct technique, no staff should lift a participant alone.
2. When lifting, bend the knees while trying to keep the back as straight as possible.
3. Keep all areas free from clutter.
4. Do not obstruct doorways, hallways, or stairways in any manner.
5. Know the location of the fire extinguishers and emergency exits in the areas/buildings/houses where you work.
6. Keep fire paths free from clutter. Coffee pots and heaters are to be turned off and unplugged when leaving the houses and at days-end in the office building to avoid fire hazards. All employees must obey the fire codes.
7. If a life threatening emergency occurs, dial 911. Give your name and the exact location of the emergency. Describe the nature of the emergency and what happened. **DO NOT HANG UP** until the operator has all of the information they need.
8. If a fire occurs, quickly notify everyone in the building and begin evacuation procedures. Dial 911 or have someone else call. If inside, help the elderly and

- disabled out of the building immediately.
9. Company policy prohibits all employees from working under the influence of alcohol or drugs. If reasonable suspicion of drug or alcohol use exists and/or is witnessed, the employee may be asked to submit to a screening per company policy.
  10. Do not engage in horseplay. Practical jokes and horseplay can lead to accidents and are not considered appropriate on-the-job behavior.
  11. Use tools, appliances, and equipment for their intended purposes only.
  12. Use toxic sprays or liquids (such as oven cleaner) only in well-ventilated areas.
  13. Each staff member will be tested, according to classification, for Tuberculosis.
  14. Each staff member will go through training, at least annually, for Blood Borne Pathogens, Tuberculosis, etc.

### **Fire Prevention**

Fires, and injuries associated with fires, can be avoided if proper steps are taken and care is given. Fires, and injuries due to fires, usually occur because of poor housekeeping, inadequate protection, and improper storage and handling of combustibles.

All employees must take every precaution to prevent work-related fires and fire-related injuries. Each employee must be aware and alert regarding the following:

1. Inspect all work and living areas daily for potential fire hazards.
2. Dial 911 in the event of a fire.
3. Know the location and use of fire extinguisher(s) in your work area. Fire extinguishers should be in every vehicle, every house and at designated areas in the office building.
4. Know the location of all exits.
5. Observe safe housekeeping procedures.

Violating safety standards or risking the safety of oneself or others may result in corrective action, up to and including termination.

### **255. Guideline for Timely Completion of Repairs**

Mountain Regional Services, Inc. is committed to ensuring that all repairs to MRSI properties are conducted in a timely manner. Staff members will need to submit a repair request for any repairs they have identified to the main office as soon as possible. Once the repair request is reviewed, it will be determined if the repair needed is a safety issue. If the problem is safety related, MRSI will ensure the safety of participants and employees comes first. MRSI will do everything in its power to have all safety issues contained or repaired as soon as possible from the time the written repair request is received. If for any reason the problem cannot be eliminated right away, the supervisor of the CLS/group room will be informed that there is a safety issue, what the issue is, and how to keep persons safe, either in writing and/or voice mail. Requests for repair of issues that are not safety related will be dealt with as soon as possible. All repairs that can be accomplished by personnel of MRSI will be completed within five working days. If the repair cannot be completed within that time frame, the supervisor will be notified of this and given an estimated time of completion. Repairs requiring outside contractors will be completed as soon as the contractor is available to complete repairs. If the



contractor cannot begin repairs within thirty days, attempts will be made to obtain another contractor that may be able to complete the required repairs in a more timely fashion.

## **256. Occupational Accidents**

A good safety program is the result of a team effort. We want you to take as much pride as we do in providing a safe work place. We will all benefit from this objective.

As an employer, Mountain Regional Services, Inc. has the responsibility to provide a safe working environment and to train you to work safely or arrange for your training. In turn, you have the responsibility to report any safety hazards in the facility and to learn to work safely.

Mountain Regional Services, Inc. reviews all employee/participant accidents, inspects all departments for safety hazards, and submits recommended resolution proposals to the President or designee.

If you have an accident on the job, report it immediately to your supervisor. All injuries require that you complete a Staff Injury Report and submit it to your supervisor or the Human Resource Department.

If your injury requires outside treatment (other than minor treatment done in-house), your supervisor will see that the appropriate source of medical treatment is obtained so that you will receive the quickest, most effective medical treatment available.

If you have an obvious or suspected injury, report it to your supervisor at once. Do not wait until the next day "to see how you feel." Do not go to any doctor/hospital/clinic without checking with your supervisor or the Human Resource Department first. You are responsible for completing the necessary documentation which consists of a MRSI Staff Injury Report and a Wyoming Workers Compensation Employee's Injury Report and submitting them to the Human Resource Department. As soon as you are medically able, please submit your initial medical report which defines the treatment you received and your prognosis including the estimation of when you can be released to return to full duty.

Mountain Regional Services, Inc. is a drug free work environment. A drug free work environment contributes directly to the overall safety of the workplace. Because of our dedication to providing all workers with a safe workplace, we may require a Post Incident Drug Screening. An incident will be defined as an occurrence involving damage to a vehicle or property or an injury which requires medical attention. Upon the announcement of your injury or as soon as you are medically able, the Human Resource Department may require you to participate in a drug screen.

Following an accident you are required to return to work when the doctor releases you. Failure to do so constitutes a resignation.

With your help, we can work together to keep on-the-job injuries to a minimum. Good safety begins with you!

## **257. Security Guideline**

Each person is responsible for making the workplace a secure environment for everyone. The following security guidelines apply to all employees:

1. Company keys given to employees may not be duplicated or loaned to anyone. Lost keys must be reported to the Human Resource Department immediately. Security codes are not to be disclosed to any unauthorized individual.
2. Each person is responsible for turning off the lights and equipment, such as fans, heaters, radios, computers, and appliances in his or her individual office at the end of each work day. Staff leaving the community living sites need to make sure all windows are closed and locked, all appliances are turned off, and that all doors are locked.
3. The last person to leave the office building, community living sites, etc. must ensure that all lights, fans, and equipment, including coffee pots and copiers, are turned off, all doors are locked, and the security system is armed (where applicable).
4. During working hours, purses and wallets should NOT be left in the work area. Lock your valuables in your car or leave them at home.
5. Any employee who notices any unusual condition upon entering the building or houses must report this condition to their supervisor immediately.
6. Guests or visitors are to be escorted through office buildings and not allowed to walk through unattended.
7. Guests are not permitted on work premises during non-work hours.
8. Former employees who visit MRSI should be treated as any other non-employee for security purposes and should be escorted in and out of MRSI.
9. Employees are not to remain on the premises after normal working hours unless prior supervisory approval has been given.

## **258. Weapons and Violence Guideline**

The Company is concerned with providing employees a safe and productive work environment. As such, the Company strictly prohibits the possession or use of any and all weapons, including handguns on company premises by an employee, participant, vendor, or other visitor, whether licensed or unlicensed and whether concealed or visible, unless the individual has a valid concealed weapons permit from the proper governmental authority. Company premises not only include the main facilities, but also entrances and exits, break areas, parking lots, vehicles and pathways. Company employees and participants are further prohibited from the possession or use of any and all weapons while conducting business on behalf of the Company away from company premises.

Employees aware of another employee or participant possessing a weapon while on company property or on a company function must immediately report it to their supervisor. If the supervisor has a weapon or is unavailable, the employee should report this to the Human Resource Department or any department director as soon as possible.

Employees who are threatened, witness, or overhear a threat of bodily harm must immediately report it to their supervisor. If the supervisor made the threat or is

unavailable, the employee should report it to the Human Resource Department or any department director as soon as possible. If you receive a threat away from company property even though not within the course of your employment duties, such a threat should be reported if you believe it may be carried out on company property or during company business.

As determined by the Company, any employee possessing a weapon or responsible for threats or violence, is subject to corrective action, up to and including termination of employment.

### **259. Inspection and Search Guideline**

The Company provides offices, desks, computers, and other company property to employees for their use while employed by Mountain Regional Services, Inc. These items are the property of Mountain Regional Services, Inc. The Company can make no assurances about the security or privacy of any office, desk, file cabinet, computer, or other company facility and discourages the storage of valuables, perishables, and other personal items in them. Additionally, the Company reserves the right to open and inspect any office, desk, computer and files, file cabinet, or company property and its contents, at any time, with or without reason, notice, or consent.

Employees must not place personal locks on any company office door, desk, or file cabinet. The employer will provide locks for all employees who demonstrate a need for locks on their desks, file cabinets, etc. These locks are the property of Mountain Regional Services, Inc., and the employer may remove them at any time, with or without reason, notice, or consent.

Messages left on company electronic equipment (such as voice mail, electronic mail, and computer and network files), even when a personal password is required, is subject to inspection by company officials. Your password is designed to protect your files and messages from access to other personnel. However, company officials retain the ability to access any electronic file when necessary.

When using company electronic equipment, please be aware of the following rules:

1. Foul, inappropriate, offensive, or harassing messages are forbidden.
2. Use of the equipment for non-business related communications (such as for political or religious causes or for solicitation of outside business) is forbidden.
3. Use of unauthorized codes or passwords to gain access to the files of others is forbidden.

Only the employer will be permitted to search an employee's office, desk, computer and files, or file cabinet. No other person will be allowed to do so unless required by a court order.

### **260. Drug and Alcohol Guideline**

This guideline prohibits the unlawful manufacture, use, influence, solicitation or seeking, possession, sale, purchase, distribution, or offer to manufacture, sell, purchase, hold, or distribute alcohol, controlled substances, or drugs by any employee during work hours

or at any time while on company premises. If prescription drugs must be taken, they must not undermine the employee's ability to perform their job or present a safety risk to themselves, participants or their coworkers.

It is recommended that employees working directly with participants do not bring to work any medication, prescription or over the counter medication, unless it is necessary to do so. Any employee who is prescribed medication which must be taken at work and works directly with participants, may only possess at work, the dosage necessary to meet the specifics of the prescribed medication. Any medication in excess of this may not be brought to or possessed at work. Any medication that must be brought to work must be secured in a way that no participants may gain access to it.

Drugs and alcohol include any and all substances or medications that will alter one or more bodily functions, such as coordination, reflexes, vision, mental capacity, or judgment, whether they are available over the counter, by prescription, or otherwise.

### Pre-employment Screening

The Company's pre-employment drug screening will occur at the time of the Company's choosing and may take place at the time of application, interview, hiring, etc. Pre-employment screening helps reduce the chance of hiring individuals who currently use illegal drugs or individuals who use legal drugs in an illegal manner. Failure to submit to the test will result in disqualification from further consideration for employment. Test results that identify the presence of controlled substances may result in disqualification from further consideration for employment.

When reporting to MRSI for drug testing, an applicant may be asked to present a valid picture identification.

We regret any inconvenience this may pose for those individuals who do not abuse drugs. However, we hope that you will share in our concern for a safe and healthy work environment that cannot be achieved when workers are using drugs and/or alcohol at the work site.

### Post-employment Testing

If a workplace accident occurs or if reasonable suspicion exists of drug or alcohol use, the employee may be subject to a post-employment drug and alcohol screening test. Upon such an event, the employee may be immediately escorted from the work premises and requested to submit to a drug and alcohol screening test or the screening may take place at a later time/date depending on individual circumstances. Failure to submit to the test or positive test results will be cause for termination from employment.

Observation of any one or more of the following may constitute reasonable suspicion, which would include but not be limited to: Slurred speech, loss of balance, the odor of drugs or alcohol, the presence of alcohol or drug paraphernalia, observation of the use of drugs or alcohol, red eyes, irregular work pace, decline in productivity, mood swings, frequent absences, excessive time away from the workplace, trembling, disorientation, aggressive behavior, drowsiness, restlessness, or hyperactivity.

The possession of drugs, controlled substances, or alcohol during work hours or on company premises is strictly prohibited. Therefore, drugs, alcohol, or paraphernalia possibly used in connection with illicit drugs found on the employee's person or at or near the employee's work area will also constitute reasonable suspicion. The employer reserves the right to inspect employee work areas in connection with the Inspection and Search guideline. Any employee who is found to be in possession of drugs, controlled substances, or alcohol at company offices and/or houses or while operating company vehicles, tools, or equipment, or at any time during working hours, will be in violation of the stated guideline and will be subject to corrective action, up to and including termination.

### Self Identification

Any employee who takes the initiative to advise the appropriate staff in management of a personal medical problem with alcohol or drugs, who has not engaged in misconduct or repeated poor performance at work, and who has demonstrated a commitment to take the necessary remedial action, may be provided unpaid leave to enter treatment.

Each employee is responsible for notifying the employer of any convictions involving criminal drug violations, within five days of the conviction. As a condition of employment, each employee agrees to adhere strictly to the stated guideline.

### Violations

Refusal to take a drug test is considered a positive test result. Violation of any portion of these guidelines may result in corrective action, up to and including termination. The employer reserves the right to require the employee to satisfactorily complete a rehabilitation program in lieu of initiating corrective action.

MRSI reserves the right to amend these guidelines, in whole or in part. Nothing in these guidelines is intended to create contractual employment relationships of any kind or description. As always, employment remains at the will of the employee and the employer. Your health and safety as well as that of participants are our primary concern. Help us to keep your workplace drug and alcohol free.

## **261. Life-Threatening Illness Guideline**

The Company recognizes that employees with life-threatening illnesses may wish to continue their normal pursuits, including work, to the extent that their condition allows. The decision to continue work will be based on the ability to meet normal performance standards, with or without accommodation, and on the receipt of satisfactory medical evidence that ill employees do not present an immediate threat to themselves or others. Evaluation of the potential dangers presented by individuals with life-threatening diseases will occur on a case-by-case basis and will consider existing medical and scientific evidence.

## **262. Military Leave Guideline**

In compliance with the Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994, the Company will grant a leave of absence to those employees that

are called upon to perform military service, whether voluntarily or involuntarily.

This leave guideline applies to all full time employees and part time employees with set schedules that are not hired for other than brief, non-recurring periods of time.

An employee who is called to military service duty voluntarily or involuntarily will be granted a leave of absence for the time necessary to fulfill the military obligations as long as the following conditions are met:

1. The employee gives advance written notice to the Human Resource Department of the military service, including written verification of duty call from the military authority, the date the leave is to commence, and the expected date of return to employment.
2. The employee's time in military service, including previous time away from the job, does not exceed five years.

A military leave of absence is an unpaid leave. However, an employee may use any available earned leave time as paid compensation during leave. During a leave of absence, an employee will not lose seniority (time of company service) benefits or accrued retirement benefits. Employees on leave of absence will not accrue leave time benefit and will not be eligible for holiday pay.

The Company will pay the employer's portion of the health insurance premium for the first full month following the commencement of the leave. For longer military service, the absent employee can continue insurance coverage by paying the premiums in accordance with COBRA continuation of coverage guidelines.

Employees on a military leave of absence will continue in participation in the Company 403b plan as if there is no break in service and no forfeiture of accrued benefits. Employees will have up to three times their period of military service to make up missed contributions (not to exceed five years) through payroll deduction. The Company will make contributions in accordance with the plan requirements.

Absent employees on military duty leave will be re-employed in a position that would be consistent with the one in which the employee would have attained without military service interruption if all the following conditions are met.

1. The absent employee notifies the Company of his or her intent to return to work within these guidelines:

Length of Service

Reapply No Later Than

Less than 31 days

Next regular work day after completion of service plus reasonable time to travel from place of service to residence.

31-180 days

14 days after completion of service.

181+ days

90 days after completion of service.

2. The absent employee presents written documentation of the following:
  - A. Honorable Discharge from military service.
  - B. Length of military service.
  - C. Timely application for re-employment.
3. The employee is eligible to fill the position available.
4. Re-employment of the absent employee does not create an undue hardship on the Company.

Re-employed persons from military leave do not have to re-qualify for health and pension plan participation.

### **263. Designated Parking Spaces**

Certain parking areas in the Company parking lot are designated as “Handicap Parking.” No employee may park in these spaces unless they have the required blue handicap sticker or handicap plates for their car. There is to be no overnight parking of any vehicle adjacent to the main MRSI buildings. Any employee violating these parking spaces will be subject to corrective action.

### **264. Parking Guideline**

Staff should ensure that they are always parking in accordance with the law. Always park a vehicle, company or personal, facing the right direction on the street. Do not park in front of fire hydrants, garbage cans, mail boxes, or driveways. Any employee violating these guidelines may be subject to disciplinary or legal action. Staff should ensure that if in the community with participants who are able bodied and ambulatory, “handicap” parking should be reserved for those individuals who need it.

### **265. Food and Beverages in Vehicles**

The consumption of food and drinks in company vehicles is prohibited. All food and drinks will need to be consumed before entering the vehicle. It is understandable that food and drinks may need to be transported in the vehicles. However, staff/participants need to either eat/drink these items where they are purchased, or bring them back to the center/house before consuming their purchase.

### **266. Part Time Employee Guideline**

As a part time employee there are certain guidelines you must follow.

(1) You must submit a calendar on a monthly basis. This calendar must be completed and submitted by the 20<sup>th</sup> of the month preceding the month for which the calendar is being submitted. To fill out a monthly calendar, you will need to do the following:

- A. Pick up a calendar at the front desk. If none are available, contact scheduling.
- B. Circle the days and shifts you will be available to work.
- C. Circle only the shifts you are sure you will be able to work which must include at least two shifts on two weekends of each month. A weekend is considered a Friday, Saturday, and Sunday

(2) If you wish to work a shift(s) that you didn't circle on your calendar, you may contact the scheduling office Monday through Friday 7:00 a.m. through 3:00 p.m. or the on-call supervisor.

(3) If after completing and submitting your calendar, you determine that you are unable to work a shift that you previously circled, you will need to submit a request via TimeStar using the Request Tab and submit it for approval as soon as you are aware of the need for this change. In addition, you will need to communicate these changes to the scheduler.

(4) As a part time employee you will need to check your schedule via Scomm in Therap each Thursday after 1:00 p.m. Your schedule will show you which days and shifts you have been scheduled to work the following week. You should review your schedule at this time so that you may ask any questions you may have regarding your schedule. Once you have done this you will need to acknowledge the SComm.

(5) If you are unable to login into Therap on Thursday after 1:00 p.m., you may contact the scheduling office by phone on Thursday to receive your schedule verbally.

(6) Please remember, it is your responsibility to submit a calendar on a monthly basis as well as check Therap/call for your schedule. After four weeks of inactivity, your employment may be terminated.

## **267. Use of Cell Phones**

Use of personal cell phones (or other electronics) that prevents or interferes with performance of required duties and the care of participants is strictly prohibited. Personal cell phones should be turned off or set to silent or vibrate. They will need to be in your pocket, purse, back pack, personal vehicles or designated cellphone area in the group rooms and CLS's. Employees are prohibited to:

- Play games, watch movies, wear headphones or earbuds during working hours.
- Use their cell phone camera or microphone to record confidential information.
- Read or send text messages while driving.

Employees are encouraged to make any personal calls during non-work times when possible and to ensure that friends and family members are aware of MRSI's policy. In the event you receive an emergency call or message staff should go to a private area where the conversation will not be overheard by participants or disrupt the provision of services.



Due to confidentiality and HIPAA guidelines, the only permitted use of cameras is to document injuries, critical events or special occasions. Photos are to be immediately uploaded in Therap or submitted to the proper MRSI personnel, then deleted from the device used. The use of cell phones should never result in participants being left unattended.

All employees are expected to follow applicable local, state and federal laws and regulations regarding the use of cellphones at all times.

With the implementation of Therap, MRSI has desk top computers and tablets available for staff to access Therap. Staff may also use their personal cell phones if they choose; however, MRSI will not be responsible for data usage, lost, stolen, or damaged cell phones.

### **268. Shadower Status**

Employees designated as a Shadower are employees who have recently been hired but haven't yet completed the training necessary to perform all the functions of a Direct Support Professional. Although these employees haven't yet completed their training they may still work and provide services in a limited capacity. While providing services, until the Shadower has passed a WY Central Registry screening, they must be under the supervision of someone who has successfully completed a background check.

Additionally, whereas these employees have not completed their training, they cannot be left alone with participants and therefore, cannot be allowed to take participants into the community by themselves and while at the MRSI center, cannot be allowed to take participants to the restrooms, etc. by themselves. Because of their lack of training they should not be put in these situations or ANY situation that may result in them having to deal with an incident for which they haven't yet received the proper training.

We need to utilize our employees as efficiently as possible, but we must also use good judgment and not assign these individuals to situations that they have not been trained to deal with. If you have any questions about what duties these employees may be assigned, please contact your department director or the Human Resource Department.

### **269. Employees with "Float" Days Associated with Their Schedule**

Due to the nature of any position that may involve one or more "float" days, there may be shifts that you are not scheduled in advance to work with a specific person or in a specific area. Even though on these days you do not have a specific assignment, you will still be required to report for work as scheduled. You will then be given your assignment for the day by the scheduling office or On-Call Supervisor.

### **270. Senior Staff Responsibilities**

Senior staff has a responsibility to assist staff who are less experienced and must be prepared to give direction when needed in the absence of a supervisor or team leader. In the event that there is no supervisor or team leader, senior staff will be responsible for assuring duties are completed, IPCs implemented, etc.

## 271. Completing Behavior Tracking – Therap

Behavior Tracking ISP Data is to be completed anytime there are concerns with Health, Medical, Safety, or Behavior. This documentation must be completed electronically via Therap and submitted by the end of each shift. Remember that if the information being documented involves a critical incident, you must also complete a GER and submit in Therap by end of shift and follow all other MRSI policies regarding critical incident reporting.

1. Assigned staff/staff present during incident should log into Therap and complete the behavior tracking ISP Data for the participant. Make sure you are choosing the correct program and then the correct individual. The participant name will auto populate based on the program and individual that you chose in the first step. You should always complete this form the day that the situation occurs. However, if circumstances prevent you from completing required documentation prior to the end of your shift then make sure you change the date to the date the situation you are reporting occurred. Next you need to document the total time of the situation in minutes. This is for the total time of everything you are documenting in this form. There are separate areas to document time for individual steps such as restraint time. You also need to document the location of the situation. The form has 24 separate tasks. Read each task, and if that task does not apply to situation that you are reporting leave it at the default of N/A. For each task that does apply to the situation change the N/A to the answer that applies of yes or no. For all the tasks that apply you need to provide additional information to the treatment team in the comment box next to the task. For example if the individual was anxious, you would document which traits of anxiety the individual displayed. Fully documenting appropriately to all the tasks that apply to the situation helps the treatment team gather vital information to study behavioral/health trends on our participants. Such as tracking the duration, the intensity and frequency of the behavior can be monitored. If a restraint is involved, make sure to respond to the tasks that document needed information in reference to **Nonviolent Physical Crisis Intervention**. These tasks provide information including times of physical procedures, number of times staff disengaged, Face to Face Assessment and PRN's if given. Additional staff who are involved in a restraint need to complete their own behavior tracking ISP Data entry. They would only document the parts of the incident in which they were involved.
2. After all of the tasks there is a general comments section of the behavior tracking form. This area is where the staff will document the narrative of the situation they are reporting. The narrative needs to detail the facts and observations, not opinions. Write out names of staff and the participant named in the form. Use first and last initials of other participants if mentioned in the form. The narrative needs to include:
  - a. **What happened before?** Write information on what the environment was like before the incident, what the participant was doing before the incident, and any precipitating factors you are aware of. Describe the trigger or stimulus.

- b. **What happened during?** Describe the incident in detail using the facts and observations. Describe all interventions used per IPC/PBSP (Individual Plan of Care/Positive Behavioral Support Plan) such as verbal prompts, verbal de-escalation techniques, etc. How, what, where, when questions should be answered. Do not make assumptions only state the facts as observed. Indicate what part of the CPI Crisis Development Model was attained (if any) based on the incident. If there was damage to property, describe exactly what was damaged. If there was injury to participant, describe the injury. If there was injury to staff, describe it and fill out a Staff Injury Report to turn into your supervisor as well as an Exposure Report when appropriate.
        - c. **What happened after?** Describe what happened after the incident (resolution, follow up, replacement behavior, etc.).
3. All forms that are completed in Therap can become legal documents and the forms can never be deleted. There will always be a record of everything that you complete in Therap. The forms could be looked over by legal service providers. Fill out all forms as if they are a legal document. Allegations of Critical Incidents must be reported immediately to the proper authorities, once health and safety is established.
  - a. If the incident you are reporting is a critical incident, then a GER also has to be completed. Make sure to document all events that pertain to the incident on the GER. Make sure to document any other staff that were involved, and they will also need to complete a witness statement for that GER. Follow all MRSI policies/procedures/guidelines for handling a critical incident.
4. Behavior Tracking ISP Data forms must be completed every time any kind of restriction (rights limitation) is put into effect (community restriction, loss of personal possession, privacy restriction or communication restriction) or any restraint is used.
5. This form is also to be filled out to report positive behaviors, health and safety concerns or events, other concerns and questions.
6. Once the form has been saved then a T-log needs to be completed and marked either high or medium to let all other staff and the treatment team know that a Behavior Tracking ISP Data form or GER has been completed.

## **272. Medication Assistance Guideline**

In compliance with the Division's policy, Staff will comply with MRSI Guidelines regarding Medication Assistance:

1. Each participant receiving services from MRSI will have a signed Medication Consent form in their individual file. Each participant's Case Manager is responsible for this completed documentation.

2. DSPs who have not yet been trained in the Medication Assistance Training (MAT) or who are no longer certified are not to give ANY type of medication (whether prescribed or over the counter) to the participants until properly trained. If a DSP is scheduled at a CLS with no MAT/DSP, notify the On-Call Supervisor so arrangements can be made for a MAT/DSP to administer medications.
3. Medication can ONLY be given by a trained professional (MAT staff). Our participants are prescribed medications to help with ensuring health and safety. To maintain this, we as MRSI employees need to understand the following:
  - a. At the CLS, all medication **must be kept locked up at all times** in the house file cabinet. Medication that needs to be refrigerated will be kept in a locked box inside the refrigerator.
  - b. DSP Staff have immediate access to each participant's current plan of care and pertinent medical information via Therap. A hard copy of each participant's IPC, a MAR, Active Medication List, and billing will be kept at the MRSI center in case of a power outage that prevents the use of electronic documentation.
  - c. Medication Assistant Trained (MAT) DSP is responsible for documenting on the Medication Assistance Record (MAR) while following the FIVE RIGHTS. The MAR must be completed in Therap immediately after giving the medication.
  - d. When a participant is out of provider service and with family or natural supports, MRSI Staff will package the medication along with: Access to MAR through Therap which includes an itemized list of medication that will be given, number of pills for each medication; access to information regarding the medications; and contact information. Staff will need to have the Receipt of Off-Site Medication Documentation signed and returned to the center and given to the Front Desk to be filed. Any medication that isn't taken while out of provider services should be returned to MRSI personnel. All medication will be returned to Health Care Service Department (HCSD) for audit on the next business day.
  - e. During activities or outings where medication must be administered, MAT staff will be given prepackaged medication for each participant. The MAT staff assigned to give medication will follow Medication Guidelines. Medication must be kept in a secure location during activity/outing preferably on the assigned MAT staff person and recorded on the MAR. Medication should never be left in a vehicle or left unsecured. Upon returning from activity or outing any medication not administered and completed empty PRN packages need to be returned to HCSD.
  - f. MAT/DSP's are familiar with Medication Incident Reporting. If MAT DSP's should give a medication that is the wrong medication, wrong dose, wrong participant, wrong route, the wrong time, or a medication is missed, staff will take immediate action to ensure safety for all. Staff will notify the On-Call Supervisor and call 911 (if appropriate). The On-Call Supervisor will follow critical incident reporting guidelines. Staff will complete a GER which will be reviewed by the Program Coordinator. The Program Coordinator will then notify appropriate agencies per critical incident reporting guidelines. Missed medications will be reported as a medication error if the medication was missed because MAT staff forgot to give it or it was a result of a provider error.

4. Missed medications resulting from medications not in the medication pack will be handled in the following way:
  - a. If medication is listed on the MAR but is not in the medication pack, check the label to see if the medication has been crossed out and “No Med” written next to it.
  - b. Check the “Medication Omissions S-Comm” which is sent out to all MAT staff to see if the missing medication is on the list and the reason it is not in the medication pack.
  - c. If steps a or b validate why the medication is not in the medication pack, document the missed medication in the MAR selecting **ON HOLD** in **detail mode** and **record the reason provided** in the **comments section** (i.e., no prescription available, no refill).
  
5. For missed medications resulting from:
  - a. Medication listed on MAR but not in the medication pack(s), bottles, etc. and no further information.
  - b. Medication in medication packs but not listed on the label.
  - c. Medication name listed on medication pack differs from the MAR and the generic or brand name cannot be identified in drugs.com.
  - d. Follow Critical Incident Reporting guidelines.

The DSP, whether MAT or not, will call On Call Supervisor for any PRN assessment using the following guidelines:

PRN Medication Intervention Psychoactive and Narcotic Medications:

1. Use non-pharmacological de-escalation interventions per Individual Plan of Care or Positive Behavior Support Plan.
2. Notify On-Call Supervisor of target behavior and de-escalation interventions that have been used.
  - a. MAT staff will assess participant. On-Call Supervisor will approve psychoactive/narcotic PRN medication (as previously determined by medical professional).
  - b. MAT staff will get psychoactive/narcotic PRN from locked area, and On-Call supervisor will check participant MAR and the On-Call PRN Approval Log. MAT staff will check s-com’s for any changes, then the MAR utilizing the five rights (right individual, right medication, right dose, right time and right route) and complete the MAR.
  - c. Staff will monitor for effectiveness and do a face to face assessment within an hour after medication is given. Staff will document non-pharmacological de-escalation interventions tried, the PRN given and the participant’s response in the ISP Data Behavior Tracking and MAR in Therap as well as the time the face to face was conducted.
  - d. On-Call Supervisor will document on the On-Call PRN Log.

- e. MAT staff will put empty PRN envelope into house book to bring to the center to be given to Health Care Service Department.
  - f. On-Call Supervisor will voicemail MRSI administrative Staff.
3. On-Call Supervisor will sign out psychoactive/narcotic PRN medication on the Medication Check Out Sheet and document Date, Time, Name of On-Call Supervisor and lock up the medication area.
4. On-Call Supervisor will take psychoactive/narcotic PRN medication to CLS, replacing PRN medication used and signing in new psychoactive/narcotic PRN on 24 Hour Log (Pink Sheet). On-Call bag will be kept locked up at the front desk during Adult Day Services (ADS) hours.
5. During ADS the front desk person will replace the On-Call Supervisor PRN responsibilities.
6. At shift change all psychoactive/narcotic PRN's must be accounted for regardless if any have been given. During every shift change current staff and relief staff must count each PRN together and sign off on 24 Hour Log (Pink Sheet). Monday through Friday (on the days of ADS) 3pm to 11 pm single staff house will call the On-Call Supervisor to report number of PRN medications and document on 24 Hour Log (Pink Sheet). 11-7 staff will list psychoactive/narcotic PRNs on 24 Hour Log (Pink Sheet).
7. 24 Hour Log (Pink Sheet) will be reviewed by HCSD and cross check with PRN Log.

#### PRN Medication Intervention General Discomfort:

When the participant communicates pain or discomfort.

1. Staff implement "Common Complaints and Treatment Protocol."
2. On-Call Supervisor checks MAR and the On-Call PRN Approval Log while staff checks the MAR utilizing the Five Rights (right individual, right medication, right dose, right time, and right route).
  - a. On-Call Supervisor will approve use of non-psychoactive PRN medications (as previously determined by medical professional) and document on the On-Call PRN Approval Log. MAT staff will administer approved medication. If DSP is not Medication Assistance Trained, they will notify the on-call supervisor at that time to arrange for a MAT staff to give medication.
3. Staff will monitor for effectiveness and do a face to face assessment within an hour after medication is given, and notify On Call. MAT staff will document on participant's MAR and On Call will document on On-Call PRN Approval Log and MAR when appropriate. Staff will complete ISP Data Behavior Tracking in Therap.

### **273. Social Media**

The same principles and guidelines that apply to other employee activities and other means of communication apply to employees' use of social media (i.e. Facebook, Snap Chat, Twitter, Instagram, etc.).

MRSI fully respects the legal rights of our employees, including their rights under the National Labor Relations Board to engage in concerted and protected activities, and any part of this guideline which interferes with or “chills” the legal right of our employees will not be enforced.

Employees may not post, publish, etc., on social media any information protected by HIPAA as specified in Section 900 of these guidelines or any information that would otherwise be considered confidential as specified in MRSI’s Confidentiality Guideline. Employees may not use social media during work hours to harass, spread rumors or malicious gossip, or violate any other MRSI guideline(s). The use of social media during work hours is discouraged and should not interfere with the provision of services. MRSI suggests that employees working directly with participants refrain from “friending” participants or participants’ family members due to boundary violations.

If it is determined an employee has violated this guideline, the employee will be subject to corrective action up to and including termination.

## **274. MRSI Staffing Policies and Procedures**

### **POLICY**

In order to ensure the health and safety of our participants and address the support needs of each person:

- All staff shall be trained regarding the support needs, preferences, and staffing level of the participants in which they are assigned. To ensure each staff person is trained, the staff shall complete and sign an “IPC Training Summary” form and all revision forms for each person with whom they may work, and the signed form(s) shall be kept on file in E-File.
- Staff schedules shall be determined on a weekly basis, and reviewed by Supervisors for effectiveness and appropriateness based upon the participants in the service location and each participant’s needs as stated in their plan of care.
- Staff shall clock in and out for each shift using the hand clock.
- Staff shall report to work at the service location at the time scheduled and complete service documentation for the participant(s) with which they work within the time of the shift worked.
- Calling in absent or late shall be kept to a minimum, and staff shall call in according to company procedures.
- The Staff Scheduler or on-call supervisor shall immediately facilitate staff replacement anytime during the day or night upon notification of another staff’s absence to ensure a trained back-up staff works with the participant(s) as their support needs require.

### **PROCEDURES**

#### **Planning Appropriate Staffing**

1. The Staff Scheduler will work with the COI/CH Director to review the staff assignment sheets and STOPS Program for participants served by the organization. The following factors will be used to determine the appropriate staff needed for all participants in the same service environment:

- The participant's approved funding tier
  - Varying support/supervision needs
  - Medical and Medication assistance
  - Medical Conditions and Medical Appointments
  - Activities of Daily Living (ADL)
  - Participant illness, need to stay home
  - Habilitation and Objective training
  - Social interaction
  - Community access and integration
  - Employee Background check or training status
  - Special events and holiday participation and coverage
  - Incidents involving participants
  - Division training requirements
  - Company employee training requirements
2. Schedules are placed in the On-Call Supervisor box daily.
  3. Each service location schedule will have full time day, evening, and night back-up staff identified who are trained regarding the needs and preferences of the participants.
  4. Changes to the schedules shall be posted on the daily schedule.
  5. The Staff Scheduler will keep a monthly attendance form for each staff which includes:
    - a. The staff's typical schedule
    - b. Personal notes
    - c. Advanced request for days off
    - d. Dates the staff called off and the reason given for not working
    - e. Missed mandatory trainings and No Call/No shows

### **Actual Shift Coverage Verification**

1. Staff shall report to work at the service location at the time scheduled, clocking in/out for each shift using the hand clock. Service documentation for the participants with whom they work and the shift they are working is documented on the pre-billing schedule.
2. The On-Call Supervisor/Staff Scheduler verifies on a daily basis if scheduled staff have reported for their assigned shift by reviewing the staff assignment sheets.
3. The On-Call Supervisor updates the STOPS and returns them to the Staff Scheduler.
4. Documented services are reviewed daily by supervisors or designees and the accounting department.
5. On-Call Supervisor/Staff Scheduler review any staff issues found with COI/CH Director to ensure follow-up is completed, the issue is addressed, and staff receive retraining or reassignment as needed.

### **Staff Calling in Sick/Changes to work schedule/Personal Leave Time**

1. Unscheduled absences may gravely impact participants and other employees. Unscheduled absences from work shall be kept to an absolute minimum, and staff shall give as much notice as possible.
2. Staff must follow the company call-in procedure to report the unscheduled absence.
3. Participants involved with independent/supported living will be informed of any change in staffing.



4. In cases of a No Call/No Show, where participants require 24/7 staffing, the staff on duty will notify the staff scheduler/on-call supervisor and a replacement staff will be assigned to that location. Staff must remain with the participant(s) until a replacement staff is able to get to the location and continue providing services. At no time will staff leave a participant without coverage if he/she requires 24/7 staffing or the participant's safety in the supported living environment will be in jeopardy without onsite support.
5. For participants in supported living who have a staff call off but are safe for the time being, assistance with medical services, grocery shopping, household tasks, and scheduled activities will be arranged according to level of need and staff availability.
6. If staff does not show up as scheduled and does not contact us as required to explain the situation, it is considered a "No Call/No Show" and the staff may be terminated.

## **SECTION 300**

### **Wage, Payroll and Accounting Information**

### **301. I.D. Number, Badges and Time Clock**

When you begin work, you will be issued an Identification Number and Badge. The badge is used for identification purposes as an employee of MRSI and has your assigned I.D. number for clocking in and out posted on it. You are required to use the hand clocks each time you begin work and again when you leave work. You are also required to clock out and back in for lunch or other breaks you may take during your shift. If you make errors or forget to clock in or out for a shift, you are required to notify the staff scheduler or the accounting department of the “missing punch” or error, the time you began and ended your shift or the correction needed, and request they correct the punch electronically. YOU are responsible for ensuring that your hours in the time system are correct. You should check your time in Time Star which can be accessed via the MRSI website on an ongoing basis and report any discrepancies to the staff scheduler or the accounting department prior to pay day. (The cutoff for payroll is Tuesdays at noon unless otherwise stated.)

### **302. Payroll Period**

Payroll period is biweekly starting on Sunday and ending on Saturday. Paychecks are available the Friday following the end of the payroll period. Pay days are generally every other Friday.

### **303. Payroll Guideline**

Paychecks are distributed directly to you from your department director or other authorized individual. If you notice errors in your time, you are required to notify the Accounting Department immediately.

If you are unable to pick up your own paycheck, the paycheck may be delivered to a third party (e.g. spouse, sibling, etc.) provided the Human Resource Department receives written authorization from you (in person) prior to the payday you want them to pick it up. This authorized third party will be required to sign for your check before receiving your check.

Any employee who wishes to have their pay checks automatically deposited into a financial institution or cancel a direct deposit arrangement may request to do so by completing the necessary form with the Accounting Department at any time. Any employee who has their wages deposited into a financial institution will receive a statement of earnings showing gross wages paid, itemized deductions, additions and net pay. If you have selected automatic deposit, your last paycheck will not be automatically deposited. Final checks will be made available from the Accounting Department within the time frames specified by state and federal guidelines, and checks not picked up in a timely manner will be mailed to your address of record.

### **304. Errors in Pay**

Errors in pay should be reported immediately to the Accounting Department. Do not cash a check with an obvious error. You should turn it into the Accounting Department immediately. If the error was due to Mountain Regional Services, Inc. Accounting or Human Resource Department (i.e., calculation error, missed punch oversight, etc.), a

new check will be issued that day. However, if the error was due to the employee, the difference will be issued on the following pay period.

### **305. Payroll Deductions**

Each staff paycheck will have the following required deductions:

1. FIT - Federal Income Tax
2. FICA - Federal Insurance Contribution Act
3. Medicare Insurance

Other deductions may include but are not limited to:

1. Medical/Dental Insurance premiums
2. 403B Contributions
3. I.D. Badge, etc.
4. Garnishments
5. Miscellaneous
6. Recreation Center Pass
7. State Income Tax
8. Voluntary Life/Long Term Disability Insurance

### **306. Taxes**

Social Security, Medicare, and Federal Income Tax & State Income Tax (if applicable) deductions are taken from your earned wage and remitted to the appropriate government department for credit to your account. Mountain Regional Services, Inc. contributes an equal amount of Social Security and Medicare Benefits.

### **307. Assignments or Garnishments of Wages**

Mountain Regional Services, Inc. is required by law to accept legal assignments or garnishments against your wages provided adequate documentation is received from the appropriate legal authorities. A certain portion of your wage will be deducted from your biweekly pay check until your financial obligation to the garnishing party is met.

### **308. Classification of Employees**

Employees who meet the following duty and salary tests may be classified as exempt: The employee must be compensated on a salary basis (as defined in the regulations) at a rate not less than the Department of Labor Fair Labor Standards Act;

#### Executive

- The employee's primary duty must be managing the enterprise, or managing a customarily recognized department or subdivision of the enterprise;
- The employee must customarily and regularly direct the work of at least two or more full time employees or their equivalent; and
- The employee must have the authority to hire or fire other employees, or the employee's suggestions and recommendations as to the hiring, firing,

advancement, promotion or any other change of status of other employees must be given particular weight.

### Administrative

- The employee's primary duty must be the performance of office or non-manual work directly related to the management or general business operations of the employer or the employer's customers; and
- The employee's primary duty includes the exercise of discretion and independent judgment with respect to matters of significance.

### Professional

- The employee's primary duty must be the performance of work requiring advanced knowledge, defined as work which is predominantly intellectual in character and which includes work requiring the constant exercise of discretion and judgment;
- The advanced knowledge must be in a field of science or learning; and
- The advanced knowledge must be customarily acquired by a prolonged course of specialized intellectual instruction.

### Creative Professional

- The employee's primary duty must be the performance of work requiring invention, imagination, originality or talent in a recognized field of artistic or creative endeavor.

### Computer Employee

- The employee must be employed as a computer systems analyst, computer programmer, software engineer or other similarly skilled worker in the computer field performing the duties described below;
- The employee's primary duty must consist of:
  - 1) The application of systems analysis techniques and procedures, including consulting with users, to determine hardware, software or system functional specifications;
  - 2) The design, development, documentation, analysis, creation, testing or modification of computer systems or programs, including prototypes, based on and related to user or system design specifications.
  - 3) The design, documentation, testing, creation or modification of computer programs related to machine operating systems; or
  - 4) A combination of the aforementioned duties, the performance of which requires the same level of skills.

## **309. Expense Reimbursement Guideline**

Employees may be reimbursed for reasonable business expenses, including parking, meals, etc. only when **prior** approval has been given by the MRSI President or designee. A legitimate business expense will be defined by the MRSI President or

designee.

A request for reimbursement must be written on a prescribed form and submitted to the MRSI President or designee with applicable documentation and original receipts attached to receive reimbursement. Failure to provide adequate documentation may cause ineligibility for reimbursement.

All requests must be received by Wednesday in order to be issued that week. The request needs to be complete and contain all the proper paperwork and signatures in order to be processed. Reimbursement checks are cut once a week with the rest of the payables checks on Thursdays unless otherwise noted. All reimbursement requests must be submitted within 60 days of the date the expense was incurred or you may not receive reimbursement.

# **SECTION 400**

## **Staff Benefits**

## 401. Benefits Disclaimer

This section of the Employee Guidelines briefly describes each company-sponsored employee benefit program. You may receive summary plan descriptions (SPDs) or these SPDs may be posted on MRSI's website (mrsi.org) which describes certain benefit programs in greater detail. Your summary plan description and official plan documents (such as insurance master contracts) contain information regarding eligibility requirements, coverage limits, deductibles, premiums, and fees.

Please read the guideline descriptions and SPDs carefully to understand your rights and responsibilities. Should a conflict exist between the official benefit plan documents and these Employee Guidelines or the SPDs, the official plan documents will control all cases.

The Company reserves the right, at its sole and absolute discretion, to rescind or amend benefits, to change insurance carriers, or to require or change employee contributions toward premium costs, deductibles, or co-payments. The Company may make such changes at any time, for any reason; financial necessity is not required. You will be notified of any such changes promptly. While our intention is to continue offering company-sponsored benefit programs, we cannot guarantee such benefits will always be available.

## 402. Benefits for Staff

During your orientation your staff benefits will be explained to you. You are encouraged to contact your department director or the Human Resource Department whenever you have a question regarding your benefits. If you choose to receive benefits, the following are the benefits the Company offers:

<b>BENEFIT</b>	<b>STARTING DATE</b>
Group Health Insurance (Average 30 hours weekly)	Approximately Three Months
Group Dental Insurance (Average 30 hours weekly)	Approximately Three Months
Group Life Insurance (Average 30 hours weekly)	Approximately Three Months
Group Vision Insurance (Average 30 hours weekly)	Approximately Three Months
Voluntary Term Life (30 hours weekly)	Varies
Long Term Disability (30 hours weekly)	Varies
Observed Holiday Pay (all)	Immediate
Bereavement Leave (ft)	Immediate
Jury Duty (ft)	Immediate
Military Duty (ft and P-pt)	Immediate
Leave With Pay (ft)	1 Month from Full Time Date
Leave Without Pay (all)	Immediate
Rec Center Corporate Pass (all)	See Accounting Department
Social Security/Medicare (all)	Immediate
Unemployment Insurance (all)	Immediate
Worker's Compensation Insurance (all)	Immediate
403 B Retirement (all)	See Accounting Department
Flu Shots (all)	Typically Available in October
Hepatitis B Series (all)*	One Month from Hire Date



(ft) denotes full-time employees are eligible.

(pt) denotes part-time employees are eligible.

(P-pt) denotes part time employees with fixed schedules may be eligible

\*This is a benefit to Mountain Regional Services, Inc. direct care employees only.

### **403. Observed Holidays**

Direct care employees who work on an observed holiday will earn double their normal hourly rate for hours worked on that day.

For DSP staff who are scheduled to work Thanksgiving, Christmas and/or New Year's Day, if you wish to take one of these days off, you must submit a request for leave no later than October 15th. Staff may request any of these days off, however, you need to record in the comments section of your request which holiday is your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice. Example: If your name is drawn for Thanksgiving and Thanksgiving is your #3 choice and then your name is drawn again for New Year's Day which is your #2 choice, you will receive New Year's Day off and your name will be placed at the bottom of the pending coverage list for Thanksgiving. The drawing for these holidays will take place after October 15th. The first 3 names drawn for each holiday will receive the day off. All others requesting these days off will be pending coverage. Requesting time off around the holidays will also be pending. For questions regarding this issue you should speak with the Staff Scheduler.

### **404. Leave With or Without Pay**

Leave with pay may be used when an employee chooses to be absent from work. Advance notice and approval from your supervisor is required except when the employee is sick or requires time off that is unforeseeable. You must request leave with pay and leave without pay via the TimeStar system using the Requests tab. This request is sent to your supervisor for approval. You will be notified in TimeStar when your request has been approved.

Leave with pay will be available following one month of full time continuous employment. Paid leave will be earned for every hour worked at MRSI. Paid leave is awarded to those individuals who have chosen full time status. Full time status involves a regular schedule of 40 hours weekly. Some DSP positions having a regular schedule of 32 or more hours weekly, based on scheduling necessities, may be designated as full time.

An electronic request for paid leave should be submitted to your immediate supervisor for authorization **at least** two (2) weeks before the date requested. It then must be approved by your supervisor and will be paid as long as you have earned sufficient leave based on your hours worked and length of service at MRSI. Persons requesting time off must verify that their request has been approved with their supervisor **prior to taking the time off.**

Years of Service	Approximate Hourly Rate	Monthly Rate	Annual Rate
1-5	.069	12.00 hours	144 hours (18 days)
6-10	.089	15.33 hours	184 hours (23 days)
11-15	.108	18.67 hours	224 hours (28 days)
16-20	.127	22.00 hours	264 hours (33 days)
21-plus	.146	25.34 hours	304 hours (38 days)

#### **405. Donating Leave Time to Others**

Paid leave may be donated to individual paid leave eligible employees of Mountain Regional Services, Inc. by other staff member(s) when an extended illness occurs (whether personal or family), or other extenuating circumstances prevail, and the individual has no paid leave accrued. The Accounting and Human Resource Departments have forms available for this purpose. Whereas this process must be completed manually, there may be a significant delay in these hours being posted in the time system.

#### **406. Request for Payment of Paid Leave in Lieu of Taking Time Off**

Employees may request payment of paid leave. Applicable federal and state withholdings will be deducted. The payment of paid leave in lieu of taking time off will be paid on normal paydays only.

#### **407. Bereavement Leave**

In the unfortunate event that you are faced with the death of an immediate family member, full time employees will be given time off without loss of pay, for a period up to three days which does not result in more than 40 total hours in a week, to be with your family. An employee may request to use any accrued paid leave time as compensation for any time period of more than three days. You must notify the Scheduler as soon as you are aware of your need for time away from work. Bereavement Leave must be submitted through the TimeStar system and approved by the Scheduler. If you are asked to bring in documentation, the documentation must be turned in to the Scheduler before the pay period has closed.

#### **408. 403B Plan**

Mountain Regional Services, Inc. established a 403(b) tax deferred annuity plan to provide retirement benefits to employees who are eligible to participate in the plan. MRSI believes that continued contributions to the Plan will help to strengthen the bonds of loyalty and mutual understanding that exist between MRSI and its employees, thereby making possible the continued growth of MRSI. Any MRSI employee is eligible to make an employee contribution to the plan. MRSI may make a discretionary matching contribution equal to a uniform percentage or dollar amount of your elective deferrals. Each year, MRSI will determine the formula for the discretionary matching contribution. An MRSI Employee will be eligible to participate in the Plan for purposes of matching contributions as of their date of hire. Contact the Accounting Department to participate.

## 409. Recreation Center Pass

In conjunction with the Evanston Parks and Recreation District, Mountain Regional Services, Inc. offers through payroll deduction, a special rate for annual Rec Center Passes. For enrollment information contact the Accounting Department.

## 410. Group Health/Life Insurance

All employees who are in a position where it is reasonably expected that you will work at least 30 hours or more weekly are eligible to apply for the Group Health/Life Insurance program. For enrollment/premium information, contact the Human Resource Department. Insurance premium payments will be made through payroll deductions. Mountain Regional Service's Inc. may pay toward the policy at its discretion. If an employee leaves during the month, the total cost of the month's insurance remaining will be deducted from their final pay check. No other arrangements for payment of premiums will be permitted. You must notify the Human Resource Department of any changes that would affect your coverage. Failure to do so could result in you being required to repay any payment which has been made as a result of you not notifying us of this change.

### Language Access Services:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (307) 789-3710.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電(307) 789-3710。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (307) 789-3710.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (307) 789-3710.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

(307) 789-3710. 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (307) 789-3710.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (307) 789-3710.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (307) 789-3710.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(307) 789-3710. まで、お電話にてご連絡ください。

(307) 789-3710.

, :

(307) 789-3710.

789-3710.

PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi (307) 789-3710.

D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go **Diné Bizaad**, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, koj8' h0d77lnih (307) 789-3710.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (307) 789-3710.

#### 411. Voluntary Life and Disability Insurance

Employees who consistently work thirty (30) hours or more in a week may participate in voluntary life insurance or voluntary long-term disability insurance through payroll deductions. For enrollment information contact the Human Resource Department.

#### 412. Jury Duty

Mountain Regional Services, Inc. encourages you to participate in jury service when you are called. Staff whose absence would seriously affect business operations may be considered for exemption from jury duty upon approval from the Jury Commission.

MRSI will pay full time employees the difference between jury duty pay and their regular wage (not to exceed ten working days). After ten working days of jury duty full time employees may take paid leave or time without pay to accommodate the difference for the remainder of jury duty. The standard number of paid leave hours will be earned during the period of jury duty. Employees must furnish evidence of having served on the jury and verification of jury pay before a pay check can be issued. Compensation will not be paid for jury duty that falls on the employee's regular days off.

#### 413. Automobile and Travel Expenses

Unless otherwise approved, all MRSI staff is expected to use MRSI vehicles for work related business only.

Approved mileage for use of a personal automobile for agency needs will be paid at a reasonable rate per mile. Request for mileage **MUST be pre-approved** by the President or designee.

All travel expenses must be authorized by the President or designee who is responsible for control of travel expenditures. MRSI credit cards will be issued for out-of-town business. These cards are for business related expenses only (i.e. hotel, employee only meals, [meal limits established by management], ground transportation, etc.). MRSI credit cards are checked out in writing by the Accounting Department and are to be returned immediately on the first day the employee returns from the out-of-town excursion. All receipts are to be turned into the Accounting Department the day of your return.

EMPLOYEES USING MOUNTAIN REGIONAL SERVICES, INC. CREDIT CARDS FOR PERSONAL AND UNAUTHORIZED PURCHASES MAY BE SUBJECT TO IMMEDIATE TERMINATION. These charges may be deducted from the employee's final pay check.

#### **414. In-Service Training and Outside Professional Activity**

In-service training is provided and/or purchased on topics deemed necessary to develop specific skills and to help you become more knowledgeable about your job and MRSI's total operation.

Management may require in-service training as a condition of employment.

#### **415. Social Security**

Mountain Regional Services, Inc. pays the employer's portion of Social Security and Medicare as prescribed by the law for all employees.

#### **416. Unemployment Insurance**

Mountain Regional Services, Inc. provides coverage for you under the Unemployment Insurance Code. This coverage protects you against loss of wage/income due to circumstances such as reduction in force.

#### **417. Hepatitis B Vaccination**

As a safety precaution, Mountain Regional Services, Inc. offers Hepatitis B vaccinations to staff who work directly with participants. This is a benefit for active employees of MRSI. The vaccination is provided for front line staff in a three-shot series. For more information, contact the Training Director, your supervisor or department director.

#### **418. Influenza Vaccination**

Mountain Regional Services, Inc. offers to its employees as a benefit, the winter influenza vaccination. Again, this is a benefit, not a requirement of employees. You will be notified of specific time and dates of when and where they will be available. There is no charge to MRSI employees and participants.

# **SECTION 500**

## **Staff Grievance/Ethics Guideline**

## 501. Staff Grievance

If after six months of continuous employment you become dissatisfied with one/or more aspects of your employment at Mountain Regional Services, Inc., you may wish to file a grievance. In most cases, a candid discussion with your supervisor or co-worker will resolve the complaint/problem, but in other situations a grievance may need to be filed.

It is Board Policy that the President is to assure fair, equitable and humane treatment of paid and volunteer staff.

- The dignity, safety and right to ethical job-related dissent of employees are not to be impaired.
- Grievance by an employee is to receive a fair internal hearing through procedural safeguards.
- Employees and candidates for employment are to be judged on their own job-relevant qualifications and/or job performance. No discrimination among employees is to be based on race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age (40 or older), disability or genetic information, or any other classification protected by federal, state, or local law.

### INFORMAL

#### STEP 1

You must first informally discuss any complaint/problem with your immediate supervisor or co-worker. If the complaint is not resolved to your mutual satisfaction, you may proceed to Step 2.

#### STEP 2

You discuss your complaint/problem with the next level of authority, within ten working days, after Step 1. **If the complaint/problem is with the President of MRSI, the Director of QA/Accreditation or designee will be the next level of authority.** Within five working days, the next level of authority will review the complaint/problem, meet with the individuals involved to gather information, and will assist in resolving the complaint/problem.

If the complaint/problem is not resolved to your satisfaction at Step 2, you may consider accessing the Formal Grievance Procedure.

### FORMAL

#### STEP 1

Within ten working days of the informal procedure you must submit your grievance to your immediate supervisor in writing, with copies to the person with whom you have a grievance, MRSI President, and yourself. Within five working days a meeting will be arranged by your immediate supervisor to discuss and resolve the grievance. Written minutes of the meeting are to be reviewed and signed by all involved.

## STEP 2

If the grievance is not resolved by Step 1, you must submit your grievance in writing to the President within five working days. Within five working days the President will review the information and call a meeting of all concerned to resolve the grievance. Within five working days the President will notify all concerned in writing as to his decision. **If the complaint/problem is with the President of MRSI, the Director of Program Coordination or designee will preside over the process described in Step 2.**

It is a Board Guideline:

After an employee has exhausted the internal grievance mechanism, she/he is not to be hindered from grieving to the Board in those cases where:

- The employee contends that Board guidelines have been erroneously interpreted or capriciously applied to his/her detriment.
- The employee contends that Board guidelines are inhumane, unfair, or violates his/her human rights.

If this criterion is met, the employee may access the Board by submitting a written request to the Chairman of the Board specifying how it applies to Board guidelines. The Chairman will hold an Executive Committee meeting to determine whether or not the grievance meets the Board's criteria. If the grievance does not meet Board criteria, the Chairman will respond in writing to all concerned parties. If the grievance meets Board criteria, a Board meeting will be called to resolve the grievance. The Board's decision is final.

### 502. Code of Ethics Guideline

The Board of Directors, management and staff of Mountain Regional Services, Inc. (MRSI) are committed to the highest level of performance, professionalism and ethical conduct in every aspect of service delivery. All actions are guided by the organization's mission of assisting each person served in achieving the highest quality of life, and seek to deliver outcomes that reflect client choice, dignity and well-being.

- Qualified individuals shall have access to services and will not be discriminated against based on race, color, religion, age, sexual orientation, disability or national origin. Client rights, as documented in MRSI's Participant Handbook and each Individual Plan of Care, will be respected at all times. Services will be designed around the needs and choices of participants and delivered in a respectful, professional manner.
- Board members, management and staff will keep as a priority the welfare of those receiving services. Professional employees are expected to adhere to the rules and regulations governing their profession. All employees must represent their credentials, competency, education, training and experience in a truthful and accurate manner.



- Business and financial practices will be conducted in accordance with all applicable laws, regulations and recognized ethical business practices. MRSI follows closely the code of professional ethics of the American Institute of Certified Public Accountants. This includes but is not limited to the obligation to promote sound and informative financial decisions and reporting. MRSI recognizes that it has a responsibility to the public which consists of clients, creditors, governments, employees and the business/financial community. Contractual relationships will be in accordance with all laws and legal requirements, sound business principals and moral and ethical conduct.
- The organization's marketing activities will be driven by a commitment to represent persons with disabilities in a dignified manner. Marketing activities will complement MRSI's mission, and client choice and confidentiality will be respected and serve as a guide for all promotional activities. All marketing actions will be undertaken with the intent of positively influencing society with regard to persons served and services offered, with the ultimate goal of achieving understanding, acceptance and integration.
- MRSI staff should be alert to and avoid conflicts of interest, including the appearance of or potential for conflict, that interfere with the exercise of discretion and impartial judgement. We want to ensure that MRSI is keeping the interest of the participants in focus and supporting participant choice. Employees are required to self-disclose potential conflicts of interest at time of hire and throughout employment. If a conflict of interest is identified, appropriate individuals will be notified and be involved in the mitigation process.
- MRSI strives to recruit, manage, develop, and retain staff members who meet the needs of the participants and contribute to the accomplishment of the agency's mission. In doing so we strive to ensure compliance with the Equal Employment Opportunity Commission and Cultural Competency and Diversity guidelines, and encourage hiring of qualified candidates who reflect the diversity of the community and population served. No staff member will discriminate against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel action because of race, color, national origin, gender, age, disability, marital status, sexual orientation, political affiliation, religion, and receipt of public assistance or other factors which cannot be lawfully used as the basis for employment decisions.
- NADSP Code of Ethics for Direct Support Professionals: Person-Centered Supports: My first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance; Promoting Physical and Emotional Well-Being: As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of the individuals receiving support. I will encourage growth and recognize the autonomy of the individuals receiving support while being attentive and energetic in reducing their risk of harm; Integrity and Responsibility: As a DSP, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals, and the community; Confidentiality: As a DSP, I will safeguard and respect the confidentiality and

privacy of the people I support; Justice, Fairness and Equity: As a DSP, I will promote and practice justice, fairness, and equity for the people I support and the community as a whole. I will affirm the human rights, civil rights and responsibilities of the people I support; Respect: As a DSP, I will respect the human dignity and uniqueness of the people I support. I will recognize each person I support as valuable and help others understand their value; Relationships: As a DSP, I will assist the people I support to develop and maintain relationships; Self-Determination: As a DSP, I will assist the people I support to direct the course of their own lives; Advocacy: As a DSP, I will advocate with the people I support for justice, inclusion, and full community participation.

- The relationship between staff and participants should always reflect the professionalism necessary to facilitate the rehabilitation effort. Staff should maintain professional boundaries at all times. Property belonging to participants or MRSI should be safeguarded and treated with respect. Staff must never lend, sell to, or accept items from participants, and the exchanging of gifts, money, and gratuities is strictly forbidden. Personal soliciting or canvassing (fundraising) on company owned facilities is prohibited. Individual employees or representatives of other organizations are not permitted to collect funds or advertise their products without consent from the President or designee. When participating in social networking, you are representing both yourself personally and professionally as an employee of MRSI.
- Every employee is expected to be vigilant with regard to issues of abuse, fraud, waste, etc. MRSI adheres to a “no reprisal” policy for reporting improprieties whereby employees are encouraged to report concerns in the workplace, including violations of the law, regulations, ethical standards, and company policies, and seek clarification and guidance when in doubt. MRSI’s management and/or Board of Directors will investigate reported wrongdoings in a timely manner.
- MRSI’s fundraising efforts are to be done in a respectful manner that does not impose any pressure or discomfort on the person or entity being solicited and according to fundraising policies and procedures.
- MRSI staff does not have authority to witness legal documents such as powers of attorney, guardianship, advance directives, etc. If you are asked to witness any legal document, refrain from doing so and refer to the CEO.
- MRSI will take every opportunity to advocate for and promote opportunities for individuals with disabilities. Educational efforts will include the general public, service clubs, local/state/national legislators, etc., and will focus on rights, funding and acceptance. Additionally, the organization will engage in community activities that highlight the beneficial impact disability service providers have on communities where business is conducted.
- Any person associated/employed with MRSI who is accused of violating MRSI’s Code of Ethics, with due process, may be dismissed or sanctioned. Allegations of

violations of MRSI's Code of Ethics will be investigated by the Corporate Compliance Officer (CCO) and Board of Directors for incidents involving the President/CEO and by members of upper management for all other staff members, within five working days after receiving a written allegation. A decision will be rendered and shared with the accused party within ten working days of receipt of the allegation.

All staff will be required to acknowledge receipt, understanding and adherence of the Code of Ethics upon hire and annually thereafter.

### **503. Detection and Prevention of Fraud, Waste and Abuse in Federal Health Care Programs, Including the Medicare and Equality Care Programs**

Under section 6032 of the Deficit Reduction Act of 2005, MRSI is establishing policies for all employees of MRSI (including management), and for all employees of any contractor or agent of MRSI.

#### Federal Civil False Claims Act ("FCA")

The FCA was originally enacted in 1863 after a series of Congressional inquiries disclosed several instances of fraud among defense contractors during the Civil War. The current FCA was passed by Congress in 1982 and was amended in 1986. The FCA is designed to enhance the government's ability to identify and recover losses it suffers due to fraud. Since the FCA's enactment, the government has recovered billions of dollars through litigation or settlement of allegations that corporations and individuals violated the statute and improperly obtained federal health care program funds. Congress and the government believe that the FCA is a very effective means to detect fraud, by encouraging individuals, often called "whistleblowers" or "relators," to uncover and report fraud, and to prevent fraud, by creating strong incentives for companies and individuals to be vigilant in their pursuit of compliance and avoid liability for multiple damages and penalties under the statute.

#### 1. FCA Prohibitions

The Federal Civil False Claims Act prohibits any individual or company from knowingly submitting false or fraudulent claims, causing such claims to be submitted, making a false record or statement in order to secure payment from the federal government for such a claim, or conspiring to get such a claim allowed or paid. Under the statute the terms "knowing" and "knowingly" mean that a person (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information. Thus, specific intent to defraud is not required for there to be a violation of the law. Examples of the types of activity prohibited by the FCA include but are not limited to: billing for services that were not actually rendered such as signing waiver client billing sheets or upcoding, which is the practice of billing for a more highly reimbursed service or product than the one provided.

The FCA is enforced by the filing and prosecution of a civil complaint. Under the Act, civil actions must be brought within six years of a violation, or, if brought by the government, within three years of the date when material facts are known or should have been known to the government, but in no event more than ten years after the date

on which the violation was committed.

## 2. Penalties

Individuals or companies found to have violated the statute are liable for a civil penalty for each claim of not less than \$5,500 and not more than \$11,000, plus up to three times the amount of damages sustained by the federal government.

## 3. Qui Tam and Whistleblower Protection Provisions

The FCA authorizes the Attorney General to bring actions alleging violations of the statute. The statute also authorizes private citizens to file a lawsuit in the name of the United States for false or fraudulent claims submitted by individuals or companies that do business with, or are reimbursed by, the United States. Commonly known as a *qui tam* action, a lawsuit brought under the FCA by a private citizen commences upon the filing of a civil complaint in federal court, under seal, and service of a disclosure of material evidence on the Attorney General. The government has sixty days to investigate the allegations in the complaint and decide whether it will join the action, in which case the complaint is unsealed, and the Department of Justice or a United States Attorney's Office takes the lead role in prosecuting the claim. If the government decides not to join, the whistleblower may pursue the action alone, but the government may still join at a later date if it demonstrates good cause for doing so. As an incentive to bring these cases, the Act provides that whistleblowers who file a *qui tam* action may receive a reward of 15-30% of the monies recovered for the government plus attorneys' fees and costs. This award may be reduced if, for example, the court finds the whistleblower planned and initiated the violation. The FCA also provides that putative whistleblowers who prosecute clearly frivolous *qui tam* claims can be held liable to a defendant for its attorneys' fees and costs.

Whistleblowers are also offered certain protections against retaliation for bringing an action under the Act. Employees who are discharged, demoted, harassed, or otherwise confront discrimination in furtherance of such an action or as a consequence of whistleblowing activity are entitled to all relief necessary to make the employee whole. Such relief may include reinstatement, double back pay, and compensation for any special damages including litigation costs and reasonable attorneys' fees.

In addition to any Federal and State laws on the issue, MRSI also addresses the matter as specified in its Code of Ethics Guideline previously listed in Section 502.

## **SECTION 600**

# **Family and Medical Leave Guideline**

## **601. General**

Employees may be entitled to a leave of absence under the Family and Medical Leave Act (FMLA). This guideline provides employees information concerning FMLA entitlements and obligations employees may have during such leaves. If employees have any questions concerning FMLA leave, they should contact the Chief Executive Officer or a member of the Human Resource Department.

## **602. Eligibility**

FMLA leave is available to “eligible employees.” To be an “eligible employee,” an employee must: (1) have been employed by MRSI for at least 12 months (which need not be consecutive); (2) have been employed by MRSI for at least 1,250 hours of service during the 12-month period immediately preceding the commencement of the leave; and (3) be employed at a worksite where 50 or more employees are located within 75 miles of the worksite.

## **603. FMLA Leave Entitlement**

The FMLA provides eligible employees up to 12 work weeks of unpaid leave for certain family and medical reasons during a 12-month period. The 12-month period is measured forward from the date the employee first takes FMLA leave. Leave may be taken for one or for a combination of the following reasons:

- To care for the employee’s child after birth, or placement for adoption or foster care;
- To care for the employee’s spouse, son, daughter or parent (but not in-law) who has a serious health condition;
- For the employee’s own serious health condition (including any period of incapacity due to pregnancy, prenatal medical care or childbirth) that makes the employee unable to perform one or more of the essential functions of the employee’s job; and/or
- Because of any qualifying exigency arising out of the fact that an employee’s spouse, son, daughter or parent is a covered military member on active duty or has been notified of an impending call or order to active duty status in the National Guard or Reserves in support of a contingency operation.

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than three consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

#### **604. Military Family Leave Entitlement**

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service-member during a single 12-month period. A covered service member is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.\*

\*The FMLA definitions of “serious injury or illness” for current service members and veterans are distinct from the FMLA definition of “serious health condition.”

#### **605. Intermittent Leave and Reduced Leave Schedules**

FMLA leave usually will be taken for a period of consecutive days, weeks or months. However, employees may also be entitled to take FMLA leave intermittently or on a reduced leave schedule when medically necessary due to a serious health condition of the employee or covered family member or the serious injury or illness of a covered service member.

#### **606. Working While on Leave**

The taking of another job while on family/medical leave or any other authorized leave of absence may be grounds for termination, to the extent permitted by law.

#### **607. Group Health Benefits**

During FMLA leave, MRSI will maintain health benefits under the same conditions as if the employee had continued working. If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. You must submit payment of your portion of your insurance premiums for any coverage that you may have to the Payroll Accountant in the Accounting Department. This must be done on each payday that you do not have a paycheck large enough to cover your total premium deduction.

You have a 30-day grace period in which to make premium payments. If timely payment is not made, your group health insurance may be canceled, *provided* we notify you in writing at least 15 days before the date that your health coverage will lapse. If you do not return to work following FMLA leave for a reason other than (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse MRSI for our share of health insurance premiums paid on your behalf during your FMLA leave.

### **608. Restoration of Employment and Benefits**

At the end of FMLA leave, subject to some exceptions including situations where job restoration of “key employees” will cause MRSI substantial and grievous economic injury, employees generally have a right to return to the same or equivalent positions with equivalent pay, benefits and other employment terms. MRSI will notify employees if they qualify as “key employees,” if it intends to deny reinstatement, and of their rights in such instances. Use of FMLA leave will not result in the loss of any employment benefit that accrued prior to the start of an eligible employee’s FMLA leave.

### **609. Notice of Eligibility for, and Designation of, FMLA Leave**

Employees requesting FMLA leave are entitled to receive written notice from MRSI telling them whether they are eligible for FMLA leave and, if not eligible, the reasons why they are not eligible. When eligible for FMLA leave, employees are entitled to receive written notice of: 1) their rights and responsibilities in connection with such leave; 2) MRSI’s designation of leave as FMLA-qualifying or non-qualifying, and if not FMLA-qualifying, the reasons why; and 3) the amount of leave, if known, that will be counted against the employee’s leave entitlement.

MRSI may retroactively designate leave as FMLA leave with appropriate written notice to employees provided MRSI’s not designating leave as FMLA-qualifying at an earlier date did not cause harm or injury to the employee. In all cases where leaves qualify for FMLA protection, MRSI and the employee can mutually agree that leave be retroactively designated as FMLA leave.

### **610. Notice of the Need for Leave**

Employees who take FMLA leave must timely notify MRSI of their need for FMLA leave. The following describes the content and timing of such employee notices.

#### **1. Content of Employee Notice**

To trigger FMLA leave protections, employees must inform the Chief Executive Officer of the need for FMLA-qualifying leave and the anticipated timing and duration of the leave, if known. Employees may do this by either requesting FMLA leave specifically, or explaining the reasons for leave so as to allow MRSI to determine that the leave is FMLA-qualifying. For example, employees might explain that: a medical condition renders them unable to perform the functions of their job, their family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave.



Calling in “sick,” without providing the reasons for the needed leave, will not be considered sufficient notice for FMLA leave under this policy. Employees must respond to MRSI’s questions to determine if absences are potentially FMLA-qualifying.

If employees fail to explain the reasons for FMLA leave, the leave may be denied. When employees seek leave due to FMLA-qualifying reasons for which MRSI has previously provided FMLA-protected leave, they must specifically reference the qualifying reason for the leave or the need for FMLA leave.

## 2. Timing of Employee Notice

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, or the approximate timing of the need for leave is not foreseeable, employees must provide MRSI notice of the need for leave as soon as practicable under the facts and circumstances of the particular case. Employees who fail to give a 30 day notice for foreseeable leave without a reasonable excuse for the delay, or otherwise fail to satisfy FMLA notice obligations, may have FMLA leave delayed or denied.

### **611. Cooperation in the Scheduling of Planned Medical Treatment (Including Accepting Transfers to Alternative Positions) and Intermittent Leave or Reduced Leave Schedules**

When planning medical treatment, employees must consult with MRSI and make a reasonable effort to schedule treatment so as not to unduly disrupt MRSI’s operations, subject to the approval of an employee’s health care provider. Employees must consult with MRSI prior to the scheduling of treatment to work out a treatment schedule that best suits the needs of both MRSI and the employee, subject to the approval of the employee’s health care provider. If employees providing notice of the need to take FMLA leave on an intermittent basis for planned medical treatment neglect to fulfill this obligation, MRSI may require employees to attempt to make such arrangements, subject to the approval of the employee’s health care provider.

When employees take intermittent or reduced work schedule leave for foreseeable planned medical treatment for the employee or a family member, including during a period of recovery from a serious health condition or to care for a covered service member, MRSI may temporarily transfer employees, during the period that the intermittent or reduced leave schedules are required, to alternative positions with equivalent pay and benefits for which the employees are qualified and which better accommodate recurring periods of leave.

When employees seek intermittent leave or a reduced leave schedule for reasons unrelated to the planning of medical treatment, upon request, employees must advise MRSI of the reason why such leave is medically necessary. In such instances, MRSI and the employee shall attempt to work out a leave schedule that meets the employee’s needs without unduly disrupting MRSI’s operations, subject to the approval of the employee’s health care provider.

## **612. Medical Certifications Supporting Need for FMLA Leave (Unrelated to Requests for Military Family Leave)**

Depending on the nature of FMLA leave sought, employees may be required to submit medical certifications supporting their need for FMLA-qualifying leave. As described below, there generally are three types of FMLA medical certifications: An initial certification, a recertification and a return to work/fitness for duty certification.

It is the employee's responsibility to provide MRSI with timely, complete and sufficient medical certifications. Whenever MRSI requests employees to provide FMLA medical certifications, employees must provide the requested certifications within 15 calendar days after MRSI's request, unless it is not practicable to do so despite an employee's diligent, good faith efforts. The Company shall inform employees if submitted medical certifications are incomplete or insufficient and provide employees at least seven calendar days to cure deficiencies. The Company may deny FMLA leave to employees who fail to timely cure deficiencies or otherwise fail to timely submit requested medical certifications.

With the employee's permission, MRSI (through individuals other than an employee's direct supervisor) may contact the employee's health care provider to authenticate or clarify completed and sufficient medical certifications. If employees choose not to provide MRSI with authorization allowing it to clarify or authenticate certifications with health care providers, MRSI may deny FMLA leave if certifications are unclear.

Whenever MRSI deems it appropriate to do so, it may waive its right to receive timely, complete and/or sufficient FMLA medical certifications.

### **1. Initial Medical Certifications**

Employees requesting leave because of their own, or a covered relation's, serious health condition, or to care for a covered service member, must supply medical certification supporting the need for such leave from their health care provider or, if applicable, the health care provider of their covered family or service member. A new initial medical certification may be required on an annual basis for serious medical conditions lasting beyond a single leave year.

If MRSI has reason to doubt initial medical certifications, it may require employees to obtain a second opinion at MRSI's expense. If the opinions of the initial and second health care providers differ, MRSI may, at its expense, require employees to obtain a third, final and binding certification from a health care provider designated or approved jointly by MRSI and the employee.

### **2. Medical Re-certifications**

Depending on the circumstances and duration of FMLA leave, MRSI may require employees to provide re-certification of medical conditions giving rise to the need for leave. MRSI will notify employees if re-certification is required and will give employees at least 15 calendar days to provide medical re-certification.

### 3. Return to Work/Fitness for Duty Medical Certifications

Unless notified that providing such certifications is not necessary, employees returning to work from FMLA leaves that were taken because of their own serious health conditions that made them unable to perform their jobs must provide MRSI with medical certification confirming they are able to return to work and the employees' ability to perform the essential functions of the employees' position. MRSI may delay and/or deny job restoration until employees provide return to work/fitness for duty certifications.

#### **613. Certifications Supporting Need for Military Family Leave**

Upon request, the first time employees seek leave due to qualifying exigencies arising out of the active duty or call to active duty status of a covered military member, MRSI may require employees to provide: 1) a copy of the covered military member's active duty orders or other documentation issued by the military indicating the covered military member is on active duty or call to active duty status and the dates of the covered military member's active duty service; and 2) a certification from the employee setting forth information concerning the nature of the qualifying exigency for which leave is requested. Employees shall provide a copy of new active duty orders or other documentation issued by the military for leaves arising out of qualifying exigencies, leaves arising out of a different active duty or call to active duty status of the same, or a different covered military member.

When leave is taken to care for a covered service member with a serious injury or illness, MRSI may require employees to obtain certifications completed by an authorized health care provider of the covered service member. In addition, and in accordance with the FMLA regulations, MRSI may request that the certification submitted by employees include additional information provided by the employee and/or the covered service member confirming entitlement to such leave.

#### **614. Substitution of Paid Leave for Unpaid FMLA Leave**

Employees may choose or MRSI may require the use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with MRSI's normal paid leave guidelines.

#### **615. Questions and/or Complaints about FMLA Leave**

The FMLA does not affect any federal, state or local law prohibiting discrimination, or supersede any state or local law [or collective bargaining agreement], which provides greater family or medical leave rights.

If you have questions regarding this FMLA guideline, please contact the Chief Executive Officer or a member of the Human Resource Department. MRSI is committed to complying with the FMLA and, whenever necessary, shall interpret and apply this policy in a manner consistent with the FMLA.

The FMLA makes it unlawful for employers to: 1) interfere with, restrain, or deny the exercise of any right provided under FMLA; or 2) discharge or discriminate against any person for opposing any practice made unlawful by FMLA or involvement in any

proceeding under or relating to FMLA. If employees believe their FMLA rights have been violated, they should contact the Human Resources Department immediately. MRSI will investigate any FMLA complaints and take appropriate remedial action to address any FMLA violation. Employees also may file FMLA complaints with the United States Department of Labor or may bring private lawsuits alleging FMLA violations.

### **616. Exemption for Highly Compensated Employees**

MRSI may choose not to return highly compensated employees (highest paid 10% of employees at a worksite or within 75 miles of that worksite) to their former or equivalent positions following a leave if restoration of employment will cause substantial economic injury to MRSI. This determination will be made by MRSI on a case-by-case basis. MRSI will notify you if you qualify as a “highly compensated” employee, if MRSI intends to deny reinstatement, and of your rights in such instances.

## **SECTION 700**

# **Sexual Harassment Guideline**

## **701. Sexual Harassment Guideline**

It is the guideline of Mountain Regional Services, Inc. that all employees have a right to work in an environment free of discrimination and sexual harassment. MRSI strongly disapproves of sexual harassment of its employees in any form and states that all employees at all levels must avoid offensive or inappropriate sexual and/or sexually harassing behavior at work and will be held responsible for ensuring that the work place is free from sexual harassment.

## **702. Specific MRSI Prohibitions**

1. Unwelcome sexual advances.
2. Requests for sexual favors, whether or not accompanied by promises or threats relating to the employment relationship.
3. Other verbal, visual or physical conduct of a sexual nature that may threaten or insinuate either explicitly or implicitly that any employee's submission to or rejection of sexual advances will in any way influence any personnel decision regarding that person's employment, evaluation, wages, advancement, assigned duties, shifts or any other condition of employment or career development.
4. Any verbal, visual or physical conduct that has the purpose or effect of substantially interfering with the employee's ability to do his or her job.
5. Any verbal, visual or physical conduct that has the purpose or effect of creating an intimidating, hostile or offensive working environment.

Such conduct may result in corrective action up to and including dismissal.

## **703. Other Sexually Harassing Conduct**

Other sexually harassing conduct in the workplace, whether physical, visual or verbal, committed by supervisors or non-supervisory personnel is also prohibited. This behavior can include but is not limited to: Commentary about an individual's body; the use of sexually degrading words to describe an individual; offensive comments; off-color language or jokes; innuendoes; and sexually suggestive objects, books, magazines, photographs, cartoons or pictures.

## **704. If Employees Have a Complaint**

Employees who have complaints of sexual harassment by anyone at work, including any supervisors, co-workers or visitors, are urged to report such conduct to their supervisor or department director so that the organization may investigate and resolve the problem. If the complaint involves the employee's supervisor or someone in the direct line of supervision, or if the employee for any reason is uncomfortable in dealing with his or her immediate supervisor, the employee may go to another supervisor, or directly to senior management personnel.

## **705. What to Expect**

Mountain Regional Services, Inc. will endeavor to investigate all complaints as expeditiously and as professionally as possible. If investigation confirms the allegations, appropriate corrective action will be taken. Due to the preliminary nature of the investigation, no legal representation will be allowed during interviews with those involved.

MRSI will make every attempt to keep the information provided by the complaint and investigation process confidential to the fullest extent permitted by the circumstances.

Retaliation against employees for reporting sexual harassment or assisting the organization in the investigation of a complaint is against the law and will not be permitted. Retaliation can include but is not limited to such acts as refusing to recommend an employee for a benefit for which he or she qualifies, spreading rumors about the employee, encouraging hostility from co-workers and escalating the harassment.

## **706. Giving False Information**

If, after investigating a harassment complaint, the organization learns that an employee has made a complaint in bad faith or knowingly provided false information regarding a complaint, corrective action, up to and including termination may be taken against the individual who provided false information.

# **SECTION 800**

## **Harassment Guideline**



## **801. Harassment Guideline**

Mountain Regional Services, Inc. is committed to providing a work environment free of unlawful harassment. MRSI maintains a strict guideline prohibiting harassment. MRSI's harassment policy applies to all persons involved in the operations of Mountain Regional Services, Inc. while on company premises, time or business and prohibits unlawful harassment by any employee of Mountain Regional Services, Inc. including supervisors and co-workers.

## **802. Harassment Defined**

Harassment in any form including verbal, physical, and visual conduct, threats, demands, and retaliation is prohibited. Harassment includes, but is not limited to:

1. Verbal conduct such as offensive jokes, epithets, name calling, ridicule or mockery, insults, offensive objects or pictures, defamatory or abusive words, derogatory comments, slurs, or unwanted advances, invitations or comments, or other interference with work performance that creates an intimidating or hostile work environment.
2. Visual conduct such as gestures.
3. Physical conduct such as assault, unwanted touching, blocking normal movement, or actions taken to interfere with the work you have been assigned.
4. Threats.
5. Retaliation for having reported or threatened to report harassment.

## **803. What To Do If You Are Harassed**

If you feel you are being harassed on the job, you should use the procedure outlined in these guidelines to file a complaint and have it investigated.

## **804. Guideline for Harassment Other Than Sexual In Nature**

You have a right to express concerns of harassment. In order to secure this right, provide a written complaint to your department director, Human Resource Department or President, as soon as possible after any incident you feel is prohibited harassment. Your complaint should include the details of the incident or incidents, the name(s) of the individual(s) involved, and the names of any witnesses. Supervisors and other authorized personnel will refer all harassment complaints to the Human Resource Department or Senior Management. If the complaint is against someone in the Human Resource Department, all written documentation will be given to the President of Mountain Regional Services, Inc.

The Harassment Investigation Committee will immediately undertake an effective, thorough, and objective investigation of the harassment allegations. This investigation will be completed and a determination regarding alleged harassment will be made and communicated to you as soon as practical.

If the Harassment Investigation Committee determines that harassment has occurred, Mountain Regional Services, Inc. will take effective remedial action commensurate with the severity of the offense. Appropriate action will also be taken to deter any future harassment.

Mountain Regional Services, Inc. encourages all employees to report any incidents of harassment forbidden by this policy immediately so that complaints can be quickly and fairly resolved.

**805. Reasonable Requests Should NOT Be Construed As Harassment**

Staff members should not construe a reasonable request made by supervisory staff as harassment.

## **SECTION 900**

# **MRSI's Guidelines with Regard To The Health Insurance Portability & Accountability Act (HIPAA)**

**Effective: April 14, 2003**

**Amended: February 1, 2006**

**Amended: April 1, 2011**

## **901. MRSI's Guideline With Regard To Uses and Disclosures of Protected Health Information**

### **I. General Guideline**

#### A. Permitted uses or disclosures of PHI are:

1. To the individual who is the subject of the data.
2. For treatment, payment or healthcare operations (TPO), as permitted under the Privacy Regulations.
3. Incident to a use or disclosure otherwise permitted or required under the Privacy Regulations.
4. With a valid authorization (Informed Consent to Release Information).
5. Pursuant to an agreement, as allowed under the Privacy Regulations, regarding those uses and disclosures that require an opportunity for the individual to agree or to object to the use or disclosure.
6. Sharing with Administering Agencies.  
As an entity that provides benefits, MRSI may disclose PHI to another agency involved with the administering of these benefits provided the disclosures are consistent with the Privacy Regulations.
7. As otherwise permitted by, and in compliance with, the Privacy Regulations.

#### B. Minimum Necessary Use & Disclosure:

1. Policy.  
For purposes other than those listed below the use and disclosure of PHI shall be limited to the minimum necessary to satisfy the request or to complete the task for which the information is relevant. However, if the use or disclosure is for treatment purposes, there is no limitation to the use and disclosure.

This minimum necessary provision shall **not apply** to the use and disclosure of PHI:

- a. For treatment purposes;
- b. For information requested by the individual who is the subject of the data;
- c. For information requested pursuant to a valid authorization by the individual who is the data subject;
- d. For compliance with standardized Health Insurance Portability and Accountability Act (HIPAA) transactions;
- e. For required disclosures to the Department of Health and Human Services (DHHS) for enforcement purposes; or

f. For instances otherwise required or authorized by law.

2. General Procedures.

All persons who handle PHI are expected to know and abide by the following guidelines and procedures:

a. Determining Workforce Access to PHI:

Access to the PHI shall be granted based on the individual's role. Employees shall have a specific work function need for the information. The organization:

- 1) Those persons or classes of persons in the workforce, including students, trainees, contractors and partners who need access to PHI to carry out their duties; and
- 2) For each such person or class of persons, the category or categories of PHI to which access is needed and any conditions appropriate to such access.

b. Requests for Uses or Disclosures of PHI.

Any request from any person for PHI must include the requestor's name, unique identifier, and the amount of information requested.

c. Requests for Uses or Disclosures of the Entire Record.

The organization will not release the entire record unless necessary, as determined by these guidelines and procedures.

d. Good Faith Reliance.

Staff may rely on the belief that the PHI requested is the minimum amount necessary to accomplish the purpose of the request if:

- 1) The information is requested by another person previously approved for access; or
- 2) The information is requested by a HIPAA covered entity; or
- 3) The information is requested by a professional, such as an attorney or an accountant, providing professional services either as an employee or as a business associate of MRSI; or
- 4) Making disclosure to a public official who represents that the information is the minimum necessary or is required by law; or
- 5) An institutional review board or privacy board represents in writing that the proposed research meets the minimum necessary standard.

### 3. Disclosures for Payment.

- a. Only the minimum necessary PHI shall be disclosed for payment functions, as provided through contractual agreement or state procedures in the case of public programs. Persons handling PHI in a payment context shall limit access and disclosure to those data elements required for payment and collections and will limit disclosures to communications required for the billing and collections process. This policy shall apply to checks collected, credit or debit receipts, envelopes, statements and invoices sent to participants.
- b. Audits.  
Auditors are subject to the minimum necessary standard and will be provided PHI only to the extent necessary for audit purposes. Drafts, notes, and preliminary drafts created, collected, and maintained by the agency's internal auditing officer are confidential data on individuals or protected nonpublic data not on individuals until the final report has been published or the audit or investigation is no longer being pursued actively. Thereafter, the data's classification reverts back to its previous classification.

### 4. Disclosures Required by Law.

- a. Disclosures Ordered by a Court or Administrative Tribunal.  
The minimum necessary standard does not apply to disclosures ordered from an administrative tribunal or by court order. Only the information directly requested by such an order shall be provided.
- b. PHI About a Victim of a Crime or Abuse.  
The minimum necessary standard shall apply to information released to law enforcement regarding victims of crime or abuse. MRSI staff may reasonably rely on the representations of law enforcement officials as to what PHI is minimally necessary.

### C. Documentation

Disclosures of protected health information are documented in the client chart. This requirement excludes disclosures to the data subject, disclosures within the workforce for the purpose of treatment, payment or healthcare operations and other permitted disclosures unless documentation is required by law or this guideline. Program guidelines and sound practice may require documentation in addition to what is required in this guideline.

1. When use and disclosure is authorized by the informed consent of the client, a signed copy of the document shall be retained in the record. If the consent was obtained by MRSI, the copy retained should be the original.

2. When use and disclosure is pursuant to subpoena, court order, or other document that legally authorizes the disclosure, a copy of the authorizing document shall be retained in the record.
3. For each disclosure the following items shall be noted in the client record:
  - a. The date of the disclosure.
  - b. The name of the entity or person who received the protected health information and, if known and not contained on the consent form, the address of such entity or person.
  - c. A description of the protected health information disclosed.
  - d. A brief statement of the purpose of the disclosure that reasonably informs the reader of the basis for the disclosure; or, in lieu of such statement a copy of a written request for a disclosure if any.
  - e. The signature of the person making the notation.

## **II. Permitted Uses and Disclosures that Require an Authorization**

All authorizations (consent) to use and disclose protected health information (PHI) will meet the requirements of the Privacy Regulations.

- A. Disclosures that are not otherwise authorized by law or regulation require the individual's authorization (consent).
- B. Psychotherapy notes for all uses and disclosures not authorized by the Privacy Regulations.
- C. Mental Health Data.  
Except when disclosure is permitted or required by statute or law, MRSI mental health providers shall obtain the informed consent of the individual to provide mental health data to other agencies.

## **III. Required Disclosures**

**MRSI is required to disclose protected health information (PHI), as follows:**

- A. Individual request for PHI.  
MRSI shall disclose PHI to an individual who requests their own data in accordance with these policies and procedures regarding an individual's right to access PHI.
- B. Individual request for an accounting.  
MRSI shall provide an individual an accounting of disclosures of the individual's PHI in accordance with this guideline regarding accountings.

C. HHS Secretary request.

MRSI shall provide to the U.S. Secretary of Health and Human Services, and designated representatives access to PHI in accordance with this guideline regarding compliance reporting, reviews and access to information.

**IV. Disclosures not requiring authorization (consent)**

MRSI is not required to acquire an authorization for disclosures to:

A. The individual who is the subject of the PHI. Unless we are told otherwise in writing, this may be done by phone or email at the individual's home or office, etc. Individuals may be contacted regarding the following issues as well as others:

1. Appointment reminders.
2. Treatment alternatives.
3. Health related benefits and services.

B. The Secretary of Health and Human Services or designee.

C. Public or law enforcement agencies under circumstances specified in the Privacy Regulations and described in this and related guidelines and procedures regarding consents, authorizations and disclosures.

**V. Permitted uses and disclosures that do not require authorization or prior notification and agreement of the Individual**

MRSI is not required to obtain an individual's permission to use or disclose PHI in the circumstances described below. However, in some circumstances, notification to the individual of the disclosure is required.

A. Disclosures about victims of abuse, neglect or domestic violence.

1. General Guideline.  
MRSI may disclose to a social services agency or other appropriate government agency authorized by law to receive reports of abuse, neglect or domestic violence, the protected health information (PHI) of an individual whom workforce members have reasonable cause to believe is the victim of such abuse.
2. Minimum Necessary Requirement.  
Disclosure shall be in accordance with the minimum necessary provisions for uses and disclosures.
3. Verify the Authority of Disclosure Recipients.  
To comply with a disclosure request made by a person or entity external to the organization, verify the identity and authority of the requestor, in



accordance with the guideline regarding verification of persons requesting disclosure.

4. Permission to Disclose.

MRSI may disclose PHI regarding victims of abuse, neglect or domestic violence when authorized by law (and one or more of the following circumstances apply):

- a. The individual about whom the PHI was obtained agrees to the disclosure; or
- b. MRSI believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
- c. A law enforcement or public official who is authorized to receive such a report represents that the PHI is necessary for an immediate enforcement activity; and:
  - 1) The individual is incapacitated and therefore unable to grant permission for the disclosure; and
  - 2) Waiting for the individual to agree or disagree would negatively impact the authority's ability to carry out the enforcement activity in a timely manner.

5. Informing the Individual

If MRSI discloses information about an individual that it suspects is the victim of abuse, neglect or domestic violence, MRSI shall inform the individual that the disclosure has been or will be made.

EXCEPTION: MRSI is not required to inform an individual, or their personal representative, that the disclosure has been or will be made if:

- a. Doing so would place the individual at risk of serious harm; or
- b. The personal representative authorized to receive information about the disclosure on behalf of the individual, is, in the professional judgment of MRSI, possibly responsible for the abuse or neglect suffered by the individual.

B. Disclosures for public health activities.

1. Public health or government authorities.

MRSI may, as authorized by law, disclose protected health information to public health or government authorities or their agents to:

- a. Public health authorities authorized by law to collect or receive information for the purposes of preventing or controlling disease, injury or disability, including, but not limited to:

- 1) Reporting of disease.
  - 2) Birth or death.
  - 3) The conduct of public health surveillance, investigations or interventions.
- b. Officials of foreign governments acting in collaboration with public health authorities, and who have been authorized to receive such information by the public health authority.
- c. Public health or appropriate governmental authorities authorized by law to receive reports of child abuse and neglect.
- d. A person subject to the jurisdiction of the Food and Drug Administration (FDA), with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity. Such purposes include:
- 1) To collect or report adverse events (or similar activities with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations.
  - 2) To track FDA-regulated products.
  - 3) To enable product recalls, repairs, or replacement or lookback (including locating and notifying individuals who have received products that have been recalled, withdrawn or are the subject of lookback).
  - 4) To conduct post marketing surveillance.
2. Disclosures to Individuals.  
As authorized by law, and to support the interventions or investigations of public health authorities, MRSI may disclose protected health information (PHI) to individuals who may have been exposed to a communicable disease, or may otherwise be at risk of contracting or spreading a disease or condition.

#### C. Disclosures to Avert a Serious Threat to Health or Safety.

1. General Guideline - Permitted Disclosures.  
MRSI may disclose protected health information (PHI), in accordance with applicable law and standards of ethical conduct, if workforce members have reasonable cause to believe that:

- a. The disclosure is to a person or persons reasonably able to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; or
  - b. The disclosure is necessary for law enforcement authorities to identify or apprehend an individual:
    - 1) Because of a statement by an individual admitting participation in a violent crime that MRSI reasonably believes may have caused serious physical harm to the victim; or
    - 2) Where it appears from all circumstances that the individual has escaped or absconded from a correctional institution or from lawful custody.
2. **Presumption of Good Faith.**  
A disclosure under the provisions of this guideline must be based on actual knowledge or reliance on a credible representation by a person with apparent knowledge or authority.
  3. **Limit on information disclosed.**  
The information disclosed under the provisions of this guideline must be limited to PHI allowable for disclosures to law enforcement officials for the purpose of identifying or locating individuals. See Section I which follows relating to disclosures for law enforcement purposes.

#### D. Disclosures for Workers' Compensation.

MRSI may disclose protected health information (PHI) to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law to provide benefits for work-related injuries or illnesses without regard to fault.

#### E. Health Oversight Activities.

1. **General Guideline.**  
MRSI may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative or criminal investigations; inspections, licensure or disciplinary actions; civil, administrative or criminal proceedings or actions; or other activities necessary for the proper oversight of:
  - a. The healthcare system.
  - b. Government benefit programs for which protected health information is relevant to benefit eligibility.
  - c. Entities subject to government standards for compliance with respect to protected health information.

- d. Entities subject to civil rights laws for which protected health information is necessary to determine compliance.
2. Exception.  
A health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity, and such investigation or other activity does not arise out of and is not directly related to:
    - a. The receipt of health care;
    - b. A claim for public benefits related to health; or
    - c. Qualification for or receipt of public benefits or services when a patient's health is integral to the claim for public benefits or services.
  3. Joint oversight activities or investigations.  
A health oversight activity or investigation may be conducted, at the government's discretion, in conjunction with an oversight activity not relating to a claim for public benefits not related to health. MRSI regards such joint activities as health oversight activities.
  4. MRSI's activities as an oversight agency.  
In its capacity as a health oversight agency, such as activities to detect health care fraud, MRSI may utilize protected health information.

#### F. Disclosures to Employers.

1. Purpose of the disclosure.  
MRSI may disclose the PHI of an individual to the individual's employer, in accordance with the following:
  - a. The PHI disclosed consists of findings concerning a work-related illness or injury or a work-related medical surveillance.
  - b. The PHI is necessary to record illnesses or injuries, or to carry out responsibilities for workplace medical surveillance, in order for the employer to comply with its obligations under 29 CFR parts 1904 through 1928, 30 CFR parts 50 through 90, or under state laws having a similar purpose.
2. Notice to employee of disclosures to the employer.  
If MRSI, whether acting as a contractor or employee of the employer, discloses an employee's PHI to his or her employer in relation to the medical surveillance of the workplace and work-related illnesses and injuries, MRSI shall notify the employee of such disclosure by giving to the employee a copy of the notice identifying such disclosure.

## G. Whistleblowers.

MRSI is not considered to be out of compliance with the HIPAA Privacy Regulations if a member of its workforce or a business associate discloses protected health information (PHI), provided that:

1. The workforce member or business associate believes in good faith that MRSI has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by MRSI potentially endangers one or more patients, workers, or the public; and
2. The disclosure is to:
  - a. A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of MRSI or to an appropriate healthcare accreditation organization for the purpose of reporting an allegation of failure to meet professional standards or misconduct; or
  - b. An attorney retained by or on behalf of the workforce member or business associate for the purpose of determining the legal options of the workforce member or business associate with regard to the circumstances that have led or may lead to the individual's decision to act as, and actions as, a whistleblower, as defined by law.

## H. Disclosures for Judicial and Administrative Proceedings.

### 1. General Guideline.

In accordance with the requirements and restrictions outlined in this policy, MRSI may disclose protected health information (PHI) in the course of any judicial or administrative proceeding, in response to:

- a. An order of a court or tribunal; or
- b. A subpoena, discovery request, or other lawful process that is not accompanied by an order of a court or tribunal unless prohibited by the Data Practices Act or other law.

### 2. Exceptions.

The provisions of this policy do not take precedence over other requirements of the Privacy Regulations with respect to the use and disclosure of protected health information (PHI) or the Data Practices Act. Workforce members must implement this policy in conjunction with other policies that address permitted uses and disclosures. When another policy has stricter provisions regarding the disclosure of protected health information, the workforce member must comply with the requirements of the stricter policy.

### 3. Required Assurances.

To disclose protected health information in the course of a judicial or administrative proceeding, MRSI must receive written statements and supporting documentation from the party seeking the disclosure assuring either:

- a. The party attempted to notify the individual about whom the PHI was requested, that the disclosure had been requested; and
  - 1) A good-faith effort to deliver the notice to the individual was made (or, if the individual's whereabouts were unknown, the notice was mailed to the individual's last known address);
  - 2) The notice contained sufficient information about the legal proceeding to permit the individual to raise an objection to the court or tribunal;
  - 3) The time for the individual to raise an objection with the court or tribunal has run out, and
    - a) No objections were filed; or
    - b) The court or tribunal has resolved all filed objections and the resolutions were consistent with the disclosures being sought.
- b. Reasonable effort was made by the party requesting the disclosure to secure a qualified protective order (an order of a court or tribunal, or stipulation between the parties involved in the proceeding) that:
  - 1) Prohibits either party from disclosing the relevant protected health information for any purpose other than called for in the proceeding, and
  - 2) Requires the return or destruction of the protected health information (including all copies) at the end of the legal proceedings.

### 4. MRSI Attorney Consultation.

No action should be taken on an order of a court or tribunal, subpoena, discovery request, or similar directive until it has been reviewed by MRSI's Attorney's Office and direction is provided on how to respond.

## I. Disclosures for Law Enforcement Purposes.

### 1. General Guideline.

MRSI may disclose protected health information (PHI) to law enforcement officials in support of law enforcement activities, in circumstances as follows:

- a. When required to do so by law or by legal proceeding; or,
  - b. When such information may be useful to substantiate past or potential acts of crime, and in compliance with the provisions of this guideline.
  - c. Verifying the Authority of Disclosure Recipients.  
MRSI shall verify the identity of authorized officials requesting protected health information for the purposes of law enforcement activities, in accordance with the guideline regarding verification of persons requesting disclosure.
2. Disclosures Required by Law.  
MRSI shall disclose protected health information (PHI) to law enforcement officials, in accordance with legal requirements, as follows:
- a. To report occurrences of certain wounds or other physical injuries, to the extent and within the limitations required by statute.
  - b. In response to a criminal, civil or an authorized investigative demand, court order, warrant, subpoena, or summons issued by a judicial official or grand jury, provided that:
    - 1) The information is relevant to a legitimate law enforcement inquiry.
    - 2) The request is specific and limited to the scope and purpose of the investigation.
    - 3) De-identified information could not reasonably be used. (For further information, consult with MRSI's Compliance Officer.)
3. Disclosures for Locating or Identifying Suspected Crime Victims or Perpetrators.  
MRSI may disclose protected health information (PHI) in support of law enforcement efforts to identify or locate a suspect, fugitive, witness or missing person. The disclosure shall be limited to the following information regarding the individual:
- a. Name and address of the individual.
  - b. Date and place of birth.
  - c. Social security number.
  - d. ABO blood type and Rh factor.
  - e. Type of injury.
  - f. Date and time of treatment.

- g. Date and time of death, if applicable.
- h. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence of absence of facial hair, scars, and tattoos.

**Exception:** The Privacy Regulations do not permit without court order or other legal authorization, for the purposes of identification or location, the disclosure of protected health information related to the individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body tissues or fluids.

- 4. Disclosures Regarding Suspected Victims of Crime.  
If MRSI suspects that an individual has been the victim of a crime, but is not compelled by law to disclose the information to law enforcement authorities, MRSI may disclose the information to law enforcement authorities if:
  - a. The individual agrees to the disclosure; or
  - b. The individual is unable to agree to or disagree with the disclosure due to incapacitation or other emergency circumstance, and
    - 1) A law enforcement official represents that such information is needed to determine whether a person other than the individual has committed a crime, and such information is not intended to be used against the individual;
    - 2) The law enforcement official represents that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and
    - 3) The disclosure is in the best interests of the individual as determined by MRSI in its professional judgment.
- 5. Disclosures by Workforce Members Who Are Victims of a Crime.  
MRSI is not considered to be in violation of the Privacy Regulations if a member of its workforce who is the victim of a criminal act discloses protected health information (PHI) to a law enforcement official, provided that:
  - a. The protected health information (PHI) disclosed is about the suspected perpetrator of the criminal act; and
  - b. The protected health information disclosed is limited to the information that may be disclosed for law enforcement purposes, as described in the policy regarding disclosures for law enforcement purposes.



6. Disclosures Regarding Deceased Individuals whose Death may have Occurred as the Result of a Crime.  
MRSI may disclose protected health information to law enforcement authorities if MRSI suspects that a deceased person's death may have resulted from criminal activity.
7. Investigation of a Felony, Fleeing Felon, or Parole/Probation Violation.
8. Suspicion of Crimes Committed on MRSI Premises.  
MRSI may disclose protected health information to law enforcement authorities if it suspects that the information provides credible evidence that a crime may have occurred on the premises of MRSI.
9. Maltreatment of Individuals.  
Several statutes allow, or mandate, sharing of nonpublic data with local law enforcement agencies. Examples of these are the Reporting of Maltreatment of Minors and the Reporting of Maltreatment of Vulnerable Adults. MRSI shall comply with these statutes.
10. Investigations of Social Programs.  
When law enforcement investigates clients or programs for fraud, the law enforcement agent is considered an agent of the system, and the release of private information is authorized. The release is allowed only to the extent necessary to investigate the alleged program violations.
11. Law Enforcement Requests for Program System Data.
  - a. Ask the law enforcement official to verify that the release of information is connected with the administration of a social program.
  - b. If the law enforcement official cannot give a satisfactory response, the information should not be released without (1) the authority of a specific statute, or (2) the consent of the data subject, or (3) a court order. Consult with MRSI's Compliance Officer for further guidance.
12. Health or Safety Emergency.
  - a. Notifying Law Enforcement.  
Welfare system agencies may notify law enforcement agencies if they have reason to believe that an emergency exists and an individual's health or safety is in jeopardy.
  - b. Law Enforcement Requests For Information.  
If contacted by a law enforcement official for information on an individual, request information and document what constituted the emergency. When in doubt, consult with MRSI's Compliance Officer for guidance or inform the law enforcement officials that the information cannot be released without the client's written consent or a court order.

Disclosure of information shall be limited to that necessary to protect the health and safety of an individual, which does not need to be the client.

13. Chemical Dependency.  
Under federal statutes, data about chemical dependency clients is classified as private and release to law enforcement agencies can take place only under limited circumstances. Law enforcement persons generally must have a court order to obtain chemical dependency data. A subpoena is generally not sufficient authority to authorize disclosure of chemical dependency information.

J. Correctional Institutions and other Law Enforcement Custodial Situations.

1. Disclosures to Correctional Institutions:  
MRSI, including HIPAA covered functions, may disclose to a correctional institution, or a law enforcement official having lawful custody of an inmate or other individual, protected health information about such inmate or individual, if the correctional institution or law enforcement official represents that the protected health information is necessary for:
  - a. The provision of health care to such individuals;
  - b. The health and safety of such individual or other inmates;
  - c. The health and safety of the officers or employees of or others at the correctional institution;
  - d. The health and safety of such individuals and officers or other people responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;
  - e. Law enforcement on the premises of the correctional institution; or
  - f. The administration and maintenance of the safety, security, and good order of the correctional institution.

K. Disclosures for Specialized Government Functions.

1. General Guideline.  
MRSI may disclose protected health information (PHI) for specialized government functions, including:
  - a. Armed Forces and Foreign Military Personnel.  
MRSI may disclose PHI regarding individuals who are members of the Armed Forces when relevant to determine the individuals' ability to participate in a military mission, as determined by an appropriate military command authority. MRSI may also disclose PHI regarding individuals who are Foreign Military Personnel when relevant to

determine the individuals' ability to participate in a military mission, as determined by their appropriate foreign military authority.

Prior to the disclosures, MRSI must confirm that the following information has been published in the Federal Register:

- 1) Appropriate military command authorities.
  - 2) The purposes for which the PHI may be used and disclosed.
- b. National Security and Intelligence Activities.  
MRSI may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act (50 U.S.C. 401, *et seq.*) and implementing authority (e.g., Executive Order 12333).
- c. Protective Services for the President and Others.  
MRSI may disclose protected health information to authorized federal officials for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other people authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879.

L. Personal Representatives. (45 CFR 164.502 (g)(1))

1. General Guideline

In general, MRSI must treat a personal representative as the individual with respect to protected health information under the Privacy Rule unless an exception applies. Personal representatives are those people who, under applicable law, have the authority to act on behalf of an individual in making health care decisions for the individual.

Types of Personal Representatives

- a. Persons who have broad authority to act on the behalf of a living individual in making health care decisions. The covered entity must treat this type of personal representative as the individual for all purposes under the Privacy Rule, unless an exception applies.

Example: A parent with respect to a minor child or a legal guardian of a mentally incompetent adult.

- b. Persons who have the authority to act on behalf of a living individual in only limited health care situations. The covered entity should only treat this type of personal representative as the individual under the Privacy Rule with respect to protected health information related to the limited health care situation for which the personal representative has authority to act.

Example: A person has an individual's limited health care power of attorney only regarding the individual's use of artificial life support. In this example, the covered entity should only treat the personal representative as the individual, under the Privacy Rule, with respect to protected health information relevant to the use of artificial life support, and not for other health care decisions.

- c. Persons who have the authority to act on behalf of a deceased individual or his/her estate, which does not have to include the authority to make decisions related to health care.

Example: A person may be the executor of an individual's estate - in such a case, the covered entity must treat this type of personal representative as the individual for all purposes under the Privacy Rule.

#### Exceptions to the General Rule

- a. The Privacy Rule specifies three circumstances in which the parent, guardian, or other person acting in loco parentis (parent) is not the personal representative with respect to certain health information about his or her unemancipated minor child. In these situations, the parent does not control the unemancipated minor's health care decisions and, thus, under the Privacy Rule, does not control the protected health information related to that care. The three exceptional circumstances when a parent is not the unemancipated minor's personal representative are:

- 1). When State or other law does not require the consent of a parent or other person before a minor can obtain a particular health care service, and the minor consents to the health care service.

Example: A State law provides an adolescent the right to obtain mental health treatment without the consent of his or her parent, and the adolescent has consented to such treatment without the parent's consent.

- 2). When a court determines or other law authorizes someone other than the parent to make treatment decisions for a minor.

Example: A court may grant authority to make health care decision(s) for the minor to an adult other than the parent or to the minor, or the court may make the decision(s) itself.

- 3). When a parent agrees to a confidential relationship between the minor and the physician.

Example: A physician asks the parent of a 16-year-old if the physician can talk with the child confidentially about a medical condition and the parent agrees.

Important Note:

- 1). Even in these three exceptional circumstances in which the parent is not the personal representative of the minor under the Privacy Rule and is not treated as the individual under the Privacy Rule, the Privacy Rule permits the covered entity to disclose to a parent, or provide the parent access to, an unemancipated minor's protected health information, if there is State or other law that requires or permits such disclosure or access. Likewise, even in these three exceptional circumstances, the Privacy Rule permits the covered entity to refuse to disclose to a parent, or refuse to provide the parent access to, an unemancipated minor's protected health information, if there is State or other law that prohibits such disclosure or access. Further, in these three exceptional circumstances, if State or other law is silent or unclear concerning parental access to the minor's protected health information, the Privacy Rule permits a covered entity to have discretion to provide or deny a parent with access to the unemancipated minor's protected health information, if doing so is consistent with State or other applicable law, and provided the decision is made by a licensed health care professional in the exercise of professional judgment.
  
- 2). When a physician or other covered entity reasonably believes that an individual, including an unemancipated minor, has been or may be subjected to domestic violence, abuse or neglect by the personal representative, or that treating a person as an individual's personal representative could endanger the individual, the covered entity may choose not to treat that person as the individual's personal representative, if in the exercise of professional judgment, doing so would not be in the best interests of the individual.

M. Decedents:

1. When a person dies, the data retains the classification it had when the data subject was living.
  
2. Proof of Death.  
Among the types of verification that may be used as proof that an individual has died are:
  - a. Death Certificate
  - b. Autopsy Report
  - c. Obituary
  - d. Chapel Funeral Card
  
3. Assumption of Death.

If not provided with a death certificate, MRSI shall assume the data subject is dead if:

- a. Ninety (90) years have elapsed since the creation of the data, or
- b. Ninety (90) years have elapsed from the data subject's birth, whichever is earlier *unless readily available information indicates that the data subject is still living*. Then, even if one of the criteria above has been met, MRSI shall maintain the data as private or confidential data on a living individual.

Exception: **CHEMICAL DEPENDENCY** – Under federal statutes private data about an individual who has received treatment for chemical dependency does not become public after the data subject's death.

4. **Rights.**  
The deceased individual's privacy rights may be exercised by the personal representative of the estate, or in accordance with Wyoming law.
5. **Court Review.**  
A person who has been denied access to data on decedents may bring an action in district court to obtain access. MRSI may present the court reasons why the data should not be released.

N. **Research Purposes:**

In accordance with MRSI's guideline regarding disclosures for research purposes, MRSI may use or disclose PHI for research, provided that an Institutional Review Board (IRB) waives the authorization requirement; or the researcher meets certain criteria warranting the release of PHI; or the researcher provides affirming evidence that the research involves decedents only.

O. **Coroners, Medical Examiners and Funeral Directors.**

MRSI may disclose protected health information (PHI) to coroners or medical examiners. This may be necessary, for example, to identify a deceased person or cause of death.

MRSI may disclose protected health information (PHI) to funeral directors, consistent with applicable laws, as necessary to carry out their duties with respect to the decedent.

MRSI may disclose PHI to funeral directors before the death of an individual, when it is reasonable to do so, and necessary for the funeral director to carry out their duties.

**VI. Uses and Disclosures Requiring an Opportunity for the Individual To Agree To or Object.**

MRSI may use or disclose protected health information (PHI), provided that the individual is informed in advance of the use or disclosure and has the opportunity to

agree to or prohibit or restrict the use or disclosure, in accordance with the applicable requirements of the Privacy Regulations. MRSI may orally inform the individual of and obtain the individual's oral agreement or objection.

A. Individuals Involved with Your Care

MRSI may, in accordance with the Privacy Regulations, disclose to a family member, other relative, close personal friend of the individual, or any other person identified by the individual, the protected health information (PHI) directly relevant to such person's involvement with the individual's care or payment related to the individual's health care.

B. Disaster Relief

MRSI may use or disclose protected health information (PHI) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with those entities in notifying a family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

**902. MRSI's Guideline with Regard to Administrative, Technical, & Physical Safeguards**

**I. General Guideline.**

MRSI shall provide administrative, technical, and physical safeguards to protect the privacy of protected health information from any intentional or unintentional use or disclosure that is in violation of HIPAA standards, implementation specifications or other requirements. MRSI shall seek to reasonably safeguard protected health information to limit incidental uses or disclosures made pursuant to an otherwise permitted or required use or disclosure.

**II. General Procedures**

A. Administrative Safeguards.

1. General access: Employees are permitted access to protected information only to the extent required to carry out their assigned duties. Employees will share protected information with other employees only on a strict need to know basis, and only when the other person is authorized to have access to protected information for purposes of performing job responsibilities. (See Uses and Disclosures of Protected Health Information, I.B. Minimum Necessary Use & Disclosure, 2. General Procedures)
2. Minimum Necessary: Disclosure of protected information shall be limited to the minimum necessary to satisfy the request or to complete the task for which the information is relevant. (See Uses and Disclosures of Protected Health Information, and Minimum Necessary Use & Disclosure)

3. Electronic Information: Personnel are limited by access roles that reasonably restrict access to what is needed to perform their duties and to restrict functions and access to data that are not required for the performance of duties. (See MRSI's Security Guideline)
4. User identification and password: Each employee authorized to use or disclose protected data has a unique computer user identification and password.
  - a. Employees shall change passwords when prompted by the computer system.
  - b. Password standards will be enforced systematically, wherever feasible.
  - c. User account and password information must not be inserted into any form of electronic communication or storage (ex., e-mail, or electronic document).
  - d. User identifications and passwords are not to be shared.
  - e. A standard, default password is not to be used for groups of users.
  - f. Users shall not have passwords posted in any way and must assure that any record of a password is secure.
  - g. User identifications and passwords will be reset when an individual's employment or affiliation with MRSI terminates.
  - h. Department directors are responsible to request disabling of individual's user identification and password for state or other systems when an individual terminates from employment or transfers to a new position and no longer requires access to protected information.
5. Program computers, laptop, and internet capabilities are not to be used for business not related to Mountain Regional Services, Inc., personal use, including but not limited to, on-line purchases (personal), accessing personal email accounts, visiting social media sites, or accessing websites of inappropriate content (offensive, violent, sexual content, etc.). Employees are not permitted to install computer applications on program computers without prior authorization from Mountain Regional Services, Inc. management.

#### B. Technical Safeguards.

1. Desktop/Laptop Computers:
  - a. Employees must ensure that workstations are secured when unattended, either by logging off, or using a password-secured



screensaver.

- b. Screen savers must be enabled and password protected so that screen displays are masked after a period of inactivity and to ensure that a password is required before the display can be reactivated.
- c. Personnel are not to leave information visible on an unattended computer monitor or laptop. Programs are to be closed that contain protected information when not in use.
- d. If use of a shared computer or laptop is required, each end user shall log off the system prior to relinquishing the computer to the next user.
- e. Users shall log out of computer systems when not in use to reduce the risk of improper access to protected information.

2. Monitors:

- a. Screens of computer monitors and laptop showing protected information must be shielded from view of individuals who do not need access to protected information. Turn computer monitor or laptop screens away from public viewing areas or block the view of screen information as much as possible while in use.
- b. Make sure that privacy screens are in place.

3. Remote Access and Wireless Networks:

- a. MRSI electronic resources are accessed remotely only through a secure connection or secure system.
- b. All systems that access networks containing protected health information must have adequate protection against viruses and other malicious technology.
- c. Connection of any personally owned or supported equipment/systems to MRSI's network is prohibited unless specifically authorized by the President/CEO. Any such device must be scanned for malicious software prior to being connected.
- d. MRSI's electronic resources are accessed via secure connection.
- e. Open wireless networks are not to be used for any business related purpose that involves protected information.
- f. Any portable computing device (ex., laptops, Personal Digital Assistants, etc.), that may be used to store non-public data, must utilize encryption methods and tools to protect the data from

unauthorized access.

- g. The use of portable computer media and devices to store or transport non-public data is prohibited (ex., CDs, floppy disks, flash devices, memory sticks, PDAs, etc.), unless the media or device utilizes encryption methods and tools approved by MRSI to protect the data from unauthorized access.
- h. Access to outside (non-MRSI) systems or networks using MRSI's equipment is prohibited unless such access has been determined to be appropriate and necessary by the respective department head and has been approved by MRSI.
- i. When approved, access to outside systems or networks (ex., the Internet, resources or systems provided by other agencies or partners, etc.) may only occur using methods and tools approved by MRSI.
- j. Users must follow the guidelines and procedures set forth by MRSI to protect the organization's Information Technology Resources from computer viruses or other potential threats to security and integrity.
- k. The use of any wired, dial-up, wireless, or any other type of connections on MRSI-owned equipment to access non-MRSI systems is not allowed without prior approval from MRSI.

4. Internet Access to Protected Information:

Since the Internet is inherently unsecure, protected information shall not be transmitted over the internet, including internet e-mail, unless the data is encrypted.

5. Email:

- a. Employees may access the MRSI's web-based e-mail system via any standard Internet browser.
- b. If protected information must be transmitted via e-mail and the e-mail recipient is part of the organization, the data not need to be encrypted.
- c. If the e-mail must be sent across the internet, encryption must be applied to the e-mail message.
- d. Always double-check the address line of an e-mail before you send it.
- e. Make sure the "Regarding" line does not contain a customer name or other protected data.

6. Telephone:

Protected information may be released over the telephone in the same manner that it may be released in person, in accordance with the policies regarding disclosures of protected information, and will be documented as appropriate.

- a. When calling a customer, or receiving a call from a customer, take reasonable steps to confirm the individual's identity.
- b. Calls shall be conducted in a manner that preserves an individual's privacy to the greatest extent possible. Whenever possible calls should be made and received in non-public areas. Seek an area that is away from others and limit the volume of one's voice when transmitting protected information.
- c. Voicemail messages containing protected information shall be avoided to the extent possible. Whenever possible limit the message to the name of the person for whom the message is being left, a request that the person return the call, the name of the individual whom the person may ask for when returning the call, if applicable, and the telephone number where the call may be returned.
- d. The organization's voicemail system is password protected to prevent unauthorized access to voicemail messages containing protected information. This is not automatic. Employees must setup their voicemail with a password.

7. Fax Machines and Copying Machines:

- a. When transmitting protected information, use only fax machine locations secured from the general public.
- b. Always use a fax cover sheet alerting the recipient that the fax contains confidential information and that he/she should notify the sender if the fax was received in error.
- c. Verify fax numbers prior to use.
- d. When you are uncertain about the security on the receiving end, when faxing protected information, call to alert the recipient and confirm receipt at the intended destination.
- e. Promptly remove materials from printers and fax machines.
- f. Upon learning that a fax containing PHI has been mis-routed, the sender of the fax shall contact the unintended recipient and request

either the return or destruction of the document. Steps shall be taken to remedy the problem that caused the misdirection. The sender shall provide written notice to the Corporate Officer that a mis-routing has occurred. Each of these steps shall be documented in writing by the sender of the fax and included in an accounting of disclosures.

- g. When using a copier in an unrestricted area such as a waiting room, remain at the machine until all materials are removed.
- h. Make certain that printed materials containing protected information are not left unattended at copy machines, printers, or fax machines.

### C. Physical Safeguards.

- 1. Lobbies and waiting areas:
  - a. Sign-in sheets shall not display or request protected information not necessary for the purpose of signing in. Personnel shall make every effort to place a cover over the sign-in sheet after each sign-in or otherwise block out the name of each person called for services so that the next customer signing in has limited knowledge of prior customers in the area.
  - b. The organization shall determine the appropriate procedure for calling customer's names for services based upon volume of activity and waiting room layout for the area.
  - c. Organization waiting lines will be managed to maintain physical distance between a customer sharing protected information and the next person in line to minimize the risk of information being overheard.
  - d. Lower voice and talk apart from others when sharing protected information. Private rooms are to be used for any discussion with customers that involves protected information.
  - e. Make sure that security doors close behind you.
- 2. Fax machines and copiers:
  - a. Fax machines and copiers used for transmitting or receiving protected information must be in locations secured from the general public.
  - b. The organization will monitor and clear fax machines and copiers of protected information.
- 3. Record destruction:

- a. Documents that are not permanent records and which contain protected information shall be shredded before they are discarded.
  - b. Meeting notes, phone messages and any other material containing protected information is shredded.
  - c. All routine paper recycling should be double checked to make sure it does not contain protected information.
  - d. Portable storage devices containing protected information must be properly erased or destroyed.
4. Transporting records:
- a. To the extent possible records should be transported in person or by mail/courier services.
  - b. When transporting a record through public areas, make sure that the record is secure and that no information is visible.
5. Work areas:
- a. To the extent possible desktops should be clear of protected information. Whenever possible, store files and papers in desk drawers or file cabinets.
  - b. Return files promptly to secured storage.
6. Mobile or Portable equipment and equipment in transit:

Computers, or any mobile device such as a laptop or Personal Digital Assistant (PDA) that is located in an area where there is access to the public, must be physically secured in order to discourage theft.

### **903. MRSI's Guideline with Regard to Complaints and Violation of the HIPAA Privacy Rule**

#### **I. Non-Retaliation Guideline**

All employees shall be allowed to freely discuss and raise questions to managers or to the appropriate personnel about situations they feel are in violation of federal and state law, or MRSI's policy. All employees have a personal obligation to report any activity that appears to violate applicable laws, regulations, rules, guidelines, or procedures, through the normal administrative process. MRSI shall not intimidate, threaten, coerce, discriminate against, or take any retaliatory action against the following individuals or in the following situations:

- A. Any individual who exercises any right or participates in any process under the HIPAA Privacy Regulations, including the filing of a complaint.

B. Any individual or other person who:

1. Files a complaint with the Secretary of Health and Human Services under the Privacy Regulations.
2. Testifies, assists or participates in an investigation, compliance review, proceeding or hearing, under Part C of Title XI.
3. Opposes any act or practice made unlawful by the Privacy Regulations, provided:
  - a. The individual or person has a good-faith belief that the practice opposed is unlawful.
  - b. The manner of the opposition is reasonable and does not involve a disclosure of protected health information in violation of the Privacy Regulations.

## **II. HIPAA Privacy Complaint Guideline and Mitigation**

A. Complaints

A client, employee, student, or volunteer may forward complaints regarding MRSI's privacy guidelines and procedures or alleged violation of privacy practices to the Compliance Officer.

B. Compliance Officer Duties

1. Receive privacy-related complaints in accordance with the MRSI's complaint process.
2. Investigate and provide responses to privacy-related complaints.
3. Maintain the complaint record and resolution tracking form.
4. Provide more detailed information about matters covered in the Notices of Privacy Practices.
5. Review any allegation of retaliation and ensure that an appropriate investigation is conducted.

C. Investigation of Complaints

1. The Compliance Officer will contact the director(s) of the department(s) in which the actions, which are the substance of the complaint are alleged, to have occurred.

2. The director(s) is/are responsible for the investigation of complaints and reporting findings, recommend actions and proposed actions to the Compliance Officer.
3. The Compliance Officer shall serve as a consultant to departments in the investigation and resolution of privacy complaints.

#### D. Documentation

1. Complaints should be made in writing. The **Privacy Complaint Form** can be found at [mrsi.org](http://mrsi.org) or you may request a copy from the front desk.
2. There shall be documentation of all complaints received. Documentation shall include:
  - a. The complaint as described by the complainant.
  - b. The date the complaint was received.
  - c. The complainant's name, address, and telephone number.
  - d. The disposition of the complaint.
  - e. The date of disposition.

#### E. Mitigation

1. General Rule

If MRSI or a business associate uses or discloses protected health information in violation of these guidelines or procedures, MRSI will attempt to mitigate any harmful effect that is known to MRSI to the extent that it is reasonably practicable to do so.

2. Procedures

Mitigation may include, but is not limited to;

- a. Taking operational and procedural corrective measures to remedy violations.
- b. Taking employment actions to re-train, reprimand, or discipline employees as necessary, up to and including termination from employment consistent with MRSI guidelines.
- c. Addressing problems with business associates promptly after MRSI becomes aware of a breach of privacy.
- d. Incorporating mitigation solutions into other MRSI guidelines as appropriate.

### III. Sanctioning Workforce Members

- A. General Guideline

Workforce members who fail to comply with the Privacy Regulation or privacy guidelines and procedures are subject to corrective action in accordance with MRSI's guidelines.

B. Exceptions:

The general rule does not apply to a workforce member who discloses protected health information, provided that:

1. The workforce member discloses the information based on a good-faith belief that MRSI has;
  - a. Engaged in unlawful conduct;
  - b. Violated professional clinical standards; or
  - c. Potentially endangered one or more patients, workers or the public by the care or services provided or conditions maintained, and
2. The disclosure is to:
  - a. A health oversight agency, public health authority, or appropriate health care accreditation organization; or
  - b. An attorney retained by, or on behalf of, the workforce member for the purpose of providing a legal opinion.
3. A workforce member who is a victim of a criminal act may disclose protected health information to a law enforcement official, provided that:
  - a. The protected health information disclosed is about the suspected perpetrator of the criminal act.
  - b. The protected health information disclosed is limited to the following:
    - 1) Name.
    - 2) Address.
    - 3) Date and place of birth.
    - 4) Social security number.
    - 5) ABO blood type and Rh factor.
    - 6) Type of injury.
    - 7) Date and time of treatment.
    - 8) Date and time of death, if applicable.
    - 9) A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars and tattoos.



4. The individual was exercising his or her right under the Privacy Regulations or was participating in any process established by the Privacy Regulations, including but not limited to:
  - a. Filing a complaint with the Secretary of Health and Human Services.
  - b. Testifying, assisting or participating in an investigation, compliance review, proceeding or hearing under the Privacy Regulations.
  - c. Opposing any act or practice made unlawful by this sub-part, provided the individual or person has a good-faith belief that:
    - 1) The opposed practice is unlawful.
    - 2) The manner of the opposition is reasonable and does not involve a disclosure of protected health information in violation of this subpart.

#### **904. MRSI's Notice of Privacy Practices**

**Mountain Regional Services Inc.  
(MRSI)**

#### **NOTICE OF PRIVACY PRACTICES**

**Effective: April 14, 2003**

**Amended: February 1, 2006**

**Amended: April 1, 2011**

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY**

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. This notice also will tell you about your rights and our duties with respect to protected health information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

#### **How We May Use and Disclose Protected Health Information About You.**

We use and disclose protected health information about you for a number of different purposes. Each of those purposes is described below.

#### **For Treatment (45 CFR 164.520 (b)(1)(ii)(A))**

We may use protected health information about you to provide, coordinate or manage your health care and related services by both us and other health care providers. We may disclose protected health information about you to doctors, nurses, hospitals and other health facilities who become involved in your care. We may consult with other health care providers concerning you and as part of

the consultation share your protected health information with them. Similarly, we may refer you to another health care provider and as part of the referral share protected health information about you with that provider. For example, we may conclude you need to receive services from a physician with a particular specialty. When we refer you to that physician, we also will contact that physician's office and provide protected health information about you to them so they have information they need to provide services for you.

**For Payment. (45 CFR 164.520 (b)(1)(ii)(A))**

We may use and disclose protected health information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third party payer. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive to obtain and determine if you are covered by that insurance or program.

**For Health Care Operations. (45 CFR 164.520 (b) (1) (ii) (A))**

We may use and disclose protected health information about you for our own health care operations. These are necessary for us to operate MRSI and to maintain quality health care for our patients. For example, we may use protected health information about you to review the services we provide and the performance of our employees in caring for you. We may disclose protected health information about you to train our staff and students working with MRSI. We may also use the information to study ways to more efficiently manage our organization.

**How we will contact you.**

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your office. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see A Right to Receive Confidential Communications on page seven of this Notice.

**Appointment Reminders. (45 CFR 164.520 (b) (1) (iii) (A))**

We may use and disclose protected health information about you to contact you to remind you of an appointment you have with us.

**Treatment Alternatives. (45 CFR 164.520 (b) (1) (iii) (A))**

We may use and disclose protected health information about you to contact you about treatment alternatives that may be of interest to you.

**Health Related Benefits and Services. (45 CFR 164.520 (b) (1) (iii) (A))**

We may use and disclose protected health information about you to contact you about health related benefits and services that may be of interest to you.

**Individuals Involved in Your Care. (45 CFR 164.510 (b))**

We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, protected health information about you that is directly relevant to that person's involvement with your care or payment related to your care. We also may use or disclose protected health information about you to

notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose protected health information about you, please notify or tell our staff member who is providing care to you.

#### Personal Representatives. (45 CFR 164.502 (g)(1))

In general, MRSI must treat a personal representative as the individual with respect to protected health information under the Privacy Rule unless an exception applies. Personal representatives are those people who, under applicable law, have the authority to act on behalf of an individual in making health care decisions for the individual.

#### Types of Personal Representatives

1. Persons who have broad authority to act on the behalf of a living individual in making health care decisions. The covered entity must treat this type of personal representative as the individual for all purposes under the Privacy Rule, unless an exception applies.

Example: A parent with respect to a minor child or a legal guardian of a mentally incompetent adult.

2. Persons who have the authority to act on behalf of a living individual in only limited health care situations. The covered entity should only treat this type of personal representative as the individual under the Privacy Rule with respect to protected health information related to the limited health care situation for which the personal representative has authority to act.

Example: A person has an individual's limited health care power of attorney only regarding the individual's use of artificial life support. In this example, the covered entity should only treat the personal representative as the individual, under the Privacy Rule, with respect to protected health information relevant to the use of artificial life support, and not for other health care decisions.

3. Persons who have the authority to act on behalf of a deceased individual or his/her estate, which does not have to include the authority to make decisions related to health care.

Example: A person may be the executor of an individual's estate - in such a case, the covered entity must treat this type of personal representative as the individual for all purposes under the Privacy Rule.

#### Exceptions to the General Rule

1. The Privacy Rule specifies three circumstances in which the parent, guardian, or other person acting in loco parentis (parent) is not the personal representative with respect to certain health information about his or her unemancipated minor child. In these situations, the parent does not control the unemancipated minor's health care decisions and, thus, under the Privacy Rule, does not control the protected health information related to that care. The three exceptional circumstances when a parent is not the unemancipated minor's personal representative are:

a. When State or other law does not require the consent of a parent or other person before a minor can obtain a particular health care service, and the minor consents to the health care service.

Example: A State law provides an adolescent the right to obtain mental health treatment without the consent of his or her parent, and the adolescent has consented to such treatment without the parent's consent.

b. When a court determines or other law authorizes someone other than the parent to make treatment decisions for a minor.

Example: A court may grant authority to make health care decision(s) for the minor to an adult other than the parent or to the minor, or the court may make the decision(s) itself.

c. When a parent agrees to a confidential relationship between the minor and the physician.

Example: A physician asks the parent of a 16-year-old if the physician can talk with the child confidentially about a medical condition and the parent agrees.

Important Note: Even in these three exceptional circumstances in which the parent is not the personal representative of the minor under the Privacy Rule and is not treated as the individual under the Privacy Rule, the Privacy Rule permits the covered entity to disclose to a parent, or provide the parent access to, an unemancipated minor's protected health information, if there is State or other law that requires or permits such disclosure or access. Likewise, even in these three exceptional circumstances, the Privacy Rule permits the covered entity to refuse to disclose to a parent, or refuse to provide the parent access to, an unemancipated minor's protected health information, if there is State or other law that prohibits such disclosure or access. Further, in these three exceptional circumstances, if State or other law is silent or unclear concerning parental access to the minor's protected health information, the Privacy Rule permits a covered entity to have discretion to provide or deny a parent with access to the unemancipated minor's protected health information, if doing so is consistent with State or other applicable law, and provided the decision is made by a licensed health care professional in the exercise of professional judgment.

2. When a physician or other covered entity reasonably believes that an individual, including an unemancipated minor, has been or may be subjected to domestic violence, abuse or neglect by the personal representative, or that treating a person as an individual's personal representative could endanger the individual, the covered entity may choose not to treat that person as the individual's personal representative, if in the exercise of professional judgment, doing so would not be in the best interests of the individual.

**Disaster Relief. (45 CFR 164.510 (b) (4))**

We may use or disclose protected health information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

**Required by Law. (45 CFR 164.512 (a))**

We may use or disclose protected health information about you when we are required to do so by law.

**Public Health Activities. (45 CFR 164.512 (b))**

We may disclose protected health information about you for public health

activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. Or, one that is authorized to receive reports of child abuse and neglect.

**Victims of Abuse, Neglect or Domestic Violence. (45 CFR 164.5128)**

We may disclose protected health information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

**Health Oversight Activities. (45 CFR 164.512(d))**

We may disclose protected health information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

**Judicial and Administrative Proceedings. (45 CFR 164.512 (e))**

We may disclose protected health information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose protected health information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

**Disclosures for Law Enforcement Purposes. (45 CFR 164.512(f))**

We may disclose protected health information about you to a law enforcement official for law enforcement purposes:

- a. As required by law.
- b. In response to a court, grand jury or administrative order, warrant or subpoena.
- c. To identify or locate a suspect, fugitive, material witness or missing person.
- d. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
- e. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
- f. About crimes that occur at our facility.
- g. To report a crime in emergency circumstances.

**Coroners and Medical Examiners. (45 CFR 164.512 (g) (1))**

We may disclose protected health information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining

cause of death.

**Funeral Directors. (45 CFR 164.512 (g)(2))**

We may disclose protected health information about you to funeral directors as necessary for them to carry out their duties.

**Organ, Eye or Tissue Donation. (45 CFR 164.512 (h))**

To facilitate organ, eye or tissue donation and transplantation, we may disclose protected health information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

**Research. (45 CFR 164.512 (l))**

Under certain circumstances, we may use or disclose protected health information about you for research. Before we disclose protected health information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your protected health information. We may, however, disclose protected health information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no protected health information will leave MRSI during that person's review of the information.

**To Avert Serious Threat to Health or Safety. (45 CFR 164.512)(j))**

We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

**Military. (45 CFR 164.512 (k) (1))**

If you are a member of the Armed Forces, we may use and disclose protected health information about you for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release information about foreign military personnel to the appropriate foreign military authority for the same purposes.

**National Security and Intelligence. (45 CFR 164.512 (k)(2))**

We may disclose protected health information about you to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President. (45 CFR 164.512 (k) (3))**

We may disclose protected health information about you to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state.

**Inmates; Persons in Custody. (45 CFR 164.512 (k) (5))**

We may disclose protected health information about you to a correctional institution or law enforcement official having custody of you. The disclosure will

be made if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or, (c) the safety, security and good order of the correctional institution.

#### Workers Compensation. (45 CFR 164.512(l))

We may disclose protected health information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

#### Other Uses and Disclosures.

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying MRSI, 50 Allegiance Circle, Evanston, WY 82930, in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any effect on actions taken by us in reliance on it.

#### Your Rights With Respect to Medical Information About You.

You have the following rights with respect to protected health information that we maintain about you.

#### Right to Request Restrictions. (45 CFR 164.520 (b) (iv) (A); 45 CFR 164.522(a) (1))

You have the right to request that we restrict the uses or disclosures of protected health information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for public or private entities for disaster relief efforts. For example, you could ask that we not disclose protected health information about you to your brother or sister.

To request a restriction, you may do so at the time you complete your consent form or at any time after that. If you request a restriction after that time, you should do so in writing to MRSI, 50 Allegiance Circle, Evanston, WY 82930, and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

#### Right to Receive Confidential Communications. (45 CFR 164.520 (b) (iv) (B); 45 CFR 164.522(b)(1))

You have the right to request that we communicate protected health information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication. If you want to request confidential communication, you must do so in writing to President, MRSI, 50 Allegiance Circle, Evanston, WY 82930. Your request must state how or where you can be contacted. We will accommodate your request. However, we may,

when appropriate, require information from you concerning how payment will be handled.

**Right to Inspect and Obtain a Copy. (45 CFR 164.520 (b) (iv) (C); 45 CFR 164.524)**

With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of protected health information about you. To inspect or obtain a copy of protected health information about you, you must submit your request in writing to President, MRSI, 50 Allegiance Circle, Evanston, WY 82930. Your request should state specifically what protected health information you want to inspect or obtain a copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing. We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

We may deny your request to inspect and copy protected health information if the protected health information involved is:

- a. Psychotherapy notes;
- b. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding;

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

**Right to Amend. (45 CFR 164.520 (b) (iv) (D); 45CFR 164.526)**

You have the right to ask us to amend protected health information about you. You have this right for as long as the protected health information is maintained by us. To request an amendment, you must submit your request in writing to; President, MRSI, 50 Allegiance Circle, Evanston, WY 82930. Your request must state the amendment desired and provide a reason in support of that amendment. We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying. If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We will also make the appropriate amendment to the protected health information by appending or otherwise providing a link to the amendment. We may deny your request to amend protected health information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend protected health information if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;



- b. Is not part of the protected health information maintained by us:
- c. Would not be available for you to inspect or copy; or,
- d. Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreement with our denial. Your statement may not exceed 10 pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the protected health information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the protected health information involved. You also will have the right to complain about our denial of your request.

**Right to an Accounting of Disclosures. (45 CFR 164.520 (b)(iv)(E); 45 CFR 164.528)**

You have the right to receive an accounting of disclosures of protected health information about you. The accounting may be for up to six (6) years to the date on which you request the accounting but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting:

- a. Disclosures to carry out treatment, payment and health care operations;
- b. Disclosures of your protected health information made to you;
- c. Disclosures for national security or intelligence purposes;
- d. Disclosures to correctional institutions or law enforcement officials;
- e. Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures may be suspended for disclosures to a health oversight agency or law enforcement official. To request an accounting of disclosures, you must submit your request in writing to President, MRSI, 50 Allegiance Circle, Evanston, WY 82930. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003. Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary. There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

**Right to Copy of this Notice. (45 CFR 164.520 (b) (iv) (F))**

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even though you agreed to receive the notice

electronically. You may request a copy of our Notice of Privacy Practices at any time. You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site [www.mrsi.org](http://www.mrsi.org). To obtain a paper copy of this notice, contact MRSI, 50 Allegiance Circle, Evanston, WY 82930, 307-789-3710.

## Our Duties

### Generally.

We are required by law to maintain the privacy of protected health information about you and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. (45 CFR 164.520 (b) (v)(A))

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time. (45CFR 164.520 (b) (v) (B))

### Our Right to Change Notice of Privacy Practices.

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all protected health information that we maintain, including that created or received by us prior to the effective date of the new notice. (45 CFR 164.520 (b) (v) (C))

### Availability of Notice of Privacy Practices.

A copy of our current Notice of Privacy Practices will be posted in our Wyoming facilities. A copy of the current notice also will be posted on our web site, [www.mrsi.org](http://www.mrsi.org). In addition, each time you are admitted to services at MRSI, a copy of the current notice will be made available to you.

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting MRSI, 50 Allegiance Circle, Evanston, WY 82930, 307-789-3710.

### Effective Date of Notice.

The effective date of the notice will be stated on the first page of the notice.

### Complaints.

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To file a complaint with us, contact the Corporate Compliance Officer, MRSI, 50 Allegiance Circle, Evanston, WY 82930, 307-789-3710. All complaints should be submitted in writing. To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. You will not be retaliated against for filing a complaint.

### Questions and Information.

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact President, MRSI, 50 Allegiance Circle, Evanston, WY 82930.

# **SECTION 1000**

## **Therap**

**Effective: 06/01/2018**

## 1001. ELECTRONIC DATA MANAGEMENT

### **Policy**

Mountain Regional Services, Inc. uses an electronic data management system (Therap) for documentation and file management. In order to comply with CMS Electronic Signature Guidance, Health Insurance Portability & Accountability Act of 1996 (HIPAA), Uniform Electronic Transactions Act (UETA) and E-SIGN (The Electronic Signatures in Global and National Commerce Act), compliance guidelines and requirements for the use and storage of electronic data records, Mountain Regional Services, Inc.'s electronic data records will be made available via a special access account for review and will be retrievable for authorized state survey team members, auditors and investigative employees. All modules will be made available for review, including activity tracking, secure communications, archive data, management reports, Individual Support Plans, GER (Incident Reports), MAR, ISP Data, health tracking, attendance information, T-Log, periodic reports, etc.

### **Staff Training**

Mountain Regional Services, Inc. provides employees training in the use of Therap, methods and requirements for documentation, the use of searches, and summary data and reports for all modules. Online training, "walkabouts," automated training, webinars, a User Guide, online help, feedback, and FAQs are available for all users at: [www.TherapServices.net](http://www.TherapServices.net).

Mountain Regional Services, Inc. employees will receive training in the following procedures:

- Clients' protected health information (PHI) should always be communicated securely, e.g., using secure HTTPS, a cryptographically secured protocol and interfaces.
- Employees will be instructed in the authorized use of PHI for clients in their care and to not discuss confidential information outside of their place of employment.
- Employees will proceed with caution when saving electronic files containing PHI or files exported from THERAP to Excel or PDF.
- No files should be exported or saved onto a flash drive without management approval. If approval is given then all files on the drive have to be password protected.
- Employees should not share their personal login information with others, write down their login information on paper, save in an electronic file that can be accessed by others or save their login name on any device.
- While accessing the system from a shared computer or a public place, employees should never leave the computer screen unattended and delete all information from those computers, including clearing caches, cookies, and temporary files.

- Mountain Regional Services, Inc. employees are advised not to store data on personal computers, laptops, or other storage devices, and any files containing PHI should be deleted after the work has been completed.
- Management reports, behavior Information, nursing information, summary reports and other reports containing PHI may be printed or copied for use as required for Mountain Regional Services, Inc. business, per Mountain Regional Services, Inc. policy, or as required by state or federal regulation.

### **Therap Administrators**

Mountain Regional Services, Inc.'s Therap Administrators will be trained by Therap employees in the use and management of electronic data within the secure database. These selected Administrators are responsible for proper assignment of access privileges to users, setting up password policies, and activating/deactivating user accounts. Administrators will be required to have a clear understanding and sound knowledge of the various application capabilities and the underlying HIPAA regulations and E-sign policy, including:

- **Access Control:** Administrators are responsible for assigning proper roles and privileges to users to grant them access to systems while at the same time restricting access only to authorized information. Administrators are also responsible for updating these user access privileges assigned in accordance with changing job responsibilities and authority.
- **Implement Password Policy:** Administrators are able to set up and implement a suitable password policy for Mountain Regional Services, Inc. by specifying specific properties, including the minimum length, number of letters, digits, special characters required, and the policy regarding the password expiration periods. Mountain Regional Services, Inc. will not record or inquire regarding employees' passwords, or assign passwords to employees. Mountain Regional Services, Inc. may reset a temporary password at the request of employees who have been locked out of the system, however, employees will be asked to reset their temporary Therap System password immediately.
- **Managing User Accounts:** Administrators are responsible for creating and activating Therap accounts for employees and providing them with the required login information. Administrators will instruct new account holders to create passwords. If users forget their passwords, login names or provider codes, they will ask their Administrator(s) for this information. (Therap Customer Support will not alter or supply users' login information, except for agency Provider Administrators.) Administrators may also disable employees' user accounts when they terminate employment, are on Administrative Leave, or extended leave.
- **Assignment of Roles and Caseloads:** Therap implements a multilevel access mechanism based on roles and clients. Mountain Regional Services, Inc. can specify the level of access available to particular users of the systems and grant permission accordingly. Administrators will assign users a specific list of roles for

access privileges, as well as access to a specific caseload(s) of clients based upon their need to know, access, and level of responsibility.

- **Tracking User Activities:** Administrators are able to track users' activities by using the Therap Activity Tracking module. The module is equipped with the capability to record and report on activities of all user accounts. The Activity Tracker will record all users accessing the system, including, time, date, login name, user name, IP address, and all activities, including viewing of information, creation or modification of any and all data or records. Administrators with this role or option can detect any attempts to breach the system security (failed login attempts) or other misuse. The Therap system is monitored by security systems and Therap employees for unusual activity. As needed, Therap services will provide training and support materials for Administrators to learn about these and other HIPAA compliant Therap features.

### **Message Integrity**

All communications between end users' browsers and the Therap application are carried over HTTPS, a cryptographically secured protocol. No third parties can modify the data transferred or modify the data stored in Therap without going through the application. The data is stored in multiple secured locations, guaranteeing its safety from natural and manmade disasters.

- **Secure Sockets Layer (SSL):** SSL is the international standard used to ensure protection of data during transmission over the internet. SSL provides endpoint authentication and communications privacy over the Internet using cryptography. The protocols allow client/server applications to communicate in a way which is designed to prevent eavesdropping, tampering and message forgery. Sessions are initiated by users to Therap via the use of the <https://> prefix, which will invoke the SSL protocol, ensuring proper encryption of data transmitted between the two entities.
- **Non Repudiation:** As data is stored securely, no users can access the data without proper privilege and audit trail (activity tracking), and no users can deny the association of their identity with documents stored in Therap.
- **User Authentication:** All users, including Therap employees, must authenticate with a unique login name and a secret password to gain access to the system.
- **Session Expiration:** Therap has a session expiration mechanism such that a session expires when a user has not used the system (i.e., has not hit any key on the keyboard or clicked on a button on the form) for half an hour. The system displays a countdown message for five (5) minutes before the session actually expires. If users want to resume work, they can cancel the expiration by simply clicking a button on the countdown message. This is a security feature which prevents unauthorized personnel from using their login in cases where users may have left the program without logging out.
- **Altering over Non-Secure Media:** The Therap system assures that no PHI is transmitted over media, including email, text messaging, paging, while still

providing a flexible alerting mechanism. For example, users may configure their notification properties to receive email or text messages that would let them know about critical incident reports being filed without revealing any PHI. When secure media, such as SComm and FirstPage, are used for alerting, the system allows PHI, such as clients' names to be included.

- **Clear to Zero:** All employees are required to clear the First Page or Dashboard of all numbers in their Therap accounts at the beginning of their shifts. Employee's' First Page or Dashboards can be cleared by opening and reading all information contained in these links. Employees are responsible for all information contained in these communications. The Therap system does record that these items that have been viewed and acknowledged by employees.
- **Printable Format or Record Access:** Information contained in Therap is printable and can be reproduced, upon request, for any quality monitor, licensing employees, survey teams, auditors, or guardians.
- **Readily Accessible:** Therap will be accessible, upon request, to any authorized person including licensing employees, investigators, surveyors, auditors, and monitors, twenty-four hours per day. Mountain Regional Services, Inc. Administrators can provide immediate and complete access to the clients' electronic records to authorized personnel through online access and remote approval. The list of Mountain Regional Services, Inc. Administrators is available under employees' "My Account" section located on their First Page or Dashboard.
- **Deletion of Information:** Therap will maintain all data submitted by users, in the original form, and as approved, updated or modified. All versions of reports, data, and information will be archived and retrievable. Any sensitive or confidential documents, e.g., Abuse, Neglect, Unlawful Acts, etc., will be available upon request by authorized personnel to review, and may be accessed online with restricted access. Records and data will not be deleted from the system, and any such requests for the deletion of any information will be recorded and accessible to auditors, investigators and appropriate authorities. This information will be recorded in Administrators' Secure Communications, and will contain a written explanation of the request, with identification of users making the requests, dates and times, data information, and Form ID numbers.

## **1002. THERAP ACCESS POLICY ACKNOWLEDGEMENT FORM**

Therap is a web-based, easy and efficient service that provides documentation and communication resources for Mountain Regional Services, Inc., in providing support to people with intellectual and developmental disabilities.

Therap requires an online component to access, compose, store, and review Therap applications, as well as to send secure communication. Program computers, tablets, and internet capabilities are to be used for designated Therap documents and applications as designated by Mountain Regional Services, Inc. The computer software is the property of Therap services. The computer network, equipment and information are the property of Mountain Regional Services, Inc. and are to be used only for

legitimate company business purposes in a professional, lawful and ethical manner, and consistent with Mountain Regional Services, Inc.'s Employee Guidelines and Electronic Data Management. Abuse of the computer network, Therap, internet, or violation of this policy, may result in disciplinary action, up to and including termination of employment, and/or civil or criminal liability.

Users are provided computers and/or laptops and access to Therap to assist them in the performance of their jobs, and certain users may also be provided with access to the internet. Users should have no expectation of privacy in anything they create, store, send or receive using the company's computer equipment and Therap.

The following are required for all employees that use the Therap system:

- Employees will choose a password of their choice to enable access to the system and to review activity tracking. The password has to be a minimum of 8 characters with at least one of those characters being upper case and at least one being a number. Each employee password will expire after 182 days with an expiration warning that will begin at 14 days before expiration and the last two (2) most recently used passwords cannot be reused. The “electronic signature” tracks time and date stamps all employees’ entries within Therap. Employees should never give this password to other employees. Each employee will be locked out of the system after 3 incorrect attempts to login. At that time they will need to contact a provider administrator to have their password reset.
- Communication through Therap must be professional, accurate, sensitive, and respectful toward all parties involved. No derogatory, slanderous, discriminatory, harassing, obscene or otherwise inappropriate documentation or communication is permitted.
- While accessing Therap employees should never leave the computer screen unattended. They are also not allowed to export any Therap files or save them on these computers. No Protected Health Information (PHI) files are to be saved onto a flash drive without management permission. If permission is received, then they have to be password protected.
- Clients’ friends, family, or guardians, are not permitted to access program computers or tablets.
- The use of Secure Communication in sharing sensitive information is strictly confidential. Any unauthorized sharing of such information may be considered a breach of confidentiality. The secure communication is used as a staff communication tool and needs to be work related communication only.
- Mountain Regional Services, Inc. has the right to monitor and log any and all aspects of its computer systems or tablets regarding Therap access including but not limited to file downloads, and all communications sent and received by users.
- Non-exempt employees are prohibited from signing onto Therap during their unpaid time unless authorized by management, and are prohibited from signing onto Therap at a location other than one considered company property unless



authorized by management.

- All shift documentation must be completed by the end of each shift, and GER's must be completed per Mountain Regional Services, Inc. guidelines and state requirements.
- Use of on-line documentation should be efficient, and should in no way decrease direct interactions with clients who are receiving support.

Staff is required to sign an acknowledgement that they have read and fully understand their responsibilities associated with the use of Therap and Mountain Regional Services, Inc.'s equipment and communication systems. (Refer to: Section 253 Employee Guidelines and Section 902 Employee Guidelines).