

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: Insurance Against Liability

Effective Date: July 1, 1995

Revised Date: July 1, 1999

PURPOSE:

To offer added security to Board members and Board staff in carrying out the official duties and functions of the Board.

POLICY:

If the amount of Board liability insurance is insufficient to cover the amount of a claim, the Board will indemnify from the assets of the Board, a current or past Board member or a current or past employee as follows:

1. For any action or inaction in his/her capacity as a Board member or employee or at the request of the Board, if
 - a. The Board member or employee acted in good faith and in a manner that s/he reasonably believed was in or was not opposed to the best interests of the Board; and
 - b. With respect to criminal action or proceeding, the Board member or employee had no reason to believe his/her action was unlawful.
2. Against any expenses, including attorney's fees, the Board member or employee actually and reasonably incurs as a result of a suit or other proceeding involving the defense of any action or inaction in his/her capacity as a Board member or employee or at the request of the Board, or in defense of any claim, issues, or matter raised in connection with the defense of such an action or inaction, to the extent that the Board member or employee is successful on the merits or otherwise.

(NOTE: Past Board Members/employees would be entitled to indemnity under this policy within the statute of limitations.)

**Mental Health & Recovery
Board of Clark, Greene and
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SUBJECT: Policy Establishment

Effective Date: July 1, 1995

Revised Date: July 1, 1999

PURPOSE:

To clearly delineate the roles of Board and CEO.

POLICY:

The primary role of the Board is to establish policy for the organization and to strategize goals for organizational direction in accordance with ORC, Section 340.02. The CEO is responsible for the development of procedures for the effective implementation of Board policy in accordance with Ohio Revised Code.

RESPONSIBILITY:

The CEO is responsible for developing policies for Board approval, procedures to insure policies are implemented, and implementation of said policies.

**Mental Health & Recovery
Board of Clark, Greene and
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**SUBJECT: Ethical Standards for
Board Members**

Effective Date: July 1, 1995

Revised Date: July 1, 1999

PURPOSE:

This policy prescribes ethical standards for members of the Board.

POLICY:

The Board serves as the liaison between the community and the staff/administration of the organization. In that capacity, and as the guardians of public funds and services, Board members must conduct themselves in an ethical manner at all times. Board members must constantly be vigilant about the conditions for continuing to serve as a Board member and strive to remain free of any conflicts.

RESPONSIBILITY:

Board will hold itself accountable for implementation of this policy.

PROCEDURE:

- A. Board members can be involved in criminal liability for unlawful interest in a public contract as addressed in O.R.C. 2921.42. For the purpose of O.R.C. 2921.42 a “public contract” means any of the following:
1. The purchase or acquisition, or a contract for the purchase or acquisition, of property or services by or for the use of the state or any of its political subdivisions, or any agency or instrumentality of either.
 2. A contract for the design, construction, alteration, repair or maintenance of any public property.
 3. It is not necessary that a Board member be aware of the illegality of his/her interest in the contract, so long as he/she is aware that the interest does exist. If such an interest exists, criminal liability may result from any of the following activities:
 - a. Use of one’s office to obtain a contract for oneself, a member of his/her family, or a business associate, or to obtain the investment of public funds for which oneself, a member of his/her family, or a business associate has an interest.
 - b. During one’s tenure of office or within one year thereafter, having any interest in a contract let by oneself, or a board or commission on which one has served.
 - c. Having an interest in a contract for any contract provider in which one serves.
 - d. Having an interest in public contract not let by competitive bidding when required by law, and which involves more than one hundred fifty (\$150) dollars.

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4. In the absence of bribery or intent to defraud, a Board member, a member of his/her family, or any of his/her associates are not considered as having an interest in a public contract when all of the following apply:
 - a. The interest is limited to ownership or control of shares of the corporation, or being a creditor of the corporation or organization which is the contractor on a public contract, or issuer of securities which are the subject of the investment of public funds.
 - b. Shares owned or controlled do not exceed five (5) percent of those outstanding or the amount due such person as creditor does not exceed five (5) percent of the total indebtedness of the corporation.
 - c. Prior to the date the contract is entered into, the individual files with the governmental entity involved an affidavit of his/her status with the corporation or organization.
 5. Even if the requisite action and interest for criminal liability is present, this section is inapplicable to a public contract in which a private servant, a member of his/her family, or a business associate has an interest, if all of the following are present:
 - a. The subject of the contract is necessary services or supplies of the governmental entity involved.
 - b. The supplies or services are unobtainable elsewhere for the same or lower cost, or are furnished as part of a continuing course of business established prior to the Board member's association with the Board.
 - c. The treatment accorded the Board is preferential to or the same as that accorded others in similar transactions.
 - d. The transaction is conducted at arm's length with the full knowledge of the governmental entity as to the interest involved, and the public official takes no part in the deliberation or discussion with respect to the contract.
- B. The Ohio Ethics Law, Chapter 102, Revised Code, enacted in 1973 to protect the integrity of government applies to Board members. Provisions of that law include public official restrictions and limits on outside compensation. These restrictions are as follows:

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Board Members**
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1. Board members are forbidden, during public service and for twelve (12) months thereafter, from representing a client or acting in a representative capacity for any persons on any matter in which they personally participated through decision, approval, disapproval, recommendation, the rendering of advice, investigation or other “substantial exercise of administrative discretion.” (The above does not include the performance of ministerial functions, such as filing tax returns, applications for permits and licenses, incorporation papers, and other similar documents. It also does not prohibit a former official from being retained to represent the public agency on which s/he served.)
 2. A Board member may not during public service or at any time thereafter without appropriate authorization, disclose or use any information acquired in the course of official duties which is confidential because of statutory provisions, or which has been designated to him/her as confidential and preserving that confidentiality is necessary to the proper conduct of government business.
 3. At no time during their tenure may a Board member participate in a license proceeding which affects the license of any person to whom they, their immediate family, or a business association of which they own or control more than five (5) percent has sold goods or services totaling more than one thousand (\$1,000) dollars or more in the preceding year, unless they have filed the proper statement with the public agency involved.
 4. Board members are prohibited from using or attempting to use their official position to secure anything of value to them which they would not ordinarily secure in the performance of their official duties.
 5. Board members are prohibited from receiving, directly or indirectly, compensation other than from the agency with which he/she served for any service rendered or to be rendered by him/her personally in any case, proceeding, application, or other matter.
- C. Any member of the Board through the CEO, or the CEO may raise the question of ethics violation to the Board attorney. The Board attorney may request an advisory opinion from the Ethics Commission on matters related to conflict of interest.
- D. All Board members must be supplied a copy of Chapters 202 and 2921, Revised Code.

**Mental Health & Recovery
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**SUBJECT: Board Member
Compensation**

Effective Date: July 1, 1995

Revised Date: July 1, 1999

Revised Date: March 18, 2013

PURPOSE:

To define compensation of Board members as required in Section 340.02 of the Ohio Revised Code.

POLICY:

The role of a Board member is a voluntary one. Members serve without compensation for duties performed. However, certain expenses incurred in the performance of Board duties are reimbursable. The Board believes in fair and reasonable compensation of Board members as provided by statute. It is not the intention of the Board to compensate its members beyond a reasonable amount for any expenses incurred and all Board members are entitled to equal compensation.

RESPONSIBILITY:

The Board will be responsible for the development of a standard process and maintenance of this function. The CEO is responsible for insuring all procedures are implemented.

PROCEDURES:

- A. Under Section 340.02 and 340.032, Revised Code, Board members are to be reimbursed for actual and necessary expenses incurred in the performance of their official duties.
1. Reimbursement for meals at Board and/or committee meetings is considered allowable if the Board determines that: such expenditures are necessary to a function of duty of the Board which is expressly granted by the statute or is necessarily implied; and such expenditures serve as a valid public purpose.
 2. Reimbursement for expenses incurred in the performance of official duties shall be made with satisfactory evidence presented that an expenditure was incurred. Such evidence shall consist primarily of official receipts attached to the ~~Mileage and~~ *Business Expense Reimbursement* form.
 - a. Expenses incurred in the performance of duties such as mileage, meals, Board training, and seminars may be incurred and reimbursed on a routine basis.
 - b. Reimbursement for a member to represent the Board at any out-of-county functions or involving overnight travel must have the prior approval of the CEO of the Board.

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Effective Date: July 1, 1995

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3. A Business Expense Reimbursement form must be completed and signed by the Board member and submitted for payment. Payment will be authorized by the Board with monthly payment of bills and expenditures.
 - a. Nothing in this procedure would preclude a member from accumulating and submitting more than one month's expenses at any given time.
 - b. All Business Expense Reimbursement forms must be submitted by December 31st for all costs incurred in that given year. Expenses should not be carried forward into the next calendar year and cannot be reimbursed without Board approval.
 4. While payment will be made on expenses actually incurred, Board members are encouraged to be sensitive to cost containment for lodging and meals.
- B. Board members shall be reimbursed for the use of private automobiles on public business. Reimbursement shall be for mileage for performance of official duties both within and without the county.
1. Reimbursement shall be at the rate established by Board motion.
 2. Out-of-state travel by individual Board members shall require prior approval by the CEO of the Board and shall be for the purpose of an individual member representing the interests of the entire Board.
- C. Advance payments can be made for anticipated out-of-state travel expenses; an accounting of actual expenses incurred must be provided to the Board and any excess funds returned.
- D. There shall be no reimbursement for expenses incurred by a spouse, relative or any other traveling companion of a Board member. Gratuities for meals are not normally reimbursable unless they are mandatory service charges included within the billing.
- E. There is no compensation, other than for actual and necessary expenses, for individuals serving on the Board.

**Mental Health & Recovery
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SUBJECT: Cash Reserve

Effective Date: July 1, 1999

Revised Date: July 1, 2004

Revised Date: March 18, 2013

PURPOSE:

The Board's implementation of MACSIS results in:

1. Assumption of additional financial risk.
2. Change in the way that services are purchased.
3. Need for greater emphasis on case management.
4. Increase focus on planning, reporting and accountability.

In order for the Board to operate successfully in this environment, it is necessary to establish a cash reserve level.

POLICY:

It is the Board's goal to maintain a cash reserve of approximately 1.5 to 2 months' operating expenditures.

PROCEDURES:

1. Each October, the Finance Department will prepare a financial forecast (current year plus four) and present to the Board for planning purposes.
 - The financial projections will identify funding sources, expenditures and the basis for projected funding and expenditure level.
 - The financial projections will identify those funds earmarked for purchasing services (contract expenses) for the current plus four years.
 - If the financial projections indicate that the Board's cash reserve at each fiscal year end will be less than the guidelines established above, management will make recommendations to the Board to achieve compliance.
2. Board staff will present the Board's financial statements to the Board for review and discussion on a monthly basis.

**Mental Health & Recovery
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**SUBJECT: Policy Development and
Review**

Effective Date: July 1, 1995

Revised Date: July 1, 1999

PURPOSE:

The purpose is to describe the function of the policies of the Board and the biennial review process.

POLICY:

The Board will adopt policies to govern its operation and will review those policies every two years for needed changes.

RESPONSIBILITY:

The Board will be responsible for reviewing its policies every two years. The CEO will be responsible for bringing additional policies and policy changes to its attention, on an "as needed" basis.

PROCEDURES:

1. The review will be conducted by the Executive Committee. Any policy changes will be effective subject to the approval by the full Board.
2. Any new or revised policies, reviewed by the Executive Committee and recommended to the Board for adoption, shall be delivered, in writing, to the Board members ten (10) calendar days prior to the meeting where action will be requested.
3. All policy additions or revisions must be approved by two thirds (2/3) majority vote of those Board members present to be enacted.
4. Approval of the policies by the Board shall be indicated in the official minutes and in related policy and procedure manuals.

**Mental Health & Recovery
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**SUBJECT: Relationship with Service
Providers and Contract
Procedures**

Effective Date: July 1, 1995

Revised Date: July 1, 1999

Revised Date: March 18, 2013

PURPOSE:

The purpose of this policy is to identify the factors that shape the relationship between the Board and independent contract service providers.

POLICY:

Multiple factors shape the relationship between the Board and independent contract service providers, including the Board's mission, value, and legally mandated responsibilities and the mission and responsibilities of contract service providers.

The relationship with service providers is shaped by various legal requirements of the Board including the Board's responsibility to:

- Monitor and evaluate services of providers to assure compliance with the standards and requirements of the Ohio Department of Mental Health and Addiction Services;
- Monitor contract performance standards and requirements to assure the appropriate use of funds.
- Fulfill community commitments made as part of the service plan and needs assessment process.
- Reimburse or partially reimburse contract service providers for services provided to clients. The enrollment and claims adjudication process will be handled via the Multi Agency Community Services Implementation System (MACSIS).

The Board's relationship with providers is further defined by its legal requirement to:

- Establish "a unified system of treatment" for persons who are mentally ill or have an alcohol or drug addiction problem.
- Provide services in the least restrictive environment available.
- Exercise clinical authority for services to persons who are mentally ill or have an alcohol or drug addiction problem.
- Accept court commitment of probated mentally ill clients for treatment.

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The Board acknowledges that providers are fully independent entities, except in the context of the legal relationship imposed by the contract with the Board. Therefore, the requirements of the contract reflect the level of interdependence in the relationship between the Board and the service provider.

The Board will be accountable for fulfilling both statutory and contract responsibilities that apply to its relationships with contract service providers. The Board expects the boards of contract service providers to be equally accountable for fulfilling their contract responsibilities and requirements in relationship to the Board.

PROCEDURE:

CONTRACT DEVELOPMENT

- A. All contracts adopted by the Board shall be developed, reviewed and approved according to board policies and procedures.
- B. All contracts shall be prepared by the CEO in consultation with the Board's attorney and shall address issues and concerns of the Board committees.
- C. Upon review and discussion at the Board meeting, the Board may elect to adopt the contract, amend the contract, table the contract or instruct the CEO to revise the contract.
- D. All Board approved contracts shall be signed by the CEO and the current Board chairperson.
- E. The provider shall have thirty (30) calendar days from Board approval to accept or reject the contract and notify the Board's CEO of the provider's decision.
- F. If the provider accepts the contract, Board staff shall enforce the terms of the contract.
- G. If the provider rejects the contract, the CEO, with input from the Board's attorney, will meet with provider representatives in an attempt to resolve the disputed terms.
- H. The CEO shall present the results of any negotiation to the Board for consideration.
- I. All negotiated changes from the original contract that are subsequently approved by the Board must be delivered to the provider and approved within thirty (30) calendar days.

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- J. In the event the Board and the provider cannot come to terms on a contract, the CEO shall make recommendations to the Board on how the needs of the community can otherwise be met.
- K. All contracts shall be enacted on the effective date and shall be appropriately monitored by Board staff.
- L. Any contract adopted by the Board can be amended. All amendments will follow the procedures delineated under the CONTRACT DEVELOPMENT section of this policy.

CONTRACT MONITORING

- A. The CEO is responsible for monitoring provider compliance with all Board approved contracts.
- B. The CEO shall report to the Board within thirty (30) calendar days all areas where a determination of non-compliance by a provider has been noted and will recommend to the Board corrective actions.

CONTRACT TERMINATION

- A. If either the Board or the provider proposes not to renew the contract or proposes substantial changes to contract terms, the other party shall be given written notice of at least 120 days before the expiration of the contract.

CONTRACT NON-COMPLIANCE

- A. In the event that any terms of a Board contract have been violated, the following procedure will be used:
 - The CEO shall send notice by certified mail identifying the specific contract violations and requiring that the violations be corrected within ten (10) working days from the notice of the violation.
 - If the violations are not corrected within ten (10) working days, the CEO will notify the Board at the next regular meeting.

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- The CEO will request that the Board send a thirty (30) calendar day notice to correct any violation or areas of non-compliance.
- All payments shall be suspended until said violations have been corrected.
- The CEO shall report to the Board if and when contract violations have been corrected.

If violations have not been corrected within the afore mentioned time frames, the Board may consider contract termination or impose other sanctions until violations have been corrected to the Board's satisfaction.

Should the Board elect to terminate the contract, notice shall be sent to the provider.

All terminated contracts will become null and void on the fourteenth (14th) calendar day after receipt by provider.

CONTRACT DISPUTES

No dispute shall be entertained by the Board over any section of the contract that is in opposition with Federal or Ohio law; rules, standards or regulations of the Ohio Department of Mental Health and Addiction Services; or the Auditor of the State.

If a provider or potential provider disputes or is in disagreement with the position of the Board or with any action taken by the Board with regard to whether a violation exists, or for any other disputes under terms of the contract, the provider may appeal the decision using Board appeal and grievance procedure. The provider or potential provider must register an appeal within twenty (20) calendar days of the date of termination.

The CEO may choose to forward all potential disputes to the Board attorney for advise and dispensation.

Should a provider or potential provider not be satisfied with the explanation or resolution provided by the CEO:

- The provider or potential provider shall request in writing time on the Board agenda. This request shall be made to the CEO within thirty (30) calendar days after the resolutions provided by the CEO.
- Agenda time at the next full Board meeting shall be set aside to hear the dispute.

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The Board may elect to convene into executive session to deal with contract disputes. The Board may invite any individual or agency into the executive session.

The full Board will hear the dispute, take the matter under advisement and deliver a decision in the form of a Board motion. The action of the Board shall be final.

In the event that the dispute involves contract non-renewal, the dispute shall be heard and resolved within the first (60) days of the statutorily required one hundred and twenty (120) days notice of contract termination. Should the provider or potential provider filing the dispute be dissatisfied, they may notify the Ohio Department of Mental Health and Addiction Services of the unresolved dispute.

- The director of the state department notified may require both parties to submit the dispute to a third party with the cost to be shared by the Board and potential provider.
- The third party shall issue to the Board, the potential provider and the state department recommendation on how the dispute may be resolved twenty (20) days prior to the expiration date of the contract, unless parties agree to a time extension.
- The recommendation of the third party shall not be considered binding by either the Board or the provider of the unresolved dispute.

**Mental Health & Recovery
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**SUBJECT: Qualifications for Service
Providers**

Effective Date: July 1, 1995

Revised Date: July 1, 1999

PURPOSE:

This policy describes the Board's requirements for qualifications of treatment service providers.

POLICY:

The Board shall require all contract service providers to meet State of Ohio standards for the professional qualifications of service providers and supervisors, as well as State of Ohio standards for certification of services.

- Mental health and alcohol and drug addiction contract service providers will meet all requirements of the Ohio Department of Mental Health and Addiction Services.
- Appropriate certification and licensing as is customary in the profession in which the contract provider operates shall also be secured and maintained by the contract provider.

The Board shall require all contract service providers to meet Board requirements for the provision of "quality" services as follows:

- Services come as close as reasonably possible to achieving desired client outcomes, as defined by the individual service plan;
- Services provide clients with the most appropriate interventions and supports in an amount best suited to their needs;
- Services meet state, federal and local laws;
- Services meet consumers and consumers' families reasonable expectations for customer service;
- Services are culturally appropriate;
- Services are provided in the least restrictive setting;
- Services are cost effective.

RESPONSIBILITY:

The CEO shall be held accountable to ensure that providers under contract with the Board meet these requirements.

**Mental Health & Recovery
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SUBJECT: Client Rights

Effective Date: July 1, 1995

Revised Date: July 1, 1999

Revised Date: March 17, 2008

Revised Date: March 19, 2012

PURPOSE:

This policy describes the Board's legal requirements to protect and enhance the rights of persons applying for or receiving services by establishing specific rights of clients and procedures for responsive and impartial resolution of client grievances.

POLICY:

The Board acknowledges that differences and/or disagreements may arise during the treatment process between a client and a state certified provider of services to residents of Clark, Greene and Madison Counties. The Board however must ensure client rights as required in H.B. 317, Section 340.03.

To resolve any such problem in an expeditious manner, for the benefit of the client, state certified provider and the Board, the Board assumes responsibility for assuring that each state certified provider under contract with the Board, as well as the Board, has established written policies that address the rights of clients including:

1. The client's right to a copy of the state certified provider's policy of client rights;
2. The client's right at all times to be treated with consideration and respect.
3. The client's right to have access to medical or other treatment records unless access is specifically restricted in the client's treatment plan for clear treatment reasons.

Each provider, upon request, shall make available to all recipients of services or applicants for services the provider's client rights policy and procedures.

RESPONSIBILITY:

It is the responsibility of the CEO to resolve disputes at the earliest point possible and to designate the Board Client Rights Officer(s).

PROCEDURES:

The Board Client Rights Officer(s) is the appropriate program staff or any other individual designated by the CEO. Procedures for addressing client rights grievances are:

1. All providers shall submit to the Board written grievance procedures which meet the requirements of OAC §5122:2-1-02 and OAC §3793-1-07. A copy of the grievance procedure shall be posted in a prominent, visible area for each state certified contract provider of the Board.

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Effective Date: July 1, 1995
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2. The Client Rights Officer is available during the business day at the Board office. In the event that the Client Rights Officer is not immediately available, any staff member of the Board shall accept a grievance and create an entry in the Client Grievance Log. In the event that the Client Rights Officer is unavailable for more than 24 hours or be the subject of the grievance, a staff member assigned by the CEO shall assume all duties of the Client Rights Officer for the purpose of processing the grievance.
3. Procedure for addressing clients rights grievances:
 - a. A client may initiate a grievance with the Board by contacting the current Board Client Rights Officer:

Roselin Runnels
Director of Programs and Communication
1055 East High Street
Springfield, OH 45505
937-322-0648, ext. 106
Hours Monday – Friday, 8:30 a.m. – 4:30 p.m.

- b. In the event that the grievance involves actions of a specific contract provider, the Board will request that the client provide the Board with a signed Release of Information form prior to requesting information from the provider;
 - c. The Board will provide copies of its grievance procedures upon request;
 - d. Upon receipt of a grievance, the Board Client Rights Officer will meet with the client or the griever, if other than the client, within three (3) business days. The client, with the assistance of the Client Rights Officer, if requested, will state in written form:
 - Date, time and location of grievance
 - Participants involved
 - A brief narrative of the grievance
 - Date of grievance filing verified by the signature of the griever and the Board Client Rights Officer
 - e. The Client Rights Officer shall meet with the involved provider within five (5) business days of meeting with the client or griever. A decision will be rendered within this same five day period. If the griever is not satisfied with the disposition, the Client Rights Officer will facilitate a joint meeting with provider personnel and the client or griever no later than ten (10) business days after rendering the decision. The time frames specified in this section may be extended by mutual consent of all involved parties;

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- f. Within five (5) business days of the joint meeting, the Client Rights Officer shall meet with the client or grievor and shall present written notification and explanation of the resolution of the grievance;
- g. If the results are unsatisfactory, the grievor or the provider, with the assistance of the Board Client Rights Officer, will meet with the CEO to promote resolution of the grievance. Should resolution not be reached at this level, the grievor may at any time grieve with an outside entity as provided on the attached list;
- h. Appropriate provider staff members shall receive instruction from the Director of Programs and Communications on the Board client rights policy and grievance procedures. Provider staff is responsible to advise any client or any other person who is articulating a grievance about the client's right to file a grievance and to provide the grievor with the name and availability of the Board Client Rights Officer.
- i. The Board Client Rights Officer shall maintain a Client Grievance Log recording the subject of the grievance, the resolution of each. The Client Grievance Log shall be reviewed annually with the CEO and a summary report shall be submitted annually to the Ohio Department of Mental Health and Addiction Services.
- j. On an annual basis, a summary of the number of grievances received, type of grievances, and resolution status of grievances shall be submitted by each state certified provider to the Client Rights Officer at the Board. This information will be provided to the CEO of the Board for review.

OUTSIDE ENTITIES

The client or grievor may, at any time, file a grievance with the following:

Ohio Department of Mental Health
30 East Broad Street, 8th Floor
Columbus, Ohio 43215-3430
Telephone: (614) 466-2596
TDD (888) 636-4889 (ODMH-TTY)
www.mh.state.oh.us
1-877-275-6364 (Toll Free for Consumers
and Families Only)
uhricks@mh.state.oh.us

Ohio Legal Rights Service
50 West Broad Street, Suite 1400
Columbus, Ohio 43215-5923
Telephone: (614) 466-7264
TTY: (614) 728-2553 or 1-800-858-3542
www.olrs.ohio.gov
1-800-282-9181 (Toll Free in Ohio only)
Webmaster@olrs.state.oh.us

Ohio Attorney General's Office
30 East Broad Street, 17th Floor
Columbus, Ohio 43215-3428
Telephone: (614) 466-4320
TDD call Ohio Relay Service 1-800-750-0750
www.ag.state.oh.us

Ohio Governor's Council on
People with Disabilities
400 East Campus View Boulevard
Columbus, Ohio 43265-4604
Telephone/TTD: (614) 438-1391
www.gcpd.ohio.gov

U.S. Dept. of Health & Human Services
Office for Civil Rights, Region V
233 North Michigan Avenue, Suite 240
Chicago, Illinois 60601
Telephone: (312) 886-2359
TDD: (312) 353-5693
www.hhs.gov.ocr

Ohio Department of Alcohol & Drug
Addiction Services
280 North High Street, 12th Floor
Columbus, Ohio 43215-2550
Telephone: (614) 466-3445
TDD: 1-800-443-5959
www.odadas.state.oh.us
INFO@ada.state.oh.us

Ohio Counselor & Social Worker Board
50 West Broad Street, Suite 1075
Columbus, Ohio 43215-5919
Telephone: (614) 466-0912
TDD call Ohio Relay Service 1-800-750-0750
www.cswmft.ohio.gov

State Medical Board of Ohio
30 East Broad Street, 3rd Floor
Columbus, Ohio 43215-6127
Telephone: (614) 466-3934
TDD call Ohio Relay Service 1-800-750-0750
www.med.ohio.gov

State of Ohio Board of Nursing
17 South High Street, Suite 400
Columbus, Ohio 43215-7410
Telephone: (614) 466-3947
TDD call Ohio Relay Service 1-800-750-0750
www.nursing.ohio.gov

Ohio State Board of Psychology
77 South High Street, Suite 1830
Columbus, Ohio 43215-6108
Telephone: (614) 466-8808
TDD call Ohio Relay Service 1-800-750-0750
www.psychology.ohio.gov

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

**SUBJECT: Report of Major Unusual
Incidents**

Effective Date: July 1, 1995

Revised Date: July 1, 1999

Revised Date: March 19, 2012

PURPOSE:

This policy describes the Board's requirements in identifying and reporting of all major unusual incidents by state certified providers or facilities providing services to residents of Clark, Greene and Madison Counties.

POLICY:

It is the policy of the Board to maintain reportable incident records, review data, and examine factors contributing to incidents which pose potential risk to the health, safety, and welfare of clients, provider staff, and other persons who interact with the provider. This approach aims to minimize risky practice, promote health and safety, and prevent future major unusual incidents from occurring (see also Client Abuse or Neglect Policy #11).

Providers shall report all major unusual incidents to the provider director or designee and the Board according to Ohio Administrative Code 3793:2-1-04, 5122-26-13, 5122-30-03, 5122-30-16, Ohio Revised Code 5123.604, 5119.611, and other relevant state certification or licensing standards and laws. Notification may include the appropriate county and/or state department(s), the consumer's legal guardian, and law enforcement, as required by the Ohio Department of Mental Health and Addiction Services.

A reportable incident, or major unusual incident, is defined as any event that poses a danger to the health and/or safety of persons served, staff of the provider, volunteers/interns, and/or visitors of the provider which is not consistent with the routine care of persons served and/or the routine operations of the provider. Providers are directed to follow state department guidelines, definitions, and utilize required forms for reportable incidents.

Major unusual incidents include, but are not be limited to: all client (i.e. children, youth, adults, seniors, and their legal guardians, if applicable), provider staff, volunteer, and student intern deaths during provision of care or while on provider premises; serious bodily injuries (requiring medical intervention by a licensed professional greater than first aid); alleged abuse or neglect of persons served, including defraud and assault; temporary relocation of residents for at least one night or closure of one or more provider sites for more than seven consecutive days; any adverse drug reaction in a person served or medication error resulting in permanent harm, hospitalization, or death of a client; medical events impacting facility operations; involuntary termination without appropriate client involvement; and unauthorized use of restraint or seclusion.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

**SUBJECT: Report of Major Unusual
Incidents**

Effective Date: July 1, 1995

Revised Date: July 1, 1999

Revised Date: March 19, 2012

The Board shall receive and review all major unusual incident reports regarding persons served by relevant providers. Board staff and providers shall take corrective action as appropriate according to local, state, federal laws, and continuous quality improvement practice.

RESPONSIBILITY:

The CEO shall ensure that Board staff have an established process for monitoring, review, and reporting of all major unusual incidents within specified timelines.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

**SUBJECT: Reporting of Client
Abuse or Neglect**

Effective Date: July 1, 1995

Revised Date: July 1, 1999

Revised Date: March 19, 2012

PURPOSE:

This policy protects the rights of clients alleging abuse or neglect from a community mental health provider, an alcohol/drug provider, inpatient psychiatric services, residential facility, or adult care facility and ensures investigation of complaints alleging abuse and/or neglect and appropriate reporting.

POLICY:

The Board shall investigate complaints alleging abuse or neglect of clients in a timely manner and take corrective action, if necessary. (See also Report of Major Unusual Incidents Policy #10.)

1. DEFINITIONS:

- A. A mental health provider means a community mental health provider as defined in section 5119.22 of the Revised Code, under contract with the Board pursuant to division (A)(8)(a) of section 340.03 of the Revised Code, and provides the mental health services specified in section 340.09 of the Revised Code.
- B. An alcohol and drug addiction program meets the requirements defined in section 3793.01 of the Revised Code.
- C. Inpatient psychiatric service provider means a psychiatric hospital, or psychiatric inpatient unit(s) administered by a general hospital, or community mental health provider or other facility, that provides inpatient psychiatric services. OAC §5122-14-01 through §5122-14-14, see OAC §5122-14-01 (C)(29). See also ORC §2945.38 and §2945.38(H)(4), §2945.371, §2945.40, §2945.39, §2967.22.
- D. A residential facility for the mentally ill meets the requirements defined in section 5119.22 of the Revised Code. Residential facilities licensed by the Ohio Department of Mental Health and Addiction Services are publicly or privately operated homes or facilities that may provide room and board, personal care services and/or mental health services. The operator and client rights officer of the facility are responsible for protecting and assuring resident rights.
- E. An adult care facility meets the requirements defined in section 3722.01 of the Revised Code.

2. All state certified providers providing services to the residents of Clark, Greene and Madison Counties shall meet the following requirements of state law related to reporting of client abuse and neglect:

- A. Each allegation of neglect and/or abuse of a person served, regardless of the source, shall be investigated. The written results of an investigation into an allegation of neglect and/or abuse of persons served shall be reviewed by the director of the provider. The provider shall keep documentation of the findings of the investigation and of actions taken as a result of the investigation. The provider shall take action as appropriate and according to federal, state or local laws.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

**SUBJECT: Reporting of Client
Abuse or Neglect**

Effective Date: July 1, 1995

Revised Date: July 1, 1999

Revised Date: March 19, 2012

- B. The provider shall report any allegation of neglect or abuse to the Board within twenty-four hours of the event occurring and shall communicate the results of the investigation to the Board.
3. Providers shall assure that:
 - A. The provider performance improvement plan establishes a process to review all reports of abuse and/or neglect, and to consider whether trends exist that require policy or programmatic changes to protect clients.
 - B. All employees are trained in identification and/or reporting of abuse and neglect, as part of their orientation process.
 - C. Provider policies and procedures have been developed and implemented describing how abuse and/or neglect will be detected and investigated.
 - D. All employees are trained in provider procedures for the investigation of reports of abuse and/or neglect.
4. Adult care facilities and residential facilities shall report any allegation of staff neglect or abuse to the Board within twenty-four hours of the event occurring and shall communicate the results of the investigation to the Board when completed.
5. A provider that receives a complaint alleging abuse or neglect of an individual with mental illness who resides in an adult care facility shall report the complaint to the Board, if the adult care facility is located in Clark, Greene or Madison Counties. Allegations of abuse or neglect within adult care facilities not located in Clark, Greene or Madison County shall be reported to the ADAMHS/CMH Board serving the county where the facility is located, unless the Board has a Mental Health Resident Program Participation Agreement with the adult care facility.
6. Allegations of abuse or neglect of a child shall be reported to the county Department of Job and Family Services where the allegation occurred.
7. Allegations of abuse or neglect of an adult over the age of sixty shall be reported to the county Department of Job and Family Services, Adult Protective Services.
8. The CEO of the Board shall be responsible for the implementation of the Board Client Rights policy either personally or through designation of a separate Client Rights Officer (CRO) to implement the established policy and procedures.

Current MHRB Client Rights Officer

Roselin Runnels

Director of Programs and Communication

1055 East High Street

Springfield, OH 45505

937-322-0648, ext. 106

Toll Free (Clark, Greene, Madison Counties only) 1-800-435-7968

Hours: 8:30 a.m. – 4:30 p.m.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: Bidding Requirements

Effective Date: July 1, 1999

Revised Date: June 19, 2006

Revised Date: March 18, 2013

PURPOSE:

The Purpose of this policy is to define the bidding requirements of the Board.

POLICY:

Boards are authorized to contract with public and private organizations for the provision of mental health and alcohol and drug addiction services and facilities. Ohio Revised Code specifically excludes Boards from the need to competitively bid the provisions of these services.

Contracts for personal services requiring the exercise of a particular skill and aptitude are not required to be competitively bid. The CEO is required to obtain informal bids, when possible, and obtain approval from the Board prior to entering into contract for personal services of this nature.

All other contracts entered into by the Board when the purchase price exceeds fifty thousand dollars (\$50,000) must be obtained by competitive bidding. The Board will follow the public bidding process procedures as defined by County government. For clarification of requirements and exceptions the Board will follow Ohio Revised Code, Section 307.86. Informal bids will be obtained when possible for all purchases between \$10,000 and \$50,000.

PROCEDURES:

The CEO shall ensure that bids meet the requirements as outlined in Ohio Revised Code.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: Annual Plan Process

Effective Date: July 1, 1999

Revised Date:

PURPOSE:

With the Board's adoption of managed care tools and the implementation of the Multi Agency Community Services Implementation System (MACSIS), the Board must begin strategic planning in January of the current fiscal year for implementation in the following fiscal year.

POLICY:

Using a strategic planning process, management shall identify service needs and develop the service plan and budget to meet the needs of the entire system. This will include a process of prioritizing services.

PROCEDURE:

Using the strategic planning process, an overall service plan will be developed for the system that includes current and future needs and new requests for the services (non-Medicaid) from existing providers. Board staff will utilize historical data and the results of the strategic planning process to prepare an analysis of new service requests and determine the short and long term service and financial effects upon the system.

The service plan will be presented to the appropriate committee (Mental Health Committee, Alcohol & Drug Committee) beginning in February. Recommendations will then be made to the full Board. This process will continue for the balance of the fiscal year.

The approved service plan will serve as the basis for Board contracting for services and should fulfill the planning function of the Board.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: Cash Flow

**Effective Date: July 1, 1995
Revised Date: July 1, 1999
Revised Date: July 1, 2004**

PURPOSE:

To assure cash financial stability on both the part of the Board and the contract service provider.

POLICY:

The Board will prepare, on a monthly basis, a Cash Flow Analysis. This analysis will be completed on a “rolling” twelve-month basis.

PROCEDURE:

The Board’s Cash Flow Analysis will be presented to the Full Board on a quarterly basis, due 30 days after the end of the quarter and presented at the following Board Meeting.

If the Board’s Cash Flow Analysis indicates financial concerns, management staff will take steps to resolve, as defined in the Cash Reserve Policy. These resolution steps will be communicated to the Board.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

**SUBJECT: Advance Payment of Non-
Medicaid Services**
Effective Date: July 1, 1999
Revised Date: July 1, 2004
Revised Date: March 18, 2013

PURPOSE:

To provide guidelines for Board Management on the issue of advance funding to providers for contracted services.

POLICY:

It will be the policy of the Board to make allocations advances to providers when necessary. The allocation advance will be determined based on the cash position of the Board and each contract provider and the needs of the entire system.

PROCEDURE:

Advance Requests

Providers will submit in writing an advance request addressed to the CEO of the Board. The request can be submitted at any time up through the end of the third quarter of the fiscal year and will include:

- a) Statement of dollar amount of advance request.
- b) Documentation to support the provider need for the advance. This includes a statement regarding what is causing the provider's cash flow problem.
- c) Copies of provider's current financials.
- d) Statement regarding when the provider would be able to repay the advance. (Advance and repayment must occur in the same fiscal year)
- e) CEO of the Board has the authority to approve or deny the advance request.
- f) CEO will reply in writing to the provider.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

**SUBJECT: Record Retention
Effective Date: March 19, 2012
Revised Date: March 18, 2013**

PURPOSE:

The Board's records shall be organized and maintained so that they are readily available for inspection and copying as required by ORC 149.43 Availability of Public Records for Inspection and Copying.

POLICY:

The Board shall create and maintain through regular review a schedule for the retention and disposal of the records created and maintained by the Board.

DEFINITIONS:

“Public Record” means a record kept by any public office as defined in ORC § 149.43 and is:

1. Stored on a fixed medium (paper, electronic, or other format);
2. Created, received by, or comes under the jurisdiction of the Board office; and
3. That documents the organization, function, policies, decisions, procedures, operations or other activities of the Board.

PROCEDURE:

The Board shall establish a Records Commission composed of (at a minimum) Chairperson of the Board, fiscal representative of the Board and legal representative of the Board.

The function of the Records Commission is to:

- Review retention schedules and disposal requests submitted by Board staff
- Assure that proper procedures are followed for scheduling and disposing of records
- Revise retention schedules

The CEO (or designee) shall oversee the development of a schedule for the retention and disposal of Board records.

The CEO (or designee) shall ensure a review with the Records Commission of the Board's Record Retention and Disposal Schedule on an annual basis.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: Whistleblower

Effective Date: March 18, 2013

Revised Date:

PURPOSE:

To state the commitment of the Board to maintain the highest standards of legal and ethical conduct in its operations. Employees are encouraged to take affirmative measures if they discover actions taken by staff or Board members they believe to be contrary to this principle.

POLICY:

The Board shall protect employees who, in good faith, report wrongdoing from retribution and shall not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against employees.

RESPONSIBILITY:

It is the responsibility of the CEO to respond to such allegations.

PROCEDURES:

Pursuant to the Ohio Revised Code § 4113.52, a Board employee who, in good faith, has identified problems of a serious nature should report the wrongdoing to his/her supervisor and document the allegation(s) in a written report. In situations involving client rights and/or HIPAA violations, the report should be made to the Client Rights Officer and HIPAA Privacy or Security Officer (unless this individual is the subject of the allegation).

The CEO is to be notified immediately by the supervisor, Client Rights Officer, HIPAA Privacy or Security Officer of such allegations and is to respond within two (2) working days, including notifying the employee of efforts to address the situation.

If the CEO fails to respond, the employee may notify the Board Chairperson or an external legal authority of the alleged violation. In reporting to external authorities, in those circumstances where disclosure of protected health information (PHI) is considered essential to establish a violation, it must be limited to the minimum information necessary to complete the report.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: Service Unit Pricing

Effective Date: July 1, 1999

Revised Date: July 1, 2004

Revised Date: March 18, 2013

PURPOSE:

To establish guidelines, procedures, and policies for pricing services for Non-Medicaid clients.

POLICY:

It shall be the policy of the Board to use the service rates developed during the annual budgeting process for pricing contract providers' claims.

PROCEDURE:

1. The Uniform Cost Report (UCR) is the methodology used to develop unit rates.
2. For Medicaid eligible services to Non-Medicaid eligible clients and Non-Medicaid services the unit rate used for pricing and payment in MACSIS is the rate as negotiated by the CEO and approved by the Board annually.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: Bad Debt

Effective Date: July 1, 1999

Revised Date: July 1, 2004

Revised Date: July 1, 2010

POLICY:

To establish guidelines and procedures for payment of provider bad debt occurring as a result of unpaid client charges as determined by the Board's Sliding Fee Schedule. Based on application of the fee schedule Non-Medicaid clients will have payment responsibility for a certain percentage of the service charge. This is the unsubsidized portion of the charge.

PURPOSE:

In order to insure continuity of care, the Board will be responsible for (not to exceed annual maximum allocation) reimbursement to contract providers for client charges, after the application of the Sliding Fee Schedule, that are unpaid after delivery of services.

PROCEDURE:

Providers will maintain individual accounts receivable record for each client they serve indicating the following:

- A. Client name, address, Unique Client Identifier (UCI), and other relevant identifying Information
- B. Date of service and service charge
- C. Client payments and date of payment
- D. Board subsidy paid
- E. Unpaid Balance

Providers will age client accounts receivables and submit at the end of the fiscal year an invoice to the Board for unpaid client balances exceeding minimum of 90 days outstanding.

Providers shall continue to make their best effort to collect unpaid clients' charges. The Board expects the provider to represent to clients the importance of their financial obligation. At a minimum, this requires providers to submit at least three collection letters subsequent to the initial billing. In unusual situations, providers will have the flexibility to modify this process based on clinical considerations. Modifications are to be documented.

The Board will reimburse providers for these billed charges if the provider has not accessed receipts from the Board exceeding the annual maximum allocation as defined in each service agreement with the Board. When providers receive payment from the Board, they must reduce clients' accounts receivable balances accordingly.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: Bad Debt

Effective Date: July 1, 1999

Revised Date: July 1, 2004

Revised Date: July 1, 2010

Should providers receive subsequent payment for clients for amount reimbursed by the Board, providers are required to deduct the clients' reimbursement from future billings to the Board.

The Board and its contract certified public accountant will audit provider's accounts receivables to ensure that proper amounts are billed to the Board and that client write-offs are timely and accurate.

Contract providers of the Board are required to have internal policies and procedures in place for their billing process, bad debt, clients accounts receivable records and reimbursement from the Board.

Below is the process to be followed:

- Step 1. Determine whether the provider accessed all of the Board allocation. If the provider earned all allocated funds, the reconciliation process is complete. If unaccessed funds, proceed to Step 2 below.
- Step 2. Determine whether the provider had a profit or loss from operations.
- Step 3. If the provider had a profit from operations, no payment for Bad Debt expenses is made and the reconciliation process is complete.
- Step 4. If the provider had a loss from operations, reimbursement to the provider for Bad Debt expenses up to the unaccessed allocation amount, will be calculated.
- Step 5. Bad Debt payment amount cannot exceed the amount of the provider loss from operations.
- Step 6. For payment to be made, the provider must comply with procedures as defined in this policy.
- Step 7. Provider Bad Debt receivable from the Board will be determined as part of the audit process and included in the year service was provided.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: Board Appointments

Effective Date: June 21, 1999

Revised Date:

PURPOSE:

The purpose of this Board Policy is to set a standard of appointing new Board Members on the Mental Health & Recovery Board of Clark, Greene and Madison Counties.

POLICY:

The Director of the Ohio Department of Mental Health shall appoint:

1. Psychiatrist or physician;
2. A mental health professional;
3. A person who has or is receiving mental health services paid for by public funds; and
4. A parent or relative of such a person

The Director of the Ohio Department of Alcohol and Drug Addiction Services shall appoint:

1. A professional in the field of alcohol and drug addiction services;
2. An advocate for persons receiving treatment for alcohol or drug addiction;
3. A person who has received or is receiving services for alcohol and/or drug addiction;
4. A parent or other relative of such a person

The counties shall appoint the remaining ten (10) members. It shall be the policy of the Board that, when a vacancy exists, the Executive Committee will discuss new board member qualifications (these are often vocational) that would strengthen the board. After reviewing and determining some of the board's needs, the Executive Committee will ask existing board members from the county with the vacancy to submit nominations. The Board Chair and CEO will review the nominations and, as needed, discuss them with the board members from that county. Upon a thorough review, the Chair and Board CEO will set up an appointment with the Board applicant to determine interest in Board membership. If the applicant is interested and meets with the approval of the Board Chair, he/she will be recommended to the Executive Committee. Upon approval of the Executive Committee, the applicant will be submitted to the County Commission or State Department for appointment.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: MACSIS Confidentiality

Effective Date: July 1, 1999

Revised Date:

PURPOSE

To provide guidelines for maintaining the confidentiality of personal and medical information of clients of the Board.

POLICY

The Board shall maintain records as are necessary for the adequate and proper documentation of the Board's functions, policies, decisions and procedures and essential transactions and for the protection of the legal and financial rights of the Board and persons directly affected by the Board's activities. All Board staff are prohibited from keeping unnecessary records. The use of personal and medical information is restricted to a client that is consistent with the purposes of personal information, utilization management, care coordination, payor and outcome systems. This includes MACSIS, the payor information system that the Board is operating for its payment system.

Enrollment

Provider Responsibility: Providers will be required to provide name-identifying information for enrollment and eligibility determination of clients in the Board's system. This data will be part of the MACSIS information system.

As a payor with quality assurance functions and responsibilities, the Board requires this data for all clients whose services will be paid for (in whole or in part) by the Board.

The payor related information will be entered into the MACSIS as a part of the electronic data set.

Providers must obtain express patient authorization for disclosure. This disclosure will be for the purpose of the Board as a payor with utilization review and management functions. The Board approved disclosure forms and procedures are located in the Board's MACSIS Provider Manual.

Board Responsibility: Board staff will ensure the confidentiality of the data collected, reported and maintained either in MACSIS, other electronic applications or during the course of Utilization Review or other related Board functions.

Security: Board staff shall maintain the security of data through the use of technology, policy, procedures and staff training.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: MACSIS Confidentiality

Effective Date: July 1, 1999

Revised Date:

Data: All computers are password protected for the network logon. The uses of e-mail and screensaver passwords are optional for staff. MACSIS access is limited by use of technology, (i.e. connections) and by password. The Board Security Officer assigns the user security level in MACSIS for the appropriate Board staff. Other electronic data are protected through local network security levels. MACSIS security level will be restricted to portions of that data set that are relevant to individual staff's functions.

Staff Compliance: It is the primary responsibility of Board staff, including temporary and contract employees, to maintain and safeguard all confidential materials and data. In addition, staff will only access or request information that is directly related to his/her job function.

All staff, contract or permanent, as a condition of employment, must sign the Board's Appropriate Use of Information Access Request Form. In addition all Board staff must sign the MACSIS Statement Regarding Disclosure of Information form.

Unauthorized use of MACSIS or other electronic personal data or unauthorized disclosure of information (including not securing confidential records in the work area) may result in civil or criminal penalties, pursuant to Federal and State laws as well as disciplinary action, up to and including termination of employment.

PASSWORD PROCEDURES:

1. Every staff member shall set his/her own password. This password has to be typed in order for the computer to access the network. The password is the responsibility of the staff member. This password allows the user access to directories that have been configured by the Network Administrator in conjunction with staff. Access is determined by need for the staff member's work related activities and approved by the staff members' supervisor.
2. Staff members who are users of MACSIS shall have their passwords established by the Ohio Department of Mental Health and Addiction Services for the system. The password is the responsibility of the staff member after they start accessing the MACSIS system. This password allows them access to those areas in MACSIS that are needed for that staff's work responsibilities. Those areas are determined by the Board Security Officer in conjunction with the staff member and the Ohio Department of Mental Health and Addiction Services staff maintaining the MACSIS security set up.

GENERAL PASSWORD PROCEDURES:

All passwords are the responsibility of individual staff.

Network Passwords expire every 90 days.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: MACSIS Confidentiality

Effective Date: July 1, 1999

Revised Date:

Staff will not share his/her password with anyone except the Director of MIS & Financial Services or his/her substitute in case of staff absence. If staff have forgotten their passwords, he/she will contact the Director of MIS & Financial Services to resolve access issues.

Security Officer

The Director of MIS & Financial Services shall notify the Ohio Department of Mental Health and Addiction Services upon change of the Board Security Officer for MACSIS.

GENERAL PROCEDURES: Safeguarding of Information

Staff with access to MACSIS will not leave the program open on their computers when they are away from their desk.

At the end of the workday, leaving the office suite, or working independently in the Board's office, all confidential materials shall be locked in filing cabinets. These cabinets are to be maintained by the staff member with a second key secured in the Board's office.

At the end of the workday, all Personal Computers connected to the Network are to be secured by passwords or turned off.

The Computer Room will remain locked when unoccupied. The Computer Room will be monitored by a security system.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

**SUBJECT: MACSIS Enrollment &
Eligibility**
Effective Date: July 1, 1999
Revised Date: March 18, 2013

POLICY

All residents of Clark, Greene, and Madison Counties in need of treatment for mental illness and/or alcohol & drug addiction counseling are eligible to receive services from agencies funded by the Board. Out-of-county residents in crisis presenting in Clark, Greene, and Madison Counties are eligible to receive crisis services as defined by State & Federal Policy.

PROCEDURE

Enrollment

- In MACSIS, enrollment and eligibility determination occurs simultaneously and it involves determining eligibility for services received by clients paid for in part or wholly by the Board. Upon enrollment, a client will be assigned a Unique Client Identifier (UCI) and is entered into MACSIS. The UCI is a statewide unique client ID number assigned to the client upon initial enrollment and will be used for claims adjudication and data reporting throughout the system. This process is defined in the Board's MACSIS Provider Manual.
- The contract providers will follow the Procedures prepared by the Board prior to provider releasing information necessary for payment by the Board.
- Enrollment into MACSIS will require the collection of a minimum data set as defined in the Mental Health & Recovery Board of Clark, Greene and Madison Counties MACSIS Provider Manual Enrollment Section. Providers will furnish to the Board's enrollment staff the necessary information to enroll the client into MACSIS.
- Enrollment into MACSIS will be the responsibility of the Board. The MIS and Financial Administrative Assistant and other staff designated by the Board will have on-line access to Member Enrollment Modules and will share the enrollment responsibilities.

Eligibility

- **Eligible Clients** who present for services that will be paid for in part or in whole by the Board will be enrolled. These clients must meet the Board's protocols defining a client in order to receive any Board funding.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

**SUBJECT: MACSIS Enrollment &
Eligibility**
Effective Date: July 1, 1999
Revised Date: March 18, 2013

- **Financial Eligibility** for each client determines the payer sources and their liabilities for treatment services provided to that client. Financial Eligibility for clients who are receiving services is determined through a financial assessment process with a goal of determining a fair and negotiated client responsibility based on need. The clients' ability to pay, third-party coverage and extraordinary financial hardship are considered in the development of this client responsibility. The Board pays the balance of the Uniform Cost Report (UCR) derived rate for claims less any first-party and third-party responsibility.
- **Residential Considerations** are used to determine which county pays for the service to that client. County of Residence is on the Enrollment Form and will be used to determine the process. Non-Medicaid clients will be enrolled for Crisis Services and others as approved by Board staff.
- **Eligibility Exceptions:** Financial eligibility can be waived when clients access services in a crisis or emergency situation or for clients hospitalized or recently discharged (within 60 days) from the State Hospital where residency has already been determined for the purpose of payment for hospital stay.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT:

Effective Date:

Revised Date:

No Policy at this time

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: Civil Rights Compliance

Effective Date: May 21, 2007

Revised Date: March 18, 2013

PURPOSE:

The purpose of this policy is to meet the requirements of recipients of SAPT Block Grant funds as defined in Public Laws 102-394, and 102-321 and all other funds distributed through the Ohio Department of Mental Health and Addiction Services.

POLICY:

The Board shall assure that all programs, services and benefits administered, supervised, authorized and/or participated in by the Board and contract providers are operated in accordance with the nondiscriminatory requirements pursuant to Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act of 1990; the Age Discrimination Act of 1975; and, where applicable, the Omnibus Budget Reconciliation Act of 1981.

No person or persons shall on the grounds of race, color, sex, gender identity, sexual orientation, genetic information, veteran status, age, disability, national origin, or religion, be excluded from participation in, be denied the benefits of or be otherwise subjected to discrimination under any program service or benefit advocated, authorized, funded or otherwise provided by the Board.

Contract providers of the Board shall operate in accordance with the nondiscriminatory requirements and meet their obligations pertinent to the federal acts mentioned above.

PROCEDURES:

The person designated to coordinate compliance with Section 504 of the Rehabilitation Act of 1973, as amended, is named below. Any person who feels s/he has been discriminated against because of race, color, sex, gender identity, sexual orientation, genetic information, veteran status, age, disability, national origin, or religion has the right to file a complaint to:

Roselin Runnels, Civil Rights and Section 504 Coordinator
Mental Health & Recovery Board of Clark, Greene, and Madison Counties
1055 E. High Street
Springfield, OH 45505
937-322-0648, x. 106

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

**SUBJECT: Employee Education
About False Claims
Recovery**

Effective Date: May 21, 2007

Revised Date: March 18, 2013

PURPOSE:

This policy provides information about the role of certain federal and state laws in preventing and detecting fraud, waste and abuse and to provide education about protections provided by these laws. This policy applies to all employees (including management), contractors/consultants (other than service providers), Board members and agents of the Board.

POLICY:

The Board is committed to complying with all applicable federal and state laws and regulations. To further this policy and to comply with Section 6032 of the Deficit Reduction Act of 2005, the Board will provide the following information upon request:

- November 9, 2006 Ohio Department of Job and Family Services (ODJFS) Medical Assistance Letter (MAL) No. 516;
- Ohio Department of Job and Family Services' document titled "Ohio Health Plan's Procedures for Detecting Fraud, Waste and Abuse"; and
- Ohio Department of Job and Family Services' document titled "State and Federal False Claims Act and Whistleblower Protections".

All employees (including management), contractors/consultants, Board members and agents of the Board are afforded federal protection under the Federal False Claims Act (31 U.S.C. sections 3729 – 3733). This act permits private citizens to sue, for civil damages, anyone who has submitted a false claim to Ohio's Medicaid program.

There are also Ohio state laws in existence which regulate the filing of false claims for Medicaid payment.

The Board does not provide direct services to Medicaid eligible consumers but there may be instances where, through performance of professional duties, Board staff may become aware of potential or alleged Medicaid fraud. If this occurs, the following actions should be taken:

1. If you are dealing directly with someone either in person, by telephone or through email, inform them that they are responsible for determining whether or not to report their information to the Ohio Attorney General's (OAG) office, Medicaid Fraud Control Unit (MFCU).

**Mental Health & Recovery
Board of Clark, Greene and
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**SUBJECT: Employee Education
About False Claims
Recovery
Effective Date: May 21, 2007
Revised Date: March 18, 2013**

2. Inform them they may file a report/allegation electronically through accessing the OAG website: www.ag.state.oh.us
3. As soon as possible, inform the CEO of the Board of the details (who you were in contact with, their allegations, and information you shared with them and if you know whether the OAG is being contacted).

NOTE: The Board is not authorized by ODJFS to specifically promulgate/implement policies and procedures for detecting and preventing fraud, waste and abuse for the Medicaid program. ODJFS holds that primary responsibility.

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: MACSIS Operations

Effective Date: February 19, 2008

Revised Date:

PURPOSE:

The purpose of this policy is to meet the guidelines of the Ohio Department of Mental Health and Addiction Services Multi-Agency Community Services Information System (MACSIS).

POLICY:

The Board shall follow Departmental guidelines and the following as outlines in the Board's MACSIS Operations Manual:

- Residency Guidelines
- New Client Enrollment
- Processing of Weekly MACSIS Claims
- Enrollment/Client Maintenance
- Claims Adjudication
- Claims Correction/Maintenance
 - Working RETRO Medicaid Eligible Files/Claims
 - Working HELD Status Claims
 - Working MISMATCHED Reports

PROCEDURES:

Specific procedures for this process are outlined in the Board's MACSIS Operations Manual and reflect policies, procedures, and practices as outlined by the Ohio Department of Mental Health and Addiction Services and which can be found at the following URL:
<http://www.mh.state.oh.us/ois/macsis/macsis.index.html>

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: Public Records Access
Effective Date: March 17, 2008
Revised Date: March 19, 2012
Revised Date: March 18, 2013

PURPOSE:

The purpose of this policy is to comply with the Ohio Public Records Act and provide direction to Board staff regarding the processing of requests for public records.

POLICY:

The Board must follow Ohio Revised Code §149.43 Availability of Public Records for Inspection and Copying which provides prompt inspection of public records and upon request, copies of public records within a reasonable amount of time.

PROCEDURE:

This procedure provides direction to all Board staff regarding the processing of requests for public records to fulfill the requirements of Ohio's Public Records Act.

Definitions

“Public Record” means a record kept by any public office as defined in ORC § 149.43 and is:

1. Stored on a fixed medium (paper, electronic, or other format);
2. Created, received by, or comes under the jurisdiction of the Board office; and
3. That documents the organization, function, policies, decisions, procedures, operations or other activities of the Board.

“Requester” means the person or entity making the request for a public record from the Board.

General Rules of Law

All public records responsive to a public records request made pursuant to ORC §149.43 shall be promptly prepared or made available for inspection to any person at all reasonable times during regular business hours, with the exception of published holidays.

“Prompt” and “reasonable” take into account the volume of records requested; the proximity of the location where the records are stored; and the necessity for any legal review of the records requested.

Records will be organized and maintained so that they are readily available for inspection and copying.

**Mental Health & Recovery
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SUBJECT: Public Records Access
Effective Date: March 17, 2008
Revised Date: March 19, 2012
Revised Date: March 18, 2013

Receiving the Public Records Request

All requests for public records, from whatever source, made in whatever manner to any staff of the Board shall be immediately forwarded to the Assistant to the CEO, or if not present, to the Director of Programs and Communication. The Assistant to the CEO will assign a “public records request number” which will be used to track Board communication with the “Requester” and the Board response(s) to the request.

Information from the “Requester”

After informing the “Requester” that a written request is NOT mandatory and that the “Requester” may DECLINE to reveal the “Requester’s” identity or the intended use, the Assistant to the CEO shall ask the “Requester”:

1. To make a request in writing;
2. For the Requester’s identity; and
3. To state the intended use of the information requested.

The Assistant to the CEO must notify the “Requester” when a written request or disclosure of the identity or intended use would benefit the “Requester” by enhancing the ability to identify, locate, or deliver the public records sought by the “Requester”.

Reviewing the Public Records Request

Upon receipt of the request for public records the Assistant to the CEO and any other relevant personnel shall evaluate the request to determine:

1. Whether the request is for a “public record” which is kept by the Board;
2. Whether the request is for a “public record” which is exempted from disclosure as enumerated in the federal or state law;
3. Whether any redactions are necessary to the public records and, if redactions are required and are not plainly visible, notice must be given to the “Requester” about the redactions;
4. Whether the request is ambiguous or overly broad. If the “Requester” makes an ambiguous or overly broad request or has difficulty in making a request for copies or inspection of public records such that the Board cannot reasonably identify what public records are being requested, the Assistant to the CEO may deny the request but shall provide the “Requester” with an opportunity to revise the request by informing the “Requester” of the manner in which maintained by the Board and accessed in the ordinary course of the public office’s or person’s duties;

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5. Whether the request should be denied. If the request is denied, the Assistant to the CEO shall provide the “Requester” with an explanation, including legal authority explaining why the request was denied. If the initial request was in writing, the explanation also shall be provided to the “Requester” in writing;
6. Determine the reasonable amount of time it will take to promptly prepare and make available the record of inspection during regular business hours; and
7. If copies are requested, the reasonable amount of time it will take to make copies available and the choices of medium (for example: hard copy, fax, audiotape, etc.) upon which the record can be duplicated as an integral part of the normal operations of the Board office.

Responding to “Requester” Regarding Inspection

The Assistant to the CEO shall inform the “Requester” of the most reasonable prompt manner of providing access to inspect the public records and shall make provisions within the Board office for the logistics. If this notification is oral, the Assistant to the CEO shall document that said information was provided.

Process for Providing Copies

Payment Process

If copies of the public records are requested, the “Requester” shall provide to the Assistant to the CEO, in advance, the cost of duplicating the public record. If the “Requester” has requested the public record to be mailed, the cost of United States postage and other mailing supplies beyond a standard envelope will be charged to the “Requester”. The Board will accept cash or money orders payable to: MHRB.

Cost

1. The charge for paper copies is 5 cents per page.
2. The charge for downloaded computer files to a compact disc is \$1.00 per disc.
3. Duplication cost for other media will be determined at the time of the request.
4. There is no charge for documents that are e-mailed.

Acknowledgement of Payment

The Assistant to the CEO shall immediately forward the funds received to the Board Fiscal Division with a copy of the invoice indicating the nature and amount of funds received. If the “Requester” tenders cash, a receipt shall be immediately issued by the Board to the “Requester” at the time the cash is tendered and prior to the tendering of the record.

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SUBJECT: Public Records Access
Effective Date: March 17, 2008
Revised Date: March 19, 2012
Revised Date: March 18, 2013

Request to Review Board Personnel File

Any request made to review a Board personnel file, or to obtain copies of records contained in a Board personnel file, shall be processed according to this procedure. The Assistant to the CEO will notify the Board staff person whose file has been the subject of a public record request.

The following information contained in a personnel file is not public information and will be redacted:

- Social Security numbers
- Home address

Notice to Board State Certified Agency Providing Services to Residents of Clark, Greene and Madison Counties (hereafter referred to as agency) Involved in a Request

The Assistant to the CEO will notify a Board agency that is affected by a public records request made of the Board.

Policy Not to Interfere with Regular Business Operations

Documents and records which are normally exchanged on a regular basis in a normal course of business with Board agencies, constituents and those engaged in a business relationship with the Board do NOT have to be exchanged pursuant to this procedure. However, duplication costs may be applicable as determined by the CEO.

Display of Policy

This procedure must be readily available in the Board offices.

Failure to Respond to a Public Records Request

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

**Mental Health & Recovery
Board of Clark, Greene and
Madison Counties**

SUBJECT: Communication Guide

Effective Date: May 18, 2009

Revised Date:

PURPOSE:

The purpose is to provide accurate, timely and consistent information to all its internal and external stakeholders and constituents.

POLICY:

It is the policy of the Board to provide accurate, timely and consistent information to all its internal and external stakeholders and constituents to whom we are responsible. Further, while each associated Board contract provider is primarily responsible for telling its own story, it is the responsibility of the Board to provide communications oversight, coordination, guidance and support to each provider to insure certain critical core messages are emphasized and that all providers and services speak with one voice on vital issues that impact the entire system.

This policy has three basic objectives:

1. Consistency - To assure consistency in communications from the Board and all service providers and to positively present core communication messages;
2. Credibility - To set a standard and maintain a high level of credibility with all stakeholder and constituents; and
3. Reputation - To protect the reputations of the Board and all its contract providers.

PROCEDURES:

1. The Board staff will develop core communication messages on critical themes and issues impacting the organization. Core messages are the vital themes the organization wants to convey to our audiences. They will serve as the backbone of all communication initiatives. They insure repetition of important information and help maintain a consistent message covering important topics. The Board's core messages will be provided to each contract provider. Contract providers will be encouraged to include these core messages, as appropriate, in discussions, presentations, and literature developed by the provider, etc.
2. The Board's core messages will generally address issues that impact several or all the providers in the Board area in a broad manner. Message development-refinement is a continuing effort that must be considered throughout the year. It is expected that "fine tuning" will take place on each core message as issues change and the situation dictates.
3. Using the core messages from the Board as a standard and a guide, each provider is responsible for developing its own core messages. These core messages are the essence of each provider. They define the provider's identity for users, the media, and the general public. The combination of Board and provider specific core messages allows for the presentation of a strong leadership message when incorporated into Board and provider communication efforts.
4. The Board will convene a Communications Review Group for the purpose of reviewing external communications materials retrospectively and coordinating and facilitating future public relations opportunities. The membership of the group will be the CEOs/Directors and one other staff member of contract providers, the Board CEO and the Director of Programs and Communications. The group will meet a minimum of three times per year.

**Mental Health & Recovery
Board of Clark, Greene
and Madison Counties**

SUBJECT: Media Relations

Effective Date: May18, 2009

Revised Date:

PURPOSE:

The purpose is to provide accurate, timely and consistent information to the news media.

POLICY:

It is the policy of the Board to provide accurate, timely and consistent information to the news media. The Board respects the knowledge and intelligence of its stakeholders and constituents and believes that forthright and honest communications are the foundation of all successful communication programs. As a valued organization in three counties the Board and its programs, activities and plans are of special interest to the public.

It is important to present the Board and contract providers both accurately and in the best possible light. When information is released, every effort must be made to avoid misunderstanding, misinterpretation, or confusion. Care must be taken to ensure that information originating from the Board and its contract providers is accurate, complete, reflects the mission and vision of the Board and/or contract provider and is provided to the media and in a timely manner. In the interest of orderly, consistent management of information released to the media the following procedures apply.

PROCEDURES:

An important role of the Board is to advocate the interests of the collaborative network of contract providers by developing and disseminating official news about the Board as well as supporting contract providers in providing information to the public. The Board will collaborate with directors of all contract providers and support their efforts to reach out to internal and external audiences. The Board will work closely with contract providers to continually monitor and anticipate external developments that may affect the Board and contract providers and develop and provide strategic communications assistance to contract providers.

AREAS OF RESPONSIBILITY FOR MEDIA RELATIONS:

MHRB

1. The Board will develop broad story ideas on issues that impact several or all contract providers. These are generally stories that involve funding, personnel, levy campaigns, etc. For example: *The impact of the current financial environment on Board providers*. Once a story idea has been developed, media will be contacted by the Board. Coordination of story's material and availability of provider personnel to provide story details will be arranged by Board staff.
2. The Board will review and coordinate on all contract provider news releases or feature story material that involve more than one or all contract providers in the Board area. The goal is to insure that the Board CEO and staff always have the opportunity to address the wider implications of issues being discussed.

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SUBJECT: Media Relations

Effective Date: May18, 2009

Revised Date:

3. The spokesperson for the Board is the CEO. The CEO may elect to designate an alternate for this function. The CEO or designated spokesperson will provide information to media as required on Board policies, positions, announcements, personnel issues, crisis management, emergency situations, fiscal operations and other matters reflecting on the standing of the Board.
4. The designated spokesperson will be informed promptly when a contract provider receives inquiries from the media. Contract providers will keep the Board informed promptly of all relevant media situations and inquires.

CONTRACT PROVIDER ORGANIZATIONS

1. The spokesperson for contract providers is normally the provider director. If necessary a provider director may delegate this responsibility to a media relations trained staff person.
2. Designated spokespeople will provide information to media as required on provider policies, positions, announcements, personnel issues, crisis management, emergency situations, fiscal operations and other matters reflecting on the standing of the provider.
3. The designated spokesperson will be informed promptly when the Board receives inquiries from the media regarding the contract provider.
4. Contract providers are encouraged to provide the Board courtesy copies of all news releases at least two days prior to release. Copies may be faxed to 937-327-2465 or emailed to both of the following: kent@mhrb.org and roselin@mhrb.org.
5. Contract providers will contact the Board following the coverage of a release to review the impact.

NOTE: Always assume that everything said to a reporter is on the record. If you don't want to see it in print or on the air, don't say it.