



April 9th, 2020

**Camden County Senate Bill 40 Board
(dba) Camden County Developmental
Disability Resources**

Open Session Board Meeting

Agenda

Camden County Senate Bill 40 Board
d/b/a Camden County Developmental Disability Resources
100 Third Street
Camdenton, MO 65020

Tentative Agenda for Open Session Board Meeting on April 9th, 2020, at 5:00 PM

This Board Meeting will be Held via Conference Call:

1-877-402-9753

Access Code: 5941337

Call to Order/Roll Call

Approval of Agenda

Approval of Open Session Board Meeting Minutes for March 12th, 2020

Acknowledgement of Distributed Materials to Board Members

- February CLC Monthly Report
- February LAI Monthly Report
- March 2020 Support Coordination Report
- March 2020 CARF Reports (Not Available – Pending Updates & Changes)
- March 2020 Employment Report (Not Available – Pending Updates & Changes)
- March 2020 Agency Economic Report
- February 2020 Credit Card Statement
- Resolutions 2020-19, 2020-20, 2020-21, 2020-22, 2020-23, 2020-24, 2020-25, 2020-26, 2020-27, 2020-28, 2020-29, & 2020-30

Speakers/Guests

- NONE

Monthly Oral Reports

- Children's Learning Center
- Lake Area Industries
- MACDDS

Old Business for Discussion

- Interior Painting of Children's Learning (Update)

New Business for Discussion

- COVID-19 Related Updates

March Reports

- Support Coordination Report
- CARF Reports (Not Available – Pending Updates & Changes)
- Employment Report (Not Available – Pending Updates & Changes)
- Agency Economic Report

February Credit Card Statement

Discussion & Conclusion of Resolutions:

1. Resolution 2020-19: Approval of Amended Client-Family Handbook
2. Resolution 2020-20: Approval of Amended Health & Safety Manual
3. Resolution 2020-21: Approval of Amended Policy 2
4. Resolution 2020-22: Approval of Amended Policy 3
5. Resolution 2020-23: Approval of Amended Policy 4
6. Resolution 2020-24: Approval of Amended Policy 6
7. Resolution 2020-25: Approval of Amended Policy 7
8. Resolution 2020-26: Approval of Amended Policy 8
9. Resolution 2020-27: Approval of Amended Policy 12
10. Resolution 2020-28: Approval of Amended Policy 13
11. Resolution 2020-29: Approval of Amended Policy 39
12. Resolution 2020-30: Approval of FFCRA Policy

NOTE: There will be no Board Educational Presentation at this Month's Meeting

Public Comment

Pursuant to **ARTICLE IV, "Meetings"**, Section 5. Public Comment:

"The Board values input from the public. There shall be opportunity for comment by the public during the portion of the Board agenda designated for "Public Comment". Public comment shall be limited to no more than 3 minutes per person to allow all who wish to participate to speak. It is the policy of the Board that the Board shall not respond to public comment at the Board meeting."

"Only comments related to agency-related matters will be received, however such comments need not be related to specific items of the Board's agenda for the meeting. The Board shall not receive comments related to specific client matters and/or personnel grievances, which are addressed separately per Board policies and procedures."

Adjournment

The news media may obtain copies of this notice by contacting:

Ed Thomas, CCDDR Executive Director

5816 Osage Beach Parkway, Suite 108, Osage Beach, MO 65065

Office: 573-693-1511 Fax: 573-693-1515 Email: director@ccddr.org

March 12th, 2020
Open Session Minutes

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES
Open Session Minutes of March 12, 2020

Members Present Angela Sellers, Betty Baxter, Kym Jones, Dr. Vicki McNamara,
Brian Willey (via telephone), Paul DiBello (via telephone)

Members Absent Suzanne Perkins, Chris Bothwell, Nancy Hayes

Others Present Ed Thomas, Executive Director

Guests Present Natalie Couch, Lillie Smith (LAI)
Susan Daniels, Lisa Berkstresser CLC
Jeanna Booth, Marcie Vansyoc, Connie Baker, Lori Cornwell, Ryan Johnson,
Nicole Whittle, Teri Guttman, Trish Strouse, Linda Simms (CCDDR)

Approval of Agenda

Motion by Kym Jones, second Dr. Vicki McNamara, to approve the agenda as presented.

AYE: Angela Sellers, Kym Jones, Dr. Vicki McNamara,
Betty Baxter, Paul DiBello, Brian Willey

NO: None

Introduction of New Board Members

Both vacant positions of the Board have been filled. Dr McNamara is the Director of Special Services for Camdenton schools. Nancy Hayes was unable to attend the March board meeting but plans on being present at the board meeting in April. Nancy is currently the Executive Director of the SB40 Board in Miller County.

Introduction of New Support Coordinators

The two new Support Coordinators were present. Teri Guttman relocated from the state of California bringing with her 16 years of background experience in developmental disability services. Patricia Strouse has strong background experience in behavioral health and has worked with several CCDDR clients with dual diagnosis in her previous work experience.

Approval of Open Session Board Minutes for February 13th, 2020

Motion by Kym Jones, second Paul DiBello, to approve the February 13th, 2020 Open Session Board Meeting Minutes as presented.

AYE: Angela Sellers, Kym Jones, Paul DiBello, Brian Willey

NO: None

ABSTAIN: Betty Baxter, Dr. Vicki McNamara because they were
not present at the February 13th, 2020 board meeting.

Approval of Closed Session Board Minutes for February 13th, 2020

Motion by Kym Jones, second Brian Willey, to approve the February 13th, 2020 Open Session Board Meeting Minutes as presented.

AYE: Angela Sellers, Kym Jones, Paul DiBello, Brian Willey

NO: None

ABSTAIN: Betty Baxter, Dr. Vicki McNamara because they were not present at the February 13th, 2020 board meeting.

Acknowledgement of Distributed Materials to Board Members

- CLC Monthly Report
- LAI Monthly Report
- February 2020 Support Coordination Report
- February 2020 CARF Reports (Not available yet – Pending for 2020)
- February 2020 Employment Report
- February 2020 Agency Economic Report
- January 2019 Credit Card Statement
- Resolutions 2020-16, 2020-17

Speakers/Guests

None

Monthly Oral Reports

Children's Learning Center (CLC)

Susan Daniels

CLC is trying to get in more clients but having problems with staff sickness. Agency is doing great but still working on getting a CCDDR client thru necessary channels. Susan asked each person present to call State Farm Insurance to get an insurance quote as CLC will get \$5 for each quote – it is not required a person obtain insurance if given a quote. There are concerns that few people will attend Pizza for a Purpose but \$50 has been received for pre-advance orders. A \$750 grant was received from CFL to purchase a new stove. CLC will receive benefits from 2 events being held at Seven Springs Winery. The waitlist is at a standstill until additional staff can be hired.

Paul entered at 5:05 via telephone.

Lake Area Industries (LAI)

Natalie Couch

LAI is doing well. The workshop's first net loss occurred in February but hoping to catch up in March. Starting Monday, work hours will be from 8:30 am to 4 PM due to being behind in work. February was a busy administrative month with several projects in progress: audit, concrete pouring, District T grant for trailers, CFL grant in the amount of \$1250 received for lighting, 14C renewal, and DESE funding. LAI currently has 17 open purchase orders with BTI.

MACDDS

MACDDS updates will be added to the agenda for monthly reporting. Ed will keep board up to date on activities discussed at the MACDDS monthly meetings. Medical marijuana, TCM rates, current House Bills and Senate Bills were a few items discussed. Ed testified against HB1858 on behalf of MACDDS, a bill to exempt grandparents from having background checks for guardianship. A different bill exempts aunts and uncles. Most incidents of abuse are by family or friends close to the individual. SB684 (related to our organization) would change Medicaid eligibility date to application date instead of 90-days retroactively. MACDDS does not support the passage of this bill. The current state budget discussions and proposals in subcommittees could create another situation for a statewide waiver wait list. COVID-19 is now a pandemic. Hand sanitizing dispensers have been ordered for lobby areas of both offices and staff will be educating clients via phone, e-mails and mailings. CCDDR employees will be updated constantly of new information and safety precautions via e-mails.

Old Business for Discussion

None

New Business for Discussion

None.

February Reports

Support Coordination Report

Caseload count is currently 362 with 5 in the intake process. Support Coordinators are close to caseload capacity. The conference room has been renovated to house new Support Coordinators and accommodate further expansion. Two coordinators are currently occupying what was the conference room with space for 2 more cubicles. If 2 more employees for the Camden Office are hired in the future, the office will be at its maximum capacity.

CARF Reports (Not Available Yet – Pending for 2020)

Employment Report

Competitive Integrated Employment is remaining stable and higher than years past during the off-season.

Agency Economic Report

Doing well with budget. Billing slipped a little due to the two vacant Support Coordinator positions. The Budget will be affected if TCM rate changes significantly. Ed is not too worried at this time; however, CMS is still reviewing the proposed TCM rate calculation amendment proposed by DMH.

Motion by Kym Jones, second Betty Baxter, to approve **ALL** reports as presented.

AYE: Angela Sellers, Kym Jones, Dr. Vicki McNamara,
Betty Baxter, Paul DiBello, Brian Willey

NO: None

January 2019 Credit Card Statement

No Questions and a vote not necessary.

Discussion & Conclusion of Resolutions:

1, Resolution 2020-16: 2018 Annual Report

After audits have been completed, an annual report is released containing information derived from the audit report. The 2018 audit has been completed and accepted by the Board.

After presentation and further discussion of Resolution 2020-16:

Motion by Kym Jones, second Betty Baxter, to approve the resolution as presented.

AYE: Angela Sellers, Kym Jones, Dr. Vicki McNamara,
Betty Baxter, Paul DiBello, Brian Willey

NO: None

2. Resolution 2020-17: RFP 2019-4 Award for Interior Painting – Children’s Learning Center

RFP 2019-4 was issued twice because no responses were received on the first issuance. Only 1 response was received on second issuance from Conaway Contracting LLC in the amount of \$5,500.

After presentation and further discussion of Resolution 2020-17:

Motion by Betty Baxter, second Kym Jones, to approve the resolution as presented.

AYE: Angela Sellers, Kym Jones, , Dr. Vicki McNamara,
Betty Baxter. Paul DiBello, Brian Willey

NO: None

Paul gave permission to use his signature stamp to finalize the written record on the board minutes and resolutions.

Board Education Session – SB40 Statutes

Ed presented the language contained in RSMo 205.968 to 205.972. RSMo 630.005 relates to developmental disability requirements and definitions. CCDDR is a political subdivision. Ed also covered information regarding SB 40 Board members. 7 of the 9 must be residents of the county, 2 of the 9 related to a person with a disability. 4 of the 9 must be public members. Employees and Board members cannot be related within the third degree. Board members cannot be employees, which includes contracted employees, of the SB 40 Board within one year of leaving board.

Public Comment: NONE

Adjournment:

Motion by Betty Baxter, second Kym Jones, to adjourn meeting.

AYE: Angela Sellers, Kym Jones, Dr. Vicki McNamara,
Betty Baxter, Paul DiBello, Brian Willey

NO: None

Board Chairperson

Secretary

CLC Monthly Report



**SB40/CCDDR Funding Request
for
MARCH 2020**

Utilizing FEBRUARY 2020 Records

CHILDREN'S LEARNING CENTER
Statement of Activity
February 2020

	<u>First Steps</u>	<u>Step Ahead</u>	<u>TOTAL</u>
Revenue			
40000 INCOME			0.00
41000 Contributions & Grants			0.00
41100 CACFP		698.57	698.57
41200 Camden County SB40	986.70	11,893.09	12,879.79
41210 Camden County SB40 One-Time Grants		10,000.00	10,000.00
Total 41200 Camden County SB40	\$ 986.70	\$ 21,893.09	\$ 22,879.79
Total 41000 Contributions & Grants	\$ 986.70	\$ 22,591.66	\$ 23,578.36
42000 Program Services			0.00
42100 First Steps			0.00
Total 42100 First Steps	\$ 7,593.25	\$ 0.00	\$ 7,593.25
Total 42000 Program Services	\$ 7,593.25	\$ 0.00	\$ 7,593.25
43000 Tuition			0.00
43100 Dining			0.00
43120 Lunch		150.00	150.00
43130 Snack		25.00	25.00
Total 43100 Dining	\$ 0.00	\$ 175.00	\$ 175.00
43500 Tuition		2,832.00	2,832.00
Total 43000 Tuition	\$ 0.00	\$ 3,007.00	\$ 3,007.00
45000 Other Revenue			0.00
45200 Fundraising Income			0.00
45280 Pizza For A Purpose		700.00	700.00
45281 Pizza For A Purpose - Gun Raffle		120.00	120.00
Total 45280 Pizza For A Purpose	\$ 0.00	\$ 820.00	\$ 820.00
Total 45200 Fundraising Income	\$ 0.00	\$ 820.00	\$ 820.00
45300 Donation Income			0.00
45310 Donations			0.00
45315 Bear Market		75.00	75.00
45353 Alley Cats - Santas Little Helpers		2,057.00	2,057.00
Total 45310 Donations	\$ 0.00	\$ 2,132.00	\$ 2,132.00
Total 45300 Donation Income	\$ 0.00	\$ 2,132.00	\$ 2,132.00
Total 45000 Other Revenue	\$ 0.00	\$ 2,952.00	\$ 2,952.00
Total 40000 INCOME	\$ 8,579.95	\$ 28,550.66	\$ 37,130.61
Total Revenue	\$ 8,579.95	\$ 28,550.66	\$ 37,130.61
Gross Profit	\$ 8,579.95	\$ 28,550.66	\$ 37,130.61
Expenditures			
50000 EXPENDITURES			0.00
51000 Payroll Expenditures			0.00
Total 51000 Payroll Expenditures	\$ 0.00	\$ 26,203.76	\$ 26,203.76
52000 Advertising/Promotional		249.77	249.77
53000 Equipment		55.92	55.92
54000 Fundraising/Grants			0.00

54700 Pizza For A Purpose			11.84	11.84
Total 54000 Fundraising/Grants	\$	0.00	\$ 11.84	\$ 11.84
57000 Office/General Administrative Expenditures			19.99	19.99
57160 QuickBooks Payments Fees			183.44	183.44
57400 Child Management Software			35.00	35.00
57960 Janitorial/Custodial			200.00	200.00
Total 57000 Office/General Administrative Expenditures	\$	0.00	\$ 438.43	\$ 438.43
58000 Operating Supplies				0.00
58100 Classroom Consumables			136.02	136.02
58150 Center Consumables			80.70	80.70
58200 Dining			872.58	872.58
Total 58000 Operating Supplies	\$	0.00	\$ 1,089.30	\$ 1,089.30
59000 Program Service Fees				0.00
59100 First Steps				0.00
Total 59100 First Steps	\$	2,304.96	\$ 1,036.37	\$ 3,341.33
Total 59000 Program Service Fees	\$	2,304.96	\$ 1,036.37	\$ 3,341.33
62000 Safety & Security			620.00	620.00
63000 Utilities				0.00
63200 Internet		21.00	48.99	69.99
63300 Telephone		38.89	90.74	129.63
63400 Trash Service			39.71	39.71
Total 63000 Utilities	\$	59.89	\$ 179.44	\$ 239.33
Total 50000 EXPENDITURES	\$	2,364.85	\$ 29,884.83	\$ 32,249.68
Payroll Expenses				0.00
Company Contributions				0.00
Retirement			160.00	160.00
Total Company Contributions	\$	0.00	\$ 160.00	\$ 160.00
Total Payroll Expenses	\$	0.00	\$ 160.00	\$ 160.00
Reimbursements			187.03	187.03
Total Expenditures	\$	2,364.85	\$ 30,231.86	\$ 32,596.71
Net Operating Revenue	\$	6,215.10	-\$ 1,681.20	\$ 4,533.90
Net Revenue	\$	6,215.10	-\$ 1,681.20	\$ 4,533.90

CHILDREN'S LEARNING CENTER
Statement of Activity
January - February, 2020

	First Steps	Step Ahead	TOTAL
Revenue			
40000 INCOME			0.00
41000 Contributions & Grants			0.00
41100 CACFP		1,231.27	1,231.27
41200 Camden County SB40	2,102.10	21,674.87	23,776.97
41210 Camden County SB40 One-Time Grants		10,000.00	10,000.00
Total 41200 Camden County SB40	\$ 2,102.10	\$ 31,674.87	\$ 33,776.97
Total 41000 Contributions & Grants	\$ 2,102.10	\$ 32,906.14	\$ 35,008.24
42000 Program Services			0.00
42100 First Steps			0.00
Total 42100 First Steps	\$ 11,383.85	\$ 0.00	\$ 11,383.85
Total 42000 Program Services	\$ 11,383.85	\$ 0.00	\$ 11,383.85
43000 Tuition			0.00
43100 Dining			0.00
43120 Lunch		300.00	300.00
43130 Snack		50.00	50.00
Total 43100 Dining	\$ 0.00	\$ 350.00	\$ 350.00
43500 Tuition		5,341.51	5,341.51
43505 Subsidy Tuition		82.18	82.18
Total 43500 Tuition	\$ 0.00	\$ 5,423.69	\$ 5,423.69
Total 43000 Tuition	\$ 0.00	\$ 5,773.69	\$ 5,773.69
45000 Other Revenue			0.00
45200 Fundraising Income			0.00
45280 Pizza For A Purpose		800.00	800.00
45281 Pizza For A Purpose - Gun Raffle		220.00	220.00
Total 45280 Pizza For A Purpose	\$ 0.00	\$ 1,020.00	\$ 1,020.00
Total 45200 Fundraising Income	\$ 0.00	\$ 1,020.00	\$ 1,020.00
45300 Donation Income			0.00
45310 Donations		292.00	292.00
45312 Community Rewards		201.06	201.06
45315 Bear Market		150.00	150.00
45351 Community Foundation of the Lake		2,400.00	2,400.00
45353 Alley Cats - Santas Little Helpers		2,205.00	2,205.00
Total 45310 Donations	\$ 0.00	\$ 5,248.06	\$ 5,248.06
Total 45300 Donation Income	\$ 0.00	\$ 5,248.06	\$ 5,248.06
Total 45000 Other Revenue	\$ 0.00	\$ 6,268.06	\$ 6,268.06
Total 40000 INCOME	\$ 13,485.95	\$ 44,947.89	\$ 58,433.84
Total Revenue	\$ 13,485.95	\$ 44,947.89	\$ 58,433.84
Gross Profit	\$ 13,485.95	\$ 44,947.89	\$ 58,433.84
Expenditures			
50000 EXPENDITURES		41.75	41.75
51000 Payroll Expenditures			0.00
Total 51000 Payroll Expenditures	\$ 0.00	\$ 50,137.36	\$ 50,137.36
52000 Advertising/Promotional		666.72	666.72
53000 Equipment		105.92	105.92
54000 Fundraising/Grants			0.00
54200 Summer Night Glow 5K		264.00	264.00

54700 Pizza For A Purpose			678.74	678.74
Total 54000 Fundraising/Grants	\$	0.00	\$ 942.74	\$ 942.74
55000 Insurance				0.00
55600 Professional Liability			533.00	533.00
Total 55000 Insurance	\$	0.00	\$ 533.00	\$ 533.00
56000 Office Expenditures				0.00
56100 Copy Machine		186.45	435.06	621.51
56200 Miscellaneous			69.81	69.81
56300 Office Supplies			141.43	141.43
Total 56000 Office Expenditures	\$	186.45	\$ 646.30	\$ 832.75
57000 Office/General Administrative Expenditures			19.99	19.99
57100 Accounting Fees				0.00
57150 Online Accounting Software Service			70.00	70.00
Total 57100 Accounting Fees	\$	0.00	\$ 70.00	\$ 70.00
57160 QuickBooks Payments Fees			261.94	261.94
57400 Child Management Software			70.00	70.00
57960 Janitorial/Custodial			350.00	350.00
Total 57000 Office/General Administrative Expenditures	\$	0.00	\$ 771.93	\$ 771.93
58000 Operating Supplies				0.00
58100 Classroom Consumables			199.85	199.85
58150 Center Consumables			113.94	113.94
58175 Paper Consumables			46.17	46.17
58200 Dining			2,070.82	2,070.82
58400 Sanitizing			16.79	16.79
Total 58000 Operating Supplies	\$	0.00	\$ 2,447.57	\$ 2,447.57
59000 Program Service Fees				0.00
59100 First Steps				0.00
Total 59100 First Steps	\$	5,267.76	\$ 1,036.37	\$ 6,304.13
Total 59000 Program Service Fees	\$	5,267.76	\$ 1,036.37	\$ 6,304.13
62000 Safety & Security			620.00	620.00
63000 Utilities				0.00
63100 Electric		115.62	269.78	385.40
63200 Internet		42.00	97.98	139.98
63300 Telephone		77.78	181.48	259.26
63400 Trash Service			79.42	79.42
Total 63000 Utilities	\$	235.40	\$ 628.66	\$ 864.06
Total 50000 EXPENDITURES	\$	5,689.61	\$ 58,578.32	\$ 64,267.93
Payroll Expenses				0.00
Company Contributions				0.00
Retirement			320.00	320.00
Total Company Contributions	\$	0.00	\$ 320.00	\$ 320.00
Total Payroll Expenses	\$	0.00	\$ 320.00	\$ 320.00
Reimbursements			237.03	237.03
Total Expenditures	\$	5,689.61	\$ 59,135.35	\$ 64,824.96
Net Operating Revenue	\$	7,796.34	-\$ 14,187.46	-\$ 6,391.12
Net Revenue	\$	7,796.34	-\$ 14,187.46	-\$ 6,391.12

CHILDREN'S LEARNING CENTER
Statement of Cash Flows
January 1 - March 3, 2020

	First Steps	Step Ahead	Not Specified	TOTAL
OPERATING ACTIVITIES				
Net Revenue	7,796.34	11,945.46		-4,149.12
Adjustments to reconcile Net Revenue to Net Cash provided by operations:				0.00
Accounts Receivable (A/R)			-3,426.65	-3,426.65
Repayment:Cash Advance Repayment			200.00	200.00
Accounts Payable (A/P)			-1,137.99	-1,137.99
21000 CBOLO MasterCard -8027		-2,103.84	2,119.11	15.27
21200 Kroger-DS1634 CLC		-1,718.52	2,070.82	352.30
22300 Payroll Liabilities:Federal Taxes (941/944)			1,693.30	1,693.30
22400 Payroll Liabilities:MO Income Tax			15.00	15.00
22500 Payroll Liabilities:MO Unemployment Tax			-225.32	-225.32
Direct Deposit Payable			0.00	0.00
Payroll Liabilities:Ascensus			640.00	640.00
Total Adjustments to reconcile Net Revenue to Net Cash provided by operations:	\$ 0.00	-\$ 3,822.36	\$ 1,948.27	-\$ 1,874.09
Net cash provided by operating activities	\$ 7,796.34	-\$ 15,767.82	\$ 1,948.27	-\$ 6,023.21
Net cash increase for period	\$ 7,796.34	-\$ 15,767.82	\$ 1,948.27	-\$ 6,023.21
Cash at beginning of period			9,795.82	9,795.82
Cash at end of period	\$ 7,796.34	-\$ 15,767.82	\$ 11,744.09	\$ 3,772.61

CHILDREN'S LEARNING CENTER
Statement of Financial Position
As of February 29, 2020

		Jan - Feb, 2020
ASSETS		
Current Assets		
Bank Accounts		
11000 CBOLO Checking		3,706.32
Total Bank Accounts	\$	3,706.32
Accounts Receivable		
Accounts Receivable (A/R)		1,729.45
Total Accounts Receivable	\$	1,729.45
Other Current Assets		
14000 Undeposited Funds		356.00
Cash Advance		700.00
Prepaid Expenses		7,971.74
Repayment		
Cash Advance Repayment		-900.00
Total Repayment	-\$	900.00
Total Other Current Assets	\$	8,127.74
Total Current Assets	\$	13,563.51
TOTAL ASSETS	\$	13,563.51
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
Accounts Payable (A/P)		39.71
Total Accounts Payable	\$	39.71
Credit Cards		
21000 CBOLO MasterCard -8027		631.04
21200 Kroger-DS1634 CLC		872.58
Total Credit Cards	\$	1,503.62
Other Current Liabilities		
22000 Payroll Liabilities		
22100 Anthem		2,191.63
22200 Childcare Tuition		3,141.44
22300 Federal Taxes (941/944)		-6,482.60
22400 MO Income Tax		-2,731.48
22500 MO Unemployment Tax		-674.22
22600 Primevest Financial		448.19
Aflac		8,859.15
Alieria		9,354.60
Ascensus		4,285.00
Health Care (United HealthCare)		776.25
US Department of Education		1,115.65
Total 22000 Payroll Liabilities	\$	20,283.61
Direct Deposit Payable		0.00

Total Other Current Liabilities	\$	20,283.61
Total Current Liabilities	\$	21,826.94
Total Liabilities	\$	21,826.94
Equity		
30000 Opening Balance Equity		13,816.12
Retained Earnings		-15,688.43
Net Revenue		-6,391.12
Total Equity	-\$	8,263.43
TOTAL LIABILITIES AND EQUITY	\$	13,563.51

CHILDREN'S LEARNING CENTER
Accounts Receivable YTD by Class
 January - February, 2020

	Date	Transaction Type	Num	Department	Class	Memo/Description	Split	Amount	Balance
Step Ahead	02/01/2020	Pledge	2132		Step Ahead	February Tuition	Accounts Receivable (AR)	240.00	240.00
	02/01/2020	Pledge	2136		Step Ahead	February Tuition	Accounts Receivable (AR)	480.00	720.00
	02/01/2020	Pledge	2136		Step Ahead	February Dining Fee	Accounts Receivable (AR)	25.00	745.00
	02/01/2020	Pledge	2133		Step Ahead	February Snack Fee	Accounts Receivable (AR)	5.00	750.00
	02/01/2020	Pledge	2133		Step Ahead	February Tuition	Accounts Receivable (AR)	570.00	1,320.00
	02/01/2020	Pledge	2133		Step Ahead	February Dining Fee	Accounts Receivable (AR)	25.00	1,345.00
	02/01/2020	Pledge	2136		Step Ahead	February Snack Fee	Accounts Receivable (AR)	5.00	1,350.00
Total for Step Ahead								\$ 1,350.00	

CHILDREN'S LEARNING CENTER
AGENCY UPDATE/PROGRESS REPORT
February 2020

○ **CHILD COUNT/ATTENDANCE**

Step Ahead currently has 24 children enrolled
16 of the 24 with special needs/dd (9 one-on-ones)

○ **COMMUNITY EVENTS**

Attended:

2/22 – YPL DodgeBall Tournament – Fearless & Flawless CLC Girls participated

Current / Upcoming:

3/21/20 – Silver Cup Chef Competition – Seven Springs Winery

3/13/20 – Pizza For A Purpose @ Redhead Lakeside Grill

3/26/20 – Best of Missouri - Regalia

4/18/20 – Wine Run – Seven Springs Winery

○ **GENERAL PROGRAM NEWS**

- Received grant from Community Foundation of the Lake for \$750 for new stove
- Looking for volunteer from 10:00 -12:30, daily, to help with activities, bus, lunch & nap

○ **FUNDRAISING/GRANTS**

- Needing grant for new Mac laptop for administration
- Submitted Daybreak Rotary grant for CLC scholarship Fund

Ask us about

Quotes for Good™

Childrens Learning Center

March 2020

Together, we can turn caring into doing.

Mac Decker, State Farm Agent

1179 E Highway 54., PO Box 650

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Neighborhood of Good®

 **State Farm®**

Quotes for Good™

Childrens Learning Center

March 2020

We're excited to be sponsored by our local State Farm® agent as this month's Quotes for Good organization. This month, for every person we send their way and who completes an auto, fire, or life quote, they'll make a \$5 donation to our organization.

For the quote to qualify, the individual can be a new customer or a current State Farm customer that has policies with this agent. If the individual currently has policies with the agent, they will need to quote business they do not already have with the agent.

When calling in/stopping by for a quote, be sure to mention Quotes for Good and our organization's name for the quote to qualify. We are excited about the opportunity to generate donations and create awareness about our cause.

Thank you for supporting us through Quotes for Good. Together, we can make a difference in our community.

Malcolm Decker, State Farm Agent

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Camdenton MO 65020

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Neighborhood of Good®

 State Farm®

Tickets are \$10 in advance
or \$15 at the door.

PIZZA
CASH BAR
HUGE SILENT AUCTION
PRIZES

March 13, 2020

Pizza
— for a —
Purpose



AT:



Redhead
Lakeside Grill
1700 Yacht Club Drive
Osage Beach, MO

Doors open 6pm, Auction starts at 7pm

A FUNDRAISER FOR:

Children's Learning Center
88 Third Street • Camdenton, MO
573-346-0660 • clcforkids.org

LAI Monthly Report



Monthly Financial Reports

Lake Area Industries, Inc.

FEBRUARY 29, 2020

Lake Area Industries, Inc.
Balance Sheet Comparison
As of February 29, 2020

	As of Feb 29, 2020	Previous Year
ASSETS		
Current Assets		
Total Bank Accounts	309,283	300,836
Total Accounts Receivable	66,728	60,382
Other Current Assets		
Certificate of Deposit 12 mo mat 1/7/21	25,134	
Certificate of Deposit 12 mo. mat 3/27/20	25,474	
Certificate of Deposit 12 mo. mat 10/22/20	25,313	
Certificate of Deposit 12 mo. mat 6/27/20	25,232	
Community Foundation of the Ozarks Agency Partner Account	1,009	1,009
GIFTED GARDEN CASH	500	0
INVENTORY	8,623	4,284
PETTY CASH	145	150
Undeposited Funds	434	(40)
Total Other Current Assets	111,865	5,403
Total Current Assets	487,876	366,621
Fixed Assets		
ACCUMULATED DEPRECIATION	(737,843)	(737,843)
AUTO AND TRUCK	128,809	128,809
BUILDING	377,261	377,261
Deposit on Construction	29,115	29,115
FURN & FIX ORIGINAL VALUE	19,284	19,284
GH RETAIL STORE	16,505	16,505
LAND	33,324	33,324
LAND IMPROVEMENT	25,502	25,502
MACHINERY & EQUIPMENT	229,732	229,732
OFFICE EQUIPMENT	12,838	12,838
Sewer Equipment	19,354	19,354
SHREDDING EQUIPMENT	45,572	45,572
Total Fixed Assets	199,451	199,451
Other Assets		
CURRENT CAPITAL IMPROVEMENT	42,686	16,850
SALES TAX BOND	0	1,060
UTILITY DEPOSITS	554	554
Total Other Assets	43,240	18,464
TOTAL ASSETS	730,567	584,536
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Total Accounts Payable	4,289	3,794
Total Credit Cards	1,872	0
Other Current Liabilities		
AFLAC DEDUCTIONS PAYABLE	114	27
Gift Certificate Payable	250	363
Missouri Department of Revenue Payable	42	9
OAK STAR BANK LOAN-4096	0	8,979
SALES TAX PAYABLE	1	0
Total Other Current Liabilities	407	9,378
Total Current Liabilities	6,568	13,171
Total Liabilities	6,568	13,171
Equity		
Unrestricted Net Assets	707,005	508,965
Net Income	16,994	62,399
Total Equity	723,998	571,365
TOTAL LIABILITIES AND EQUITY	730,567	584,536

Lake Area Industries, Inc.
Budget vs. Actuals
February, 2020

	Feb 2020			Total		
	Actual	Budget	over Budget	Actual	Budget	over Budget
Income						
CONTRACT PACKAGING	22,198	26,538	(4,340)	44,615	51,170	(6,556)
FOAM RECYCLING		500	(500)	0	1,000	(1,000)
GREENHOUSE SALES		0	0	14	0	14
SECURE DOCUMENT SHREDDING	4,387	1,931	2,456	6,561	6,749	(188)
Total Income	26,584	28,969	(2,385)	51,190	58,919	(7,729)
Cost of Goods Sold						
Cost of Goods Sold	3,442	5,809	(2,368)	3,848	6,731	(2,883)
GG PLANTS & SUPPLIES		0	0	0	0	0
SHIPPING AND DELIVERY	5	0	5	5	26	(20)
Textile Purchases	112	0	112	222	0	222
WAGES - TEMPORARY WORKERS	3,560	0	3,560	3,854	0	3,854
WAGES-EMPLOYEES	24,684	22,456	2,228	40,875	43,138	(2,263)
Total Cost of Goods Sold	31,803	28,265	3,537	48,804	49,895	(1,090)
Gross Profit	(5,218)	703	(5,922)	2,385	9,024	(6,639)
Expenses						
ACCTG. & AUDIT FEES		0	0	0	0	0
ALL OTHER EXPENSES	674	681	(7)	1,528	2,039	(511)
Bus Fare	50	0	50	150	100	50
EQUIP. PURCHASES & MAINTENANCE	3,580	4,174	(593)	7,029	8,686	(1,658)
INSURANCE	1,572	1,563	9	3,143	3,125	18
NON MANUFACTURING SUPPLIES		0	0	173	0	173
PAYROLL	15,877	17,692	(1,814)	27,898	34,458	(6,559)
PAYROLL EXP & BENEFITS	7,006	7,288	(282)	12,547	14,592	(2,045)
PROFESSIONAL SERVICES	1,397	1,085	312	2,508	2,276	232
UTILITIES	2,223	2,606	(383)	4,704	5,089	(384)
Total Expenses	32,379	35,088	(2,709)	59,681	70,364	(10,683)
Net Operating Income	(37,597)	(34,384)	(3,213)	(57,295)	(61,340)	4,044
Other Income						
INTEREST INCOME	156	139	17	434	288	146
OTHER CONTRIBUTIONS			0	880	0	880
SB-40 REVENUE	14,974	15,778	(804)	29,459	33,633	(4,174)
STATE AID	19,872	17,302	2,570	43,516	36,881	6,636
Total Other Income	35,002	33,219	1,783	74,289	70,801	3,488
Other Expenses						
ALLOCATION NON OPERATING EXPENSES	0		0	0	0	0
Total Other Expenses	0	0	0	0	0	0
Net Other Income	35,002	33,219	1,783	74,289	70,801	3,488
Net Income	(2,595)	(1,165)	(1,430)	16,994	9,462	7,532

Lake Area Industries, Inc.
Profit and Loss
February 2020

	Feb 2020	YTD
Income		
CONTRACT PACKAGING	22,198	44,615
GREENHOUSE SALES		14
SECURE DOCUMENT SHREDDING	4,387	6,561
Total Income	26,584	51,190
Cost of Goods Sold		
Cost of Goods Sold	3,442	3,848
SHIPPING AND DELIVERY	5	5
Textile Purchases	112	222
WAGES - TEMPORARY WORKERS	3,560	3,854
WAGES-EMPLOYEES	24,684	40,875
Total Cost of Goods Sold	31,803	48,804
Gross Profit	(5,218)	2,385
Expenses		
ALL OTHER EXPENSES	674	1,528
Bus Fare	50	150
EQUIP. PURCHASES & MAINTENANCE	3,580	7,029
INSURANCE	1,572	3,143
NON MANUFACTURING SUPPLIES		173
PAYROLL	15,877	27,898
PAYROLL EXP & BENEFITS	7,006	12,547
PROFESSIONAL SERVICES	1,397	2,508
UTILITIES	2,223	4,704
Total Expenses	32,379	59,681
Net Operating Income	(37,597)	(57,295)
Other Income		
INTEREST INCOME	156	434
OTHER CONTRIBUTIONS		880
SB-40 REVENUE	14,974	29,459
STATE AID	19,872	43,516
Total Other Income	35,002	74,289
Other Expenses		
ALLOCATION NON OPERATING EXPENSES	0	0
Total Other Expenses	0	0
Net Other Income	35,002	74,289
Net Income	(2,595)	16,994

Lake Area Industries, Inc.
Statement of Cash Flows
February 2020

	Total
OPERATING ACTIVITIES	
Net Income	(2,595)
Adjustments to reconcile Net Income to Net Cash provided by operations:	
ACCOUNTS RECEIVABLE	3,171
INVENTORY:RAW MATERIAL INVENTORY	1,418
Accounts Payable	579
CBOLO CC - 1565 Natalie	180
CBOLO CC - 5203 Lillie	(81)
Sam's Club Mastercard- 2148	(138)
AFLAC DEDUCTIONS PAYABLE	87
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	5,215
Net cash provided by operating activities	2,620
Net cash increase for period	2,620
Cash at beginning of period	307,097
Cash at end of period	309,717

Lake Area Industries, Inc.						
A/P Aging Summary						
As of February 29, 2020						
	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
TOTAL	\$ 2,924	\$ 1,366	\$ 0	\$ 0	\$ 0	\$ 4,289

Lake Area Industries, Inc.						
A/R Aging Summary						
As of February 29, 2020						
	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
TOTAL	\$ 51,584	\$ 15,069	\$ 25	\$ 25	\$ 25	\$ 66,728

Lake Area Industries, Inc.
Statement of Cash Flows
January - February, 2020

	Total
OPERATING ACTIVITIES	
Net Income	10,720
Adjustments to reconcile Net Income to Net Cash provided by operations:	
ACCOUNTS RECEIVABLE	20,719
Certificate of Deposit 12 mo mat 1/7/21	(9)
Certificate of Deposit 12 mo. mat 10/22/20	(103)
INVENTORY:RAW MATERIAL INVENTORY	(840)
Accounts Payable	(3,177)
CBOLO CC - 1565 Natalie	587
CBOLO CC - 5203 Lillie	(151)
Sam's Club Mastercard- 2148	(53)
AFLAC DEDUCTIONS PAYABLE	87
Gift Certificate Payable	200
SALES TAX PAYABLE	1
Total Adjustments to reconcile Net income to Net Cash provided by operations:	17,260
Net cash provided by operating activities	27,981
INVESTING ACTIVITIES	
CURRENT CAPITAL IMPROVEMENT	(3,249)
Net cash provided by investing activities	(3,249)
Net cash increase for period	24,732
Cash at beginning of period	284,985
Cash at end of period	309,717

Support Coordination Report

March 2020

Client Caseloads

- Number of Caseloads as of March 31st, 2020: 354
- Budgeted Number of Caseloads: 360
- Pending Number of New Intakes: 3
- Medicaid Eligibility: 85.59%

Caseload Counts

Cynthia Brown - 37
Stephanie Enoch – 37
Teri Guttman - 31
Micah Joseph – 39
Jennifer Lyon – 36
Annie Meyer - 39
Lisa Patrick – 35
Mary Petersen – 35
Patricia Strouse - 31
Jami Weisenborn - 34

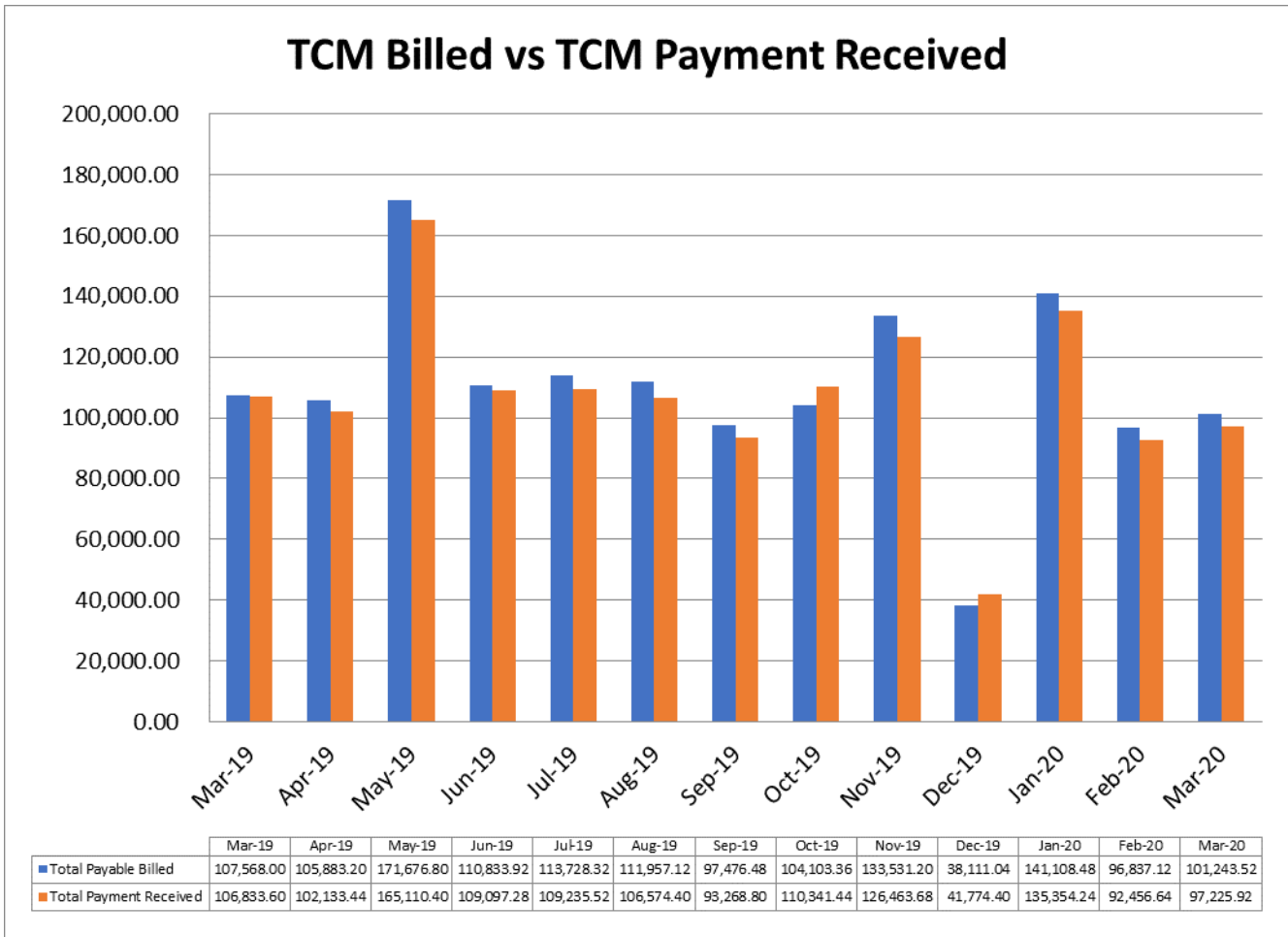
***2020 CARF
Reports are
Pending Until
Accumulated Data
is Reviewed for
Specific Errors in
Reporting***

***2020 Employment
Reports are
Pending Until
Accumulated Data
is Reviewed and
Format of the
Report is Updated***

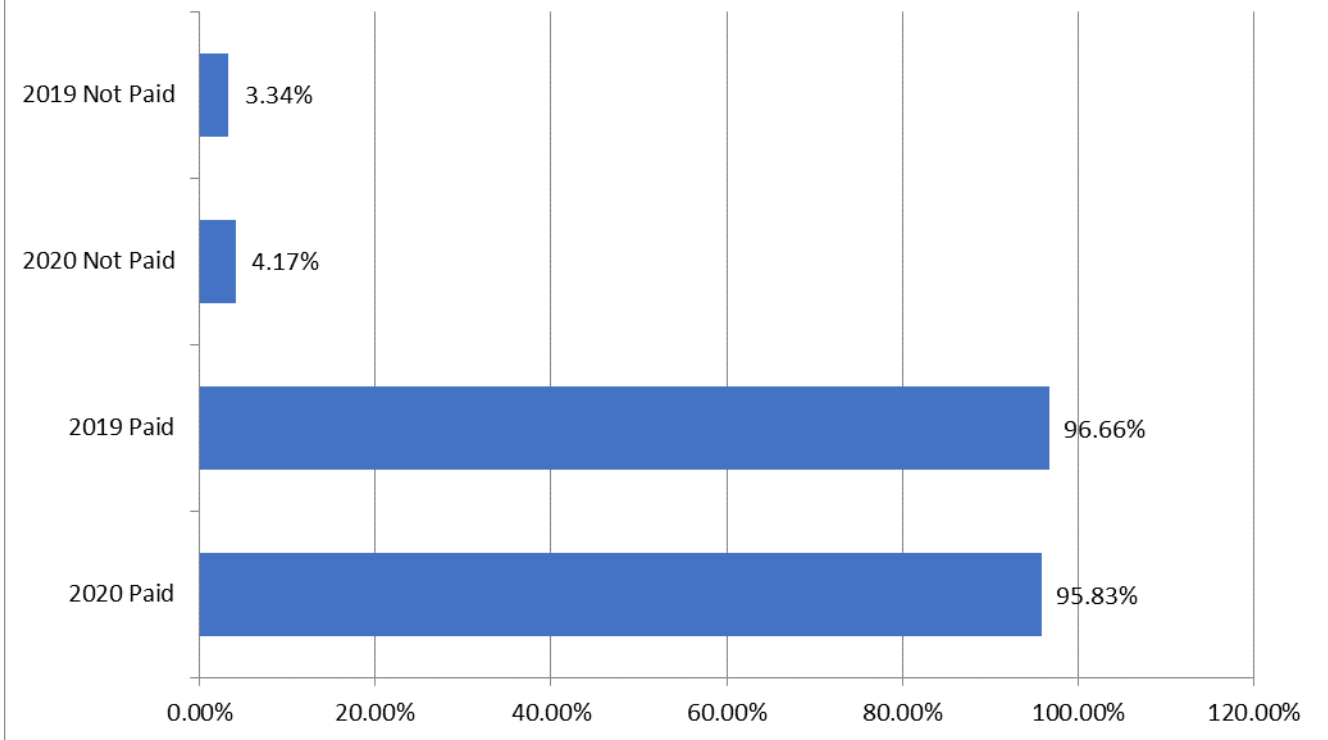
Agency Economic
Report
(Unaudited)

March 2020

Targeted Case Management Income



2020 vs 2019 Percentage Comparison Medicaid Billed vs Medicaid Paid



Budget vs. Actuals: FY 2020 - FY20 P&L Departments

March 2020

	SB 40 Tax			Services		
	Actual	Budget	Variance	Actual	Budget	Variance
Income						
4000 SB 40 Tax Income	33,056	37,475	(4,419)			0
4500 Services Income			0	107,051	110,234	(3,183)
Total Income	33,056	37,475	(4,419)	107,051	110,234	(3,183)
Gross Profit	33,056	37,475	(4,419)	107,051	110,234	(3,183)
Expenses						
5000 Payroll & Benefits			0	95,235	99,171	(3,936)
5100 Repairs & Maintenance			0	1,115	1,510	(395)
5500 Contracted Business Services			0	5,617	5,655	(38)
5600 Presentations/Public Meetings			0	70	228	(158)
5700 Office Expenses			0	6,166	4,177	1,989
5800 Other General & Administrative			0	1,229	7,320	(6,091)
5900 Utilities			0	1,071	850	221
6100 Insurance			0	1,555	1,700	(145)
6700 Partnership for Hope	5,266	2,785	2,481			0
6900 Direct Services	9,305	8,969	336			0
7100 Housing Programs	5,671	8,158	(2,487)			0
7200 CLC	25,107	17,550	7,557			0
7300 Sheltered Employment Programs	14,974	24,150	(9,176)			0
7600 Community Resources		5,136	(5,136)			0
7900 Special/Additional Needs	3,505	6,490	(2,985)			0
Total Expenses	63,827	73,238	(9,411)	112,059	120,611	(8,552)
Net Operating Income	(30,771)	(35,763)	4,992	(5,007)	(10,377)	5,370
Other Expenses						
8500 Depreciation			0	3,047	3,250	(203)
Total Other Expenses	0	0	0	3,047	3,250	(203)
Net Other Income	0	0	0	(3,047)	(3,250)	203
Net Income	(30,771)	(35,763)	4,992	(8,055)	(13,627)	5,572

Budget Variance Report

Total Income: As of March 2020, YTD SB 40 Tax Revenues were lower than projected. Services Program income was lower than projected because the vacant Support Coordinator positions were not filled until March.

Total Expenses: As of March 2020, overall YTD SB 40 Tax program expenses were lower than budgeted expectations with only a slight overage in Community Employment Programs and Direct Services. Partnership for Hope Waiver expenses were also higher than anticipated, and CLC expenses were higher than budgeted, which is due to the unanticipated special funding request for \$10,000. Please note that OATS invoices for transportation has not yet been received or recorded for March. Overall Services Program expenses were lower than budgeted expectations. Office Expenses are higher because of the Camden office workstation expansion into the conference room, and OATS reimbursement for Keystone utility expenses has not yet been received for March; therefore, there is a slight overage in Utilities expenses.

Budget vs. Actuals: FY 2020 - FY20 P&L Departments

January - March, 2020

	SB 40 Tax			Services		
	Actual	Budget	Variance	Actual	Budget	Variance
Income						
4000 SB 40 Tax Income	936,794	916,308	20,486			0
4500 Services Income			0	358,367	385,347	(26,980)
Total Income	936,794	916,308	20,486	358,367	385,347	(26,980)
Gross Profit						
	936,794	916,308	20,486	358,367	385,347	(26,980)
Expenses						
5000 Payroll & Benefits			0	281,249	297,513	(16,264)
5100 Repairs & Maintenance			0	3,184	4,530	(1,346)
5500 Contracted Business Services			0	16,563	17,841	(1,278)
5600 Presentations/Public Meetings			0	2,891	684	2,207
5700 Office Expenses			0	24,025	18,531	5,494
5800 Other General & Administrative			0	8,313	10,606	(2,293)
5900 Utilities			0	2,617	2,550	67
6100 Insurance			0	4,666	5,100	(434)
6700 Partnership for Hope	5,675	3,570	2,105			0
6900 Direct Services	30,709	32,647	(1,938)			0
7100 Housing Programs	17,249	24,474	(7,225)			0
7200 CLC	58,884	52,650	6,234			0
7300 Sheltered Employment Programs	53,970	72,450	(18,480)			0
7500 Community Employment Programs	93		93			0
7600 Community Resources	11,302	15,408	(4,106)			0
7900 Special/Additional Needs	10,190	19,254	(9,064)			0
Total Expenses	188,071	220,453	(32,382)	343,508	357,355	(13,847)
Net Operating Income	748,723	695,855	52,868	14,859	27,992	(13,133)
Other Expenses						
8500 Depreciation			0	8,883	9,750	(867)
Total Other Expenses	0	0	0	8,883	9,750	(867)
Net Other Income	0	0	0	(8,883)	(9,750)	867
Net Income	748,723	695,855	52,868	5,976	18,242	(12,266)

Budget Variance Report

Total Income: As of March 2020, YTD SB 40 Tax Revenues were higher than projected. Services Program income was lower than projected due to high amounts of Support Coordinator PTO utilized in December (paid in January), and the vacant Support Coordinator positions were not filled until March, which significantly reduced billable hours worked. Services Income is straight-line budgeted for each billing period.

Total Expenses: As of March 2020, overall YTD SB 40 Tax program expenses were lower than budgeted expectations with only a slight overage in Community Employment Programs and an overage in CLC expenses, which is due to the unanticipated special funding request for \$10,000. Please note that OATS invoices for transportation has not yet been received or recorded for March. Overall Services Program expenses were lower than budgeted expectations. Presentation/Public Meetings expenses were higher than budgeted because the December 2019 Holiday Celebration was postponed until January, and Office Expenses are higher because of the Camden office workstation expansion into the conference room. OATS reimbursement for Keystone utility expenses has not yet been received for March; therefore, there is a slight overage in Utilities expenses.

Balance Sheet

As of March 31, 2020

	SB 40 Tax	Services
ASSETS		
Current Assets		
Bank Accounts		
1000 Bank Accounts		
1005 SB 40 Tax Bank Accounts		
1010 SB 40 Tax Account (County Tax Funds) - First Nat'l Bank	0	0
1015 SB 40 Tax Reserve Account (County Tax Funds) - Central Bank	229	
1020 SB 40 Tax Certificate of Deposit	0	
1025 SB 40 Tax - Bank of Sullivan	1,278,296	0
1030 SB 40 Tax Reserve - Bank of Sullivan	0	
Total 1005 SB 40 Tax Bank Accounts	1,278,525	0
1050 Services Bank Accounts		
1055 Services Account - Oak Star Bank (Formerly 1st Nat'l Bank)	0	0
1060 Services Certificate of Deposit		0
1075 Services Account - Bank of Sullivan		299,468
Total 1050 Services Bank Accounts	0	299,468
Total 1000 Bank Accounts	1,278,525	299,468
Total Bank Accounts		
	1,278,525	299,468
Accounts Receivable		
1200 Services		
1210 Medicaid Direct Service		50,086
1215 Non-Medicaid Direct Service		31,519
Total 1200 Services	0	81,605
1300 Property Taxes		
1310 Property Tax Receivable	893,401	
1315 Allowance for Doubtful Accounts	(17,156)	
Total 1300 Property Taxes	876,245	0
Total Accounts Receivable	876,245	81,605
Other Current Assets		
1389 BANK ERROR Claim Confirmations (A/R)	0	0
1399 TCM Remittance Advices (In-Transit Payments)	0	0
1400 Other Current Assets		
1410 Other Deposits	0	
1430 Deferred Outflows Related to Pensions		52,933
1435 Net Pension Asset (Liability)		(8,677)
Total 1400 Other Current Assets	0	44,256
1450 Prepaid Expenses		0
1455 Prepaid-Insurance	0	15,784
Total 1450 Prepaid Expenses	0	15,784
Total Other Current Assets	0	60,040
Total Current Assets	2,154,770	441,112
Fixed Assets		
1500 Fixed Assets		
1510 100 Third Street Land		47,400
1511 Keystone Land		14,000

1520 100 Third Street Building		431,091
1521 Keystone		163,498
1525 Accumulated Depreciation - 100 Third Street		(158,831)
1526 Accumulated Depreciation - Keystone		(24,588)
1530 100 Third Street Remodeling		157,197
1531 Keystone Remodeling		110,596
1532 Osage Beach Office Remodeling		4,225
1535 Acc Dep - Remodeling - 100 Third Street		(60,754)
1536 Acc Dep - Remodeling - Keystone		(11,130)
1537 Acc Dep - Remodeling - Osage Beach Office		(497)
1540 Equipment		48,579
1545 Accumulated Depreciation - Equipment		(36,633)
1550 Vehicles		6,740
1555 Accumulated Depreciation - Vehicles		(6,740)
Total 1500 Fixed Assets	0	684,152
Total Fixed Assets	0	684,152
TOTAL ASSETS	2,154,770	1,125,264
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
1900 Accounts Payable	31,299	23,536
Total Accounts Payable	31,299	23,536
Other Current Liabilities		
2000 Current Liabilities		
2005 Accrued Accounts Payable	0	0
2006 DMH Payable	0	
2007 Non-Medicaid Payable	31,519	
2010 Accrued Payroll Expense	0	0
2015 Accrued Compensated Absences	0	(2,157)
2025 Prepaid Services	0	
2030 Deposits	0	0
2050 Prepaid Tax Revenue	0	
2055 Deferred Inflows - Property Taxes	951,336	
2060 Payroll Tax Payable		0
2061 Federal W / H Tax Payable	0	0
2062 Social Security Tax Payable	0	0
2063 Medicare Tax Payable	0	0
2064 MO State W / H Tax Payable	0	2,102
Total 2060 Payroll Tax Payable	0	2,102
2070 Payroll Clearing		
2071 AFLAC Pre-tax W / H	0	216
2072 AFLAC Post-tax W / H	0	(25)
2073 Vision Insurance W / H	0	(67)
2074 Health Insurance W / H	0	28
2075 Dental Insurance W / H	0	(358)
2076 Savings W / H		0
2078 Misc W / H		0
2079 Other W / H		0
Total 2070 Payroll Clearing	0	(206)

2090 Deferred Inflows		12,452
Total 2000 Current Liabilities	982,855	12,191
Total Other Current Liabilities	982,855	12,191
Total Current Liabilities	1,014,154	35,727
Total Liabilities	1,014,154	35,727
Equity		
3000 Restricted SB 40 Tax Fund Balances		
3001 Operational	0	
3005 Operational Reserves	244,565	
3010 Transportation	51,183	
3015 New Programs	0	
3030 Special Needs	0	
3040 Sheltered Workshop	116,625	
3045 Traditional Medicaid Match	0	
3050 Partnership for Hope Match	4,125	
3055 Building/Remodeling/Expansion	0	
3065 Legal	0	
3070 TCM	45,910	
3075 Community Resource	0	
Total 3000 Restricted SB 40 Tax Fund Balances	462,408	0
3500 Restricted Services Fund Balances		
3501 Operational		35,970
3505 Operational Reserves		200,000
3510 Transportation		0
3515 New Programs		0
3530 Special Needs		0
3550 Partnership for Hope Match		0
3555 Building/Remodeling/Expansion		91,593
3560 Sponsorships		0
3565 Legal		0
3575 Community Resources		5,000
3599 Other		684,152
Total 3500 Restricted Services Fund Balances	0	1,016,715
3900 Unrestricted Fund Balances	(182,793)	(33,109)
3950 Prior Period Adjustment	0	0
3999 Clearing Account	126,576	85,657
Net Income	748,723	5,976
Total Equity	1,154,914	1,075,239
TOTAL LIABILITIES AND EQUITY	2,169,067	1,110,966

Statement of Cash Flows

March 2020

	SB 40 Tax	Services
OPERATING ACTIVITIES		
Net Income	(30,771)	(8,055)
Adjustments to reconcile Net Income to Net Cash provided by operations:		
1210 Services:Medicaid Direct Service		(10,057)
1215 Services:Non-Medicaid Direct Service		(9,305)
1455 Prepaid Expenses:Prepaid-Insurance		2,468
1525 Fixed Assets:Accumulated Depreciation - 100 Third Street		898
1526 Fixed Assets:Accumulated Depreciation - Keystone		341
1535 Fixed Assets:Acc Dep - Remodeling - 100 Third Street		655
1536 Fixed Assets:Acc Dep - Remodeling - Keystone		451
1537 Fixed Assets:Acc Dep - Remodeling - Osage Beach Office		249
1545 Fixed Assets:Accumulated Depreciation - Equipment		454
1900 Accounts Payable	20,411	12,513
2007 Current Liabilities:Non-Medicaid Payable	9,305	
2061 Current Liabilities:Payroll Tax Payable:Federal W / H Tax Payable		0
2062 Current Liabilities:Payroll Tax Payable:Social Security Tax Payable		0
2063 Current Liabilities:Payroll Tax Payable:Medicare Tax Payable		0
2064 Current Liabilities:Payroll Tax Payable:MO State W / H Tax Payable		(82)
2071 Current Liabilities:Payroll Clearing:AFLAC Pre-tax W / H		(44)
2072 Current Liabilities:Payroll Clearing:AFLAC Post-tax W / H		(12)
2073 Current Liabilities:Payroll Clearing:Vision Insurance W / H		(3)
2075 Current Liabilities:Payroll Clearing:Dental Insurance W / H		(160)
2078 Current Liabilities:Payroll Clearing:Misc W / H		0
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	29,716	(1,634)
Net cash provided by operating activities	(1,055)	(9,689)
FINANCING ACTIVITIES		
3040 Restricted SB 40 Tax Fund Balances:Sheltered Workshop	(24,174)	
3050 Restricted SB 40 Tax Fund Balances:Partnership for Hope Match	(821)	
3599 Restricted Services Fund Balances:Other		(3,047)
3999 Clearing Account		3,047
Net cash provided by financing activities	(24,995)	0
Net cash increase for period	(26,050)	(9,689)
Cash at beginning of period	1,304,575	309,156
Cash at end of period	1,278,525	299,468

Statement of Cash Flows

January - March, 2020

	SB 40 Tax	Services
OPERATING ACTIVITIES		
Net Income	748,723	5,976
Adjustments to reconcile Net Income to Net Cash provided by operations:		
1210 Services:Medicaid Direct Service		(43,865)
1215 Services:Non-Medicaid Direct Service		(12,122)
1455 Prepaid Expenses:Prepaid-Insurance		7,045
1525 Fixed Assets:Accumulated Depreciation - 100 Third Street		2,694
1526 Fixed Assets:Accumulated Depreciation - Keystone		1,022
1535 Fixed Assets:Acc Dep - Remodeling - 100 Third Street		1,955
1536 Fixed Assets:Acc Dep - Remodeling - Keystone		1,353
1537 Fixed Assets:Acc Dep - Remodeling - Osage Beach Office		497
1545 Fixed Assets:Accumulated Depreciation - Equipment		1,363
1900 Accounts Payable	12,978	9,105
2007 Current Liabilities:Non-Medicaid Payable	12,122	
2061 Current Liabilities:Payroll Tax Payable:Federal W / H Tax Payable		0
2062 Current Liabilities:Payroll Tax Payable:Social Security Tax Payable		0
2063 Current Liabilities:Payroll Tax Payable:Medicare Tax Payable		0
2064 Current Liabilities:Payroll Tax Payable:MO State W / H Tax Payable		127
2071 Current Liabilities:Payroll Clearing:AFLAC Pre-tax W / H		(120)
2072 Current Liabilities:Payroll Clearing:AFLAC Post-tax W / H		(35)
2073 Current Liabilities:Payroll Clearing:Vision Insurance W / H		(29)
2075 Current Liabilities:Payroll Clearing:Dental Insurance W / H		(119)
2076 Current Liabilities:Payroll Clearing:Savings W / H		0
2078 Current Liabilities:Payroll Clearing:Misc W / H		0
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	25,100	(31,130)
Net cash provided by operating activities	773,823	(25,154)
INVESTING ACTIVITIES		
1530 Fixed Assets:100 Third Street Remodeling		(2,493)
1532 Fixed Assets:Osage Beach Office Remodeling		(4,225)
Net cash provided by investing activities	0	(6,718)
FINANCING ACTIVITIES		
3005 Restricted SB 40 Tax Fund Balances:Operational Reserves	11,269	
3010 Restricted SB 40 Tax Fund Balances:Transportation	6,563	
3040 Restricted SB 40 Tax Fund Balances:Sheltered Workshop	53,826	
3050 Restricted SB 40 Tax Fund Balances:Partnership for Hope Match	1,113	
3070 Restricted SB 40 Tax Fund Balances:TCM	15,839	
3501 Restricted Services Fund Balances:Operational		35,970
3555 Restricted Services Fund Balances:Building/Remodeling/Expansion		58,031
3599 Restricted Services Fund Balances:Other		(2,165)
3900 Unrestricted Fund Balances	(121,059)	(102,408)
3999 Clearing Account		10,572
Net cash provided by financing activities	(32,449)	0
Net cash increase for period	741,374	(31,872)
Cash at beginning of period	537,150	331,340
Cash at end of period	1,278,525	299,468

Check Detail – SB 40 Tax Account

March 2020

1025 SB 40 Tax - Bank of Sullivan

Date	Transaction Type	Num	Name	Amount
03/09/2020	Bill Payment (Check)	5703	Central Ozarks Medical Center	(6.50)
03/09/2020	Bill Payment (Check)	5704	Childrens Learning Center	(18,107.15)
03/09/2020	Bill Payment (Check)	5705	Lake Area Industries	(14,973.69)
03/09/2020	Bill Payment (Check)	5706	DMH Local Tax Matching Fund	(6,087.10)
03/12/2020	Bill Payment (Check)	5707	MO HealthNet	(299.00)
03/12/2020	Bill Payment (Check)	5708	MO HealthNet	(42.00)
03/12/2020	Bill Payment (Check)	5709	MO HealthNet	(172.00)
03/12/2020	Bill Payment (Check)	5710	MO HealthNet	(268.00)
03/20/2020	Bill Payment (Check)	5711	MO HealthNet	(299.00)
03/20/2020	Bill Payment (Check)	5712	Camdenton Apartments dba Lauren's Place	(273.00)
03/20/2020	Bill Payment (Check)	5713	David A Schlenfort	(309.00)
03/20/2020	Bill Payment (Check)	5714	Kyle LaBrue	(764.00)
03/20/2020	Bill Payment (Check)	5715	Revelation Construction & Development, LLC	(24.00)
03/20/2020	Bill Payment (Check)	5716	MO HealthNet	(571.00)
03/20/2020	Bill Payment (Check)	5717	Camdenton Apartments dba Lauren's Place	(300.00)
03/20/2020	Bill Payment (Check)	5718	David A Schlenfort	(675.00)
03/20/2020	Bill Payment (Check)	5719	Revelation Construction & Development, LLC	(414.00)
03/20/2020	Bill Payment (Check)	5720	MO HealthNet	(655.00)
03/20/2020	Bill Payment (Check)	5721	Revelation Construction & Development, LLC	(615.00)
03/20/2020	Bill Payment (Check)	5722	MO HealthNet	(655.00)
03/20/2020	Bill Payment (Check)	5723	Revelation Construction & Development, LLC	(617.00)
03/20/2020	Bill Payment (Check)	5724	Revelation Construction & Development, LLC	(761.00)
03/20/2020	Bill Payment (Check)	5725	Revelation Construction & Development, LLC	(794.00)
03/20/2020	Bill Payment (Check)	5726	Bankcard Center	(142.06)
03/25/2020	Bill Payment (Check)	5727	OATS, Inc.	(10,888.03)
03/25/2020	Bill Payment (Check)	5728	MO HealthNet	(395.00)

Check Detail – Services Account

March 2020

1075 Services Account - Bank of Sullivan

Date	Transaction Type	Num	Name	Amount
03/06/2020	Bill Payment (Check)	2034	Dennis J. Barton III	(345.96)
03/06/2020	Bill Payment (Check)	2035	Lakeside Office Supply	(19.99)
03/06/2020	Bill Payment (Check)	2036	Missouri Dept of Revenue	(2,177.00)
03/06/2020	Bill Payment (Check)	2037	Lake of the Ozarks Regional Economic Dev. Council	(100.00)
03/06/2020	Bill Payment (Check)	2038	Ameren Missouri	(245.45)
03/06/2020	Bill Payment (Check)	2039	Office Business Equipment	(307.86)
03/06/2020	Bill Payment (Check)	2040	Delta Voice & Data Technologies, LLC	(760.19)
03/06/2020	Bill Payment (Check)	2041	Lebanon Phone Center & Alarm Inc	(240.00)
03/06/2020	Bill Payment (Check)	2042	Direct Service Works	(795.00)
03/06/2020	Bill Payment (Check)	2043	Ryan Johnson	(70.07)
03/06/2020	Bill Payment (Check)	2044	Micah J Joseph	(111.05)
03/06/2020	Bill Payment (Check)	2045	Mary P Petersen	(75.30)
03/06/2020	Bill Payment (Check)	2046	Linda Simms	(226.50)
03/06/2020	Bill Payment (Check)	2047	LaClede Electric Cooperative	(507.37)
03/06/2020	Bill Payment (Check)	2048	Jennifer Lyon	(216.05)
03/06/2020	Bill Payment (Check)	2049	Jeanna K Booth	0.00
03/06/2020	Bill Payment (Check)	2050	Jami Weisenborn	(199.05)
03/06/2020	Bill Payment (Check)	2051	Eddie L Thomas	0.00
03/06/2020	Bill Payment (Check)	2052	Cynthia Brown	(125.35)
03/06/2020	Bill Payment (Check)	2053	Webster Plumbing	(1,753.08)
03/06/2020	Bill Payment (Check)	2054	Charter Business	(559.88)
03/06/2020	Bill Payment (Check)	2055	Aflac	0.00
03/06/2020	Bill Payment (Check)	2056	FP Mailing Solutions	(227.70)
03/06/2020	Bill Payment (Check)	2057	Republic Services #435	(57.60)
03/06/2020	Bill Payment (Check)	2058	Linda Simms	(1,541.23)
03/06/2020	Bill Payment (Check)	2030	Jeanna K Booth	(73.87)
03/06/2020	Bill Payment (Check)	2059	Eddie L Thomas	(151.64)
03/06/2020	Bill Payment (Check)	2060	Aflac	(806.48)
03/06/2020	Expense	153202	Connie L Baker	(1,193.01)
03/06/2020	Expense	153203	Rachel K Baskerville	(1,270.52)
03/06/2020	Expense	153204	Jeanna K Booth	(1,258.25)
03/06/2020	Expense	153205	Cynthia Brown	(1,346.31)
03/06/2020	Expense	153206	Lori Cornwell	(1,466.30)
03/06/2020	Expense	153207	Stephanie E Enoch	(1,609.44)
03/06/2020	Expense	153208	Ryan Johnson	(1,583.49)
03/06/2020	Expense	153209	Micah J Joseph	(1,341.99)
03/06/2020	Expense	153210	Jennifer Lyon	(1,241.78)
03/06/2020	Expense	153211	Annie Meyer	(1,268.61)
03/06/2020	Expense	153212	Lisa D Patrick	(980.29)
03/06/2020	Expense	153213	Mary P Petersen	(1,260.56)
03/06/2020	Expense	153214	Sylvia M Santon	(1,083.36)
03/06/2020	Expense	153215	Eddie L Thomas	(2,649.27)

03/06/2020	Expense	153216	Marcie L. Vansyoc	(1,628.48)
03/06/2020	Expense	153217	Jami Weisenborn	(1,390.49)
03/06/2020	Expense	153218	Nicole M Whittle	(1,528.27)
03/06/2020	Expense	03/06/2020	Internal Revenue Service	(6,821.30)
03/12/2020	Bill Payment (Check)	2061	Lisa D Patrick	(372.20)
03/12/2020	Bill Payment (Check)	2062	AT&T	(93.50)
03/12/2020	Bill Payment (Check)	2063	City Of Camdenton	(64.04)
03/12/2020	Bill Payment (Check)	2064	SUMNERONE	(585.71)
03/12/2020	Bill Payment (Check)	2065	Principal Life Ins	(565.76)
03/12/2020	Bill Payment (Check)	2066	Sylvia M Santon	(51.10)
03/12/2020	Bill Payment (Check)	2067	AT&T TeleConference Services	(74.93)
03/12/2020	Bill Payment (Check)	2068	Ezard's, Inc.	(80.38)
03/12/2020	Bill Payment (Check)	2069	Office Business Equipment	(40.32)
03/12/2020	Bill Payment (Check)	2070	Camden County PWSD #2	(94.93)
03/12/2020	Bill Payment (Check)	2071	Happy Maids Cleaning Services LLC	(100.00)
03/12/2020	Bill Payment (Check)	2072	Lorraine Schleigh	(70.00)
03/18/2020	Bill Payment (Check)	2073	FP Mailing Solutions	(102.00)
03/18/2020	Bill Payment (Check)	2074	GB Maintenance Supply	(39.99)
03/18/2020	Bill Payment (Check)	2075	Ezard's, Inc.	(1,300.00)
03/18/2020	Bill Payment (Check)	2076	Happy Maids Cleaning Services LLC	(50.00)
03/18/2020	Bill Payment (Check)	2077	Linda Simms	(1,463.35)
03/18/2020	Bill Payment (Check)	2078	FP Mailing Solutions - Postge Reserve Acct	(1,500.00)
03/20/2020	Expense	153220	Connie L Baker	(1,280.73)
03/20/2020	Expense	153221	Rachel K Baskerville	(1,298.76)
03/20/2020	Expense	153222	Jeanna K Booth	(1,273.60)
03/20/2020	Expense	153223	Cynthia Brown	(1,321.35)
03/20/2020	Expense	153224	Lori Cornwell	(1,466.30)
03/20/2020	Expense	153225	Stephanie E Enoch	(1,255.09)
03/20/2020	Expense	153226	Teri Guttman	(1,353.58)
03/20/2020	Expense	153227	Ryan Johnson	(1,583.48)
03/20/2020	Expense	153228	Micah J Joseph	(1,327.77)
03/20/2020	Expense	153229	Jennifer Lyon	(1,241.78)
03/20/2020	Expense	153230	Annie Meyer	(1,279.77)
03/20/2020	Expense	153231	Lisa D Patrick	(1,013.72)
03/20/2020	Expense	153232	Mary P Petersen	(1,227.46)
03/20/2020	Expense	153233	Sylvia M Santon	(1,039.62)
03/20/2020	Expense	153234	Patricia L. Strouse	(1,136.59)
03/20/2020	Expense	153235	Eddie L Thomas	(2,649.27)
03/20/2020	Expense	153236	Marcie L. Vansyoc	(1,628.48)
03/20/2020	Expense	153237	Jami Weisenborn	(1,404.82)
03/20/2020	Expense	153238	Nicole M Whittle	(1,647.75)
03/20/2020	Bill Payment (Check)	2079	Bankcard Center	(1,230.90)
03/20/2020	Bill Payment (Check)	2080	Dennis J. Barton III	(357.11)
03/20/2020	Expense	03/20/2020	Internal Revenue Service	(7,230.79)
03/25/2020	Bill Payment (Check)	2081	Staples Advantage	(253.29)
03/25/2020	Bill Payment (Check)	2082	AT&T	(115.03)
03/25/2020	Bill Payment (Check)	2083	Principal Life Ins	(291.20)
03/25/2020	Bill Payment (Check)	2084	Summit Natural Gas of Missouri, Inc.	(268.83)

03/25/2020	Bill Payment (Check)	2085	GB Maintenance Supply	(181.80)
03/25/2020	Bill Payment (Check)	2086	Happy Maids Cleaning Services LLC	(100.00)
03/25/2020	Bill Payment (Check)	2087	Delta Dental of Missouri	(622.63)
03/25/2020	Bill Payment (Check)	2088	Scott's Heating & Air	(971.00)
03/25/2020	Bill Payment (Check)	2089	Schriefer's Office Equipment Inc	(4,654.00)
03/27/2020	Expense	MARCH 2020	Lagers	(5,363.59)

**February 2020
Credit Card Statement**

CENTRAL BANK

BL ACCT 0000256-10000000
CAMDEN CO DD RES
Account Number: ##### 5386
Page 1 of 4



SCORECARD	Bonus Points Available
	37,450

Account Summary

Billing Cycle		03/04/2020
Days In Billing Cycle		29
Previous Balance		\$1,377.99
Purchases	+	\$1,400.54
Cash	+	\$0.00
Balance Transfers	+	\$0.00
Special	+	\$0.00
Credits	-	\$27.58-
Payments	-	\$1,377.99-
Other Charges	+	\$0.00
Finance Charges	+	\$0.00

NEW BALANCE \$1,372.96

Credit Summary

Total Credit Line	\$10,000.00
Available Credit Line	\$8,627.04
Available Cash	\$6,000.00
Amount Over Credit Line	\$0.00
Amount Past Due	\$0.00
Disputed Amount	\$0.00

Account Inquiries

- Call us at: (800) 445-9272
Lost or Stolen Card: (866) 839-3485
- Go to www.bankcardcenter.net
- Write us at PO BOX 779, JEFFERSON CTY, MO 65102-0779

Payment Summary

NEW BALANCE	\$1,372.96
MINIMUM PAYMENT	\$42.00
PAYMENT DUE DATE	04/02/2020

NOTE: Grace period to avoid a finance charge on purchases, pay entire new balance by payment due date. Finance charge accrues on cash advances until paid and will be billed on your next statement.

Corporate Activity

				TOTAL CORPORATE ACTIVITY	\$1,377.99-
Trans Date	Post Date	Reference Number	Transaction Description	Amount	
02/26	02/26	00500809	PAYMENT - THANK YOU	\$1,377.99-	

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW UP TO 7 DAYS FOR RECEIPT

CENTRAL BANK
PO BOX 779
JEFFERSON CTY MO 65102-0779

Account Number
5386

Check box to indicate name/address change on back of this coupon

AMOUNT OF PAYMENT ENCLOSED

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
03/04/20	\$1,372.96	\$42.00	04/02/20

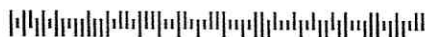
\$

BL ACCT 0000256-10000000
CAMDEN CO DD RES
PO BOX 722
CAMDENTON MO 65020-0722



1507

MAKE CHECK PAYABLE TO:



BANKCARD SERVICES
PO BOX 8000
JEFFERSON CTY MO 65102-8000

5475780000055386 00004200 00137296

Finance Charge Calculation Methods and Computation of Average Daily Balance Subject to Finance Charge: The Finance Charge Calculation Method applicable to your account for Cash Advances and Credit Purchases of goods and services that you obtain through the use of your card is specified on the front side of this statement and explained below:

Method A - Average Daily Balance (including current transactions): The Finance Charge on purchases begins on the date the transaction posted to your account. The Finance Charge on Cash Advances begins on the date you obtained the cash advance, or the first day of the billing cycle within which it is posted to your account, whichever is later. There is no grace period.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of your account. To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Method E - Average Daily Balance (excluding current transactions): To avoid incurring an additional Finance Charge on the balance of purchases (and cash advances if Method E is specified as applicable to cash advances) reflected on your monthly statement, you must pay the New Balance shown on your monthly statement on or before the Payment Due Date. The grace period for the New Balance of purchases extends to the Payment Due Date.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. We do not add in any new purchases or cash advances. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Method G - Average Daily Balance (including current transactions): To avoid incurring an additional Finance Charge on the balance of purchases (and cash advances, if Method G is specified as applicable to cash advances) reflected on your monthly statement and, on any new purchases (and if applicable, cash advances) appearing on your next monthly statement, you must pay the New Balance, shown on your monthly statement, on or before the Payment Due Date. The grace period for the New Balance of purchases extends to the Payment Due Date.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Payment Crediting and Credit Balance: Payments received at the location specified on the front of the statement after the phrase "MAKE CHECK PAYABLE TO" will be credited to the account specified on the payment coupon as of the date of receipt. Payments received at a different location or payments that do not conform to the requirements set forth on or with the periodic statement (e.g. missing payment stub, payment envelope other than as provided with your statement, multiple checks or multiple coupons in the same envelope) may be subject to delay in crediting, but shall be credited within five days of receipt. If there is a credit balance due on your account, you may request in writing, a full refund. Submit your request to the Account Inquiries address on the front of this statement.

By sending your check, you are authorizing the use of the information on your check to make a one-time electronic debit from the account on which the check is drawn. This electronic debit, which may be posted to your account as early as the date your check is received, will be only for the amount of your check. The original check will be destroyed and we will retain the image in our records. If you have questions please call the customer service number on the front of this billing statement.

Closing Date: The closing date is the last day of the billing cycle; all transactions received after the closing date will appear on your next statement.

Annual Fee: If your account has been assessed an annual fee, you may avoid paying this annual fee by sending written notification of termination within 30 days following the mailing date of this bill. Submit your request to the Account Inquiries address on the front of this statement. You may use your card(s) during this 30 day period but immediately thereafter must send your card(s), which you have cut in half, to this same address.

Negative Credit Reports: You are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

BILLING RIGHTS SUMMARY

In Case of Errors or Inquiries About Your Bill: If you suspect there is an error on your account or you need information about a transaction on your bill, send your written inquiry to the Account Inquiries address on the front of this statement within 60 days of the date of the statement containing the transaction in question. You may telephone us, however a written request is required to preserve your rights.

In your letter, give us the following information:

- Your name and account number.
The dollar amount of the suspected error.
Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

Please provide a legal document evidencing your name change, such as a court document. Please use blue or black ink to complete form

NAME CHANGE

Last
First Middle

ADDRESS CHANGE

Street

City State ZIP Code

Home Phone () - Business Phone () -

Cell Phone () - E-mail Address

SIGNATURE REQUIRED TO AUTHORIZE CHANGES

Signature



BL ACCT 0000256-1000000
 CAMDEN CO DD RES
 Account Number: ##### 5386
 Page 3 of 4

Cardholder Account Summary					
EDDIE THOMAS ##### 0953		Payments & Other Credits \$0.00	Purchases & Other Charges \$451.92	Cash Advances \$0.00	Total Activity \$451.92

Cardholder Account Detail					
Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
02/20	02/21	PBUS01	55483820052400007713167	WAL-MART #0089 CAMDENTON MO	\$21.92
02/19	02/21	PBUS01	75428170051230600171654	PSC COMPUTERS CAMDENTON MO	\$10.00
02/28	02/28	PBUS01	15270210059000143001424	MSFT * E0100AD9CC MSBILL.INFO WA	\$420.00

Cardholder Account Summary					
LINDA SIMMS ##### 0961		Payments & Other Credits \$25.78-	Purchases & Other Charges \$501.63	Cash Advances \$0.00	Total Activity \$475.85

Cardholder Account Detail					
Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
02/10	02/11	PBUS01	02305370042000506984637	USPS PO 2860360829 OSAGE BEACH MO	\$7.60
02/19	02/20	PBUS01	55432860050200782969707	VISTAPR*VistaPrint.com 866-8936743 MA	\$20.00
02/21	02/23	PBUS01	25140520053000017600140	EZARDS ACE HARDWARE OSAGE BEACH MO	\$49.19
02/21	02/23		75140520053000017600236	CREDIT VOUCHER EZARDS ACE HARDWARE OSAGE BEACH MO	\$25.78-
02/22	02/24	PBUS01	05436840054400073075789	WM SUPERCENTER #815 OSAGE BEACH MO	\$86.40
02/24	02/26	PBUS01	75369430056264600014675	PAPPO S PIZZERIA & PUB OSAGE BEACH MO	\$45.47
02/26	02/26	PBUS01	55310200057083324377673	AMAZON.COM*EG6NK3R43 A AMZN.COM/BILL WA	\$55.98
02/26	02/27	PBUS01	25140520058000011840192	MISSOURI CHAMBER FOUND 573-6343511 MO	\$200.00
02/28	03/01	PBUS01	55432860059200997608232	VISTAPR*VistaPrint.com 866-8936743 MA	\$36.99

Cardholder Account Summary					
CONNIE L BAKER ##### 1859		Payments & Other Credits \$1.80-	Purchases & Other Charges \$446.99	Cash Advances \$0.00	Total Activity \$445.19

Cardholder Account Detail					
Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
02/04	02/05	PBUS01	55436870035280352953377	VAL U CARE 707-7817450 NY	\$65.19
02/10	02/11	PBUS01	05436840042400063536316	WM SUPERCENTER #89 CAMDENTON MO	\$31.95
02/10	02/11	PBUS01	05436840042400063536498	WM SUPERCENTER #89 CAMDENTON MO	\$41.42
02/10	02/11	PBUS01	02305370042000506984592	USPS PO 2812420020 CAMDENTON MO	\$34.75
02/12	02/13	PBUS01	55483820044400007293153	WAL-MART #0089 CAMDENTON MO	\$44.92
02/12	02/13	PBUS01	5548382004440000507617	WAL-MART #0089 CAMDENTON MO	\$5.43
02/13	02/14	PBUS01	55483820045400007198104	WAL-MART #0089 CAMDENTON MO	\$26.74
02/13	02/16	PBUS01	55310200045091644000102	PIZZA HUT 009917 CAMDENTON MO	\$44.99
02/18	02/18		05587450049000000337311	RBT PIZZA HUT 009917 EasySavings NY	\$1.80-
02/19	02/20	PBUS01	02305370051000532847335	USPS PO 2812420020 CAMDENTON MO	\$6.95
02/24	02/25	PBUS01	02305370056000527876377	USPS PO 2812420020 CAMDENTON MO	\$43.95
02/27	02/28	PBUS01	55483820059400002678368	WAL-MART #0089 CAMDENTON MO	\$40.02
02/27	02/28	PBUS01	02305370059000539338835	USPS PO 2812420020 CAMDENTON MO	\$7.60
03/02	03/03	PBUS01	02305370063000546553032	USPS PO 2812420020 CAMDENTON MO	\$15.10
03/03	03/04	PBUS01	05410190063091012364019	TARGET 00019141 OSAGE BEACH MO	\$17.99
03/03	03/04	PBUS01	05410190063091012364811	TARGET 00019141 OSAGE BEACH MO	\$19.99

00000000

Additional Information About Your Account

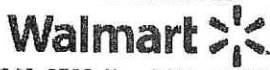
MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO WWW.BANKCARDCENTER.NET AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY. ENROLL TODAY!

ScoreCard Bonus Points Information as of 03/03/2020					
SCORECARD	Beginning Balance	Points Earned	Points Adjusted	Points Redeemed	Ending Balance
	35,979	1,471	0	0	37,450

Finance Charge Summary / Plan Level Information									
Plan Name	Plan Description	FCM ¹	Average Daily Balance	Periodic Rate *	Corresponding APR	Finance Charges	Effective APR Fees **	Effective APR	Ending Balance
Purchases									
PBUS01 001	PURCHASE	E	\$0.00	0.95750%(M)	11.4900%(V)	\$0.00	\$0.00	0.0000%	\$1,372.96
Cash									
CBUS01 001	CASH	A	\$0.00	2.20750%(M)	26.4900%(V)	\$0.00	\$0.00	0.0000%	\$0.00
* Periodic Rate (M)=Monthly (D)=Daily							Days In Billing Cycle: 29		
** includes cash advance and foreign-currency fees							APR = Annual Percentage Rate		
¹ FCM = Finance Charge Method									
(V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.									

ED'S CARD
CAMDENTON
COMPUTER HARDWARE

See back of receipt for your chance
to win \$1000 ID #:7P7J32Z52G



573-346-3588 Mgr: PAUL GARDNER
94 CECIL ST

CAMDENTON MD 65020

ST# 00089 OP# 004934 TE# 06 TR# 08611
10 PTR CBL 068113116020 5.48 0
10 PTR CBL 068113116020 5.48 0
10 PTR CBL 068113116020 5.48 0
10 PTR CBL 068113116020 5.48 0
SUBTOTAL 21.92
TOTAL 21.92
MCARD TEND 21.92

MasterCard **** * 0953 1 22

APPROVAL # 65524C
REF # 005100771316
PAYMENT SERVICE - A
AID A0000000041010
IC 07868E6DD35A2E7C
TERMINAL # SC010152

*NO SIGNATURE REQUIRED
02/20/20 12:55:55
CHANGE DUE 0.00
ITEMS SOLD 4
TC# 7788 8720 9395 9835 0979



02/20/20 12:56:06
CUSTOMER COPY

Scan with Walmart app to save receipts



ED'S CARD
CAMDENTON
COMPUTER HARDWARE

PSC COMPUTERS
1191 N BUSINESS ROUTE 5
CAMDENTON MD 65020
573-346-5772

Merchant ID: 3291
Term #: 0101

Store #: 4767
Ref #: 0001

Sale

XXXXXXXXXXXX0953
MASTERCARD

Entry Method: Chip

Total: \$

10.00

02/19/20

13:11:59

Inv #: 000001

Appr Code: 61594C

Transaction ID: 0219MBC04JLJT

Apprvd: Online

Batch#: 000146

MasterCard

AID: A0000000041010

TSI: E000

TVR: 0400008000

Customer Copy

THANK YOU



Invoice

February 2020
Invoice Date: 02/27/2020
Invoice Number: E0100AD9CC
Due Date: 03/28/2020

420.00 USD

Sold-To

Camden County Developmental Disability Resources
100 Third St.
P.O. Box 722
Camdenton MO 65020
United States

Bill-To

Camden County Developmental Disability Resources
PO Box 722
Camdenton mo 65020
United States

Service Usage Address

Camden County Developmental Disability Resources
100 Third St.
P.O. Box 722
Camdenton MO 65020
United States

Order Details

Product: Online Services
Customer PO Number:
Order Number: dfd50987-a0e6-4f45-99b5-eac21ebdb614
Billing Period: 01/27/2020 - 02/26/2020
Payment Terms: Net 30
Due Date: 03/28/2020

Billing Summary

Charges: 420.00
Discounts: 0.00
Credits: 0.00
Tax: 0.00
Total: 420.00

Payment Instructions

Please DO NOT PAY. You will be charged the amount due through your selected method of payment.

Billing or service question? Call 1-800-865-9408 or visit <https://aka.ms/Office365Billing>.

Microsoft Corporation, One Microsoft Way Redmond, WA 98052 United States
US FEIN 91-1144442

OSAGE BEACH
 5545 OSAGE BEACH PKWY
 OSAGE BEACH, MO 65065-9998
 286036-0829
 (800)275-8777
 02/10/2020 04:08 PM

MEHJAP
 SUPPLEMENTAL
 CONTRACT

Product	Qty	Unit Price	Price
First-Class Mail® Large Envelope (Domestic) (JEFFERSON CITY, MO 65101) (Weight:0 Lb 1.50 Oz) (Estimated Delivery Date) (Wednesday 02/12/2020)	1	\$1.20	\$1.20
Certified (USPS Certified Mail #) (70171450000025341338)			\$3.55
Return Receipt (USPS Return Receipt #) (9590940239188060544075)			\$2.85
Total:			\$7.60

Credit Card Remitd \$7.60
 (Card Name:MasterCard)
 (Account #:XXXXXXXXXX0961)
 (Approval #:68366C)
 (Transaction #:611)
 (AID:A0000000041010 Chip)
 (AL:MasterCard)
 (PIN:Not Required)

Text your tracking number to 28777
 (2USPS) to get the latest status.
 Standard Message and Data rates may
 apply. You may also visit www.usps.com
 USPS Tracking or call 1-800-222-1811.

Preview your Mail
 Track your Packages
 Sign up for FREE @
www.informedelivery.com

A: ... on stamps and postage.
 ... only.
 The...

Your Vistaprint Order Is Confirmed

Vistaprint <vistaprint@tm.vistaprint.com>

Wed 2/19/2020 3:18 PM

To: Linda Simms <linda@ccddr.org>

Your Vistaprint Order Confirmation



[Add Vistaprint to your address book](#)

My Account: 7761-2960-4546

THANK YOU FOR YOUR ORDER Your Order Number: **JC6BP-Q5A81-0G1** • [Track It](#)

Hi Linda,

Here are your order details:

Order Date: 2/19/2020
Delivery Option (*): Economy

You can expect to receive items in your order by:
Business card - standard matte March 02

TERE ANTHONY

Payment Type : Mastercard

Order Summary

	Business cards - standard matte Qty: 500	
Edit Your Design	Base Price	\$20.00
	Item Total	\$20.00

Merchandise: \$20.00
 Shipping Charges: FREE
 Sales Tax: \$0.00
Total: \$20.00

Sold By

Vistaprint Netherlands BV
Hudsonweg 8
Venlo, The Netherlands 5928LW

Shipping To:

Linda Simms
CCDDR
P.O. Box 722 100 Third Street
Camdenton, MO 65020
US

Edit Shipping Address

(Address cannot be updated after your order has printed.)

LINDA'S CARD

EZARD'S ACE HARDWARE
5816 OSAGE BEACH PARKWAY
OSAGE BEACH, MO 65065
(573)348-2921

Merchant ID: 3390
Term #: 1001

Store #: 1001
Ref #: 0014

Sale

XXXXXXXXXXXX0961

MASTERCARD

Entry Method: Chip

Total: \$

49.19

13:39:12

Inv #: 000014

Appr Code: 69129C

Transaction ID: 0221MCBM29SS00

Apprvd: Online

Batch#: 000276

MasterCard

AID: A0000000041010
ISI: 6000
TVR: 0000000000

Customer Copy

THANK YOU!

CREDIT BULBS WERE INCORPORATED SI 2-KAZET

THANK YOU FOR SHOPPING AT
EZARD'S ACE HARDWARE
5816 HWY 54 #100
OSAGE BEACH, MO 65065
(573) 348-2921

02/21/20 3:05PM AKC 552 SALE

3407343	-1	EA	23.99	EA	R
BULB 53W PAR SPOT 1PK					-23.99
3407343	-1	EA	23.99	EA	R
BULB 53W PAR SPOT 1PK					-23.99

SUB-TOTAL: \$	-47.98	TAX: \$	-1.79
DISCOUNT:	-23.99	TOTAL: \$	-25.76

BK CARD AMT: 25.76
BK CARD#:

==> JRNL#25447

CUST NO: #5

Customer Copy

<<==

LINDA'S CARD
24 4' FLUORESCENT BULBS
12 CANNED LEATHES
OB OFFICE

See back of receipt for your chance
to win \$1000 ID #:7P7J9J8TWRQ



573-348-6445 Mgr: CHAD MCROY
4252 HIGHWAY 54
OSAGE BEACH MO 65065

ST#	00815	OP#	004995	TE#	06	TR#	09625
LED	BR30		004613540596				
	4 AT	1 FOR	11.96			47.84	0
BULB			060538810069				
	2 AT	1 FOR	19.28			38.56	0
			SUBTOTAL			86.40	
			TOTAL			86.40	
			MCARD TEND			86.40	

MasterCard **** * 0961 1 22
APPROVAL # 61282C
REF # 1942000314
AID A0000000041010
IC 1586912F119083A0
TERMINAL # 285328372
*NO SIGNATURE REQUIRED

02/22/20 13:11:33
CHANGE DUE 0.00
ITEMS SOLD 6
YCH 4817 7742 5354 5596 2521



02/22/20 13:11:51
CUSTOMER COPY

Scan with Walmart app to save receipts



ADMIN
2/24/20

Papposzeria & Pub
4705 Osage Beach Parkway
Osage Beach, MO 65065
ph (573) 693-1092

TABLE: Delivery 1 - 1 Guest
Server: BARTENDER
2/24/2020 10:17:40 AM
Sequence #: 0000001
ID #: 0378341

ITEM	QTY	PRICE
Delivery Charge	1	\$2.50
14" Hawaiian Pizza	1	\$19.99
- Thin Crust		
- TO GO TO GO		
14" Margherita Pizza	1	\$19.99
- Thin Crust		
- TO GO TO GO		
Subtotal		\$42.48
Total Taxes		\$2.99
Grand Total		\$45.47

Credit Purchase
 Name : MANUALLY/ENTERED
 CC Type : MasterCard
 CC Num : xxxx xxxx xxxx 0961
 Reference : 0961fysdwzwp4yvj
 Approval : 60544C
 Server : BARTENDER
 Ticket Name : Delivery 1

Payment Amount: \$45.47
 Tip: _____
 Total: _____

X _____
 I agree to pay the amount shown above.

Previous balance: 161.15 points
 You earned 42.48 points
 New balance: 203.63 points

Thank you for visiting Pappos!
 Come back soon!

Your Amazon.com order of "2" x Honeywell Safes & Door...

Amazon.com <auto-confirm@amazon.com>

Tue 2/25/2020 10:02 AM

To: Linda Simms <linda@ccddr.org>



Your Account | Amazon.com

2 FIREARM SAFE LOCK BOXES
KEYS FOR
CAMDENTON & DA OFFICES
SAFETY DEPOSIT CAMERAS
DOOR KEYS ETC

Order Confirmation

Order #112-4920390-4998668

Hello Linda Simms,

Thank you for shopping with us. We'll send a confirmation once your items have shipped. Your order details are indicated below. If you would like to view the status of your order or make any changes to it, please visit Your Orders on Amazon.com.

This order is placed on behalf of Camden County Senate Bill 40 Board.

Your estimated delivery date is:

**Sunday, March 1 -
Monday, March 2**

Your shipping speed:

FREE Shipping

Your Orders

Your order will be sent to:

**Camden County Developmental Disability
Resources
100 3RD ST
PO BOX 722
CAMDENTON, MO 65020-7336
United States**

Order Details

Order #112-4920390-4998668

Placed on Tuesday, February 25, 2020

2 x Honeywell Safes & Door Locks - 6104 Fire Resistant Steel Security Safe Box with Key Lock, 0.17-Cubic Feet, Black
Tools & Home Improvement
Sold by Amazon.com Services LLC **\$27.99**

Item Subtotal: \$55.98
Shipping & Handling: \$14.09
Promotion Applied: -\$14.09
Total Before Tax: \$55.98
Estimated Tax: \$0.00

Order Total: **\$55.98**

To learn more about ordering, go to Ordering from Amazon.com.
If you want more information or need more assistance, go to Help.

ED
CHAMBER OF COMMERCE
TRANSPORTATION
FUTURE SUMMIT
MEETING
COLLABORATION
REGISTER

5736931511

linda@ccddr.org

Registration Item	Confirmation #	Quantity	Price										
General Registration	55933	1	\$200.00										
Was this conference recommended to you by your local chamber?:	No												
If yes, which local chamber did you hear about it from?:													
Attendees:	<table border="1"> <tr> <td colspan="2">Ed Thomas</td> </tr> <tr> <td colspan="2">director@ccddr.org</td> </tr> <tr> <td>Cell Phone Number:</td> <td>573-469-5851</td> </tr> <tr> <td>Organization Level/Title:</td> <td>Director</td> </tr> <tr> <td>Sector:</td> <td>Transportation</td> </tr> </table>			Ed Thomas		director@ccddr.org		Cell Phone Number:	573-469-5851	Organization Level/Title:	Director	Sector:	Transportation
Ed Thomas													
director@ccddr.org													
Cell Phone Number:	573-469-5851												
Organization Level/Title:	Director												
Sector:	Transportation												
		Sub-Total	\$200.00										
		Taxes	\$0.00										
		Total	\$200.00										
		Amount Paid	\$200.00										

Acct.#
5855-T

Your Vistaprint Order Is Confirmed

Vistaprint <vistaprint@tm.vistaprint.com>

Fri 2/28/2020 11:25 AM

To: Linda Simms <linda@ccddr.org>

Your Vistaprint Order Confirmation



[Add Vistaprint to your address book](#)

My Account: 7761-2960-4546

THANK YOU FOR YOUR ORDER Your Order Number: **L2QN3-R5A17-615** • [Track It](#)

Hi Linda,

Here are your order details:

Order Date: **2/28/2020**
Delivery Option (*): **Economy**

You can expect to receive items in your order by:

- Business card - standard matte March 11
- Business card - standard matte March 11

*LINDA'S CARD
CARDS TRISH & ANNIE*

Payment Type : Mastercard

Order Summary



Business cards - standard matte

Trish Strouse copy
Qty: 500

Base Price

~~\$20.00~~ \$15.00

[Edit Your Design](#)

Item Total

\$15.00



Business cards - standard matte

Annie Meyer
Qty: 500

Base Price

~~\$20.00~~ \$15.00

[Edit Your Design](#)

Item Total

\$15.00

Merchandise: \$30.00
Shipping Charges: \$6.99
Sales Tax: \$0.00

Total: \$36.99

Sold By

Vistaprint Netherlands BV
Hudsonweg 8
Venlo, The Netherlands 5928LW

Shipping To:

Connie Baker

Lisa Patrick

From: Auto-Receipt <noreply@mail.authorize.net>
Sent: Tuesday, February 4, 2020 11:46 AM
To: Lisa Patrick
Subject: Transaction Receipt from Val-U-Care for \$65.19 (USD)

Order Information

Description: Goods or Services
Invoice Number 1000010655

Billing Information

Connie L Baker
Camden Co DD Res
100 Third Street
Camdenton, MO 65020
US
lisa@ccddr.org

Total: \$65.19 (USD)

Payment Information

Date/Time: 4-Feb-2020 9:45:50 PST
Transaction ID: 41817362878
Payment Method: MasterCard xxxx1859
Transaction Type: Purchase
Auth Code: 65505C

Merchant Contact Information

Val-U-Care
New York, NY 10001
US
sales@val-u-care.com

Camden Co. Developmental Disability Resources

Service Coordination Request for Funding

Date of Request: 02/15/2019
 Service Recipient: [REDACTED]

DMH State ID#: [REDACTED]
 Age: [REDACTED]

Please Indicate with which service category the requested funding falls under:

<input type="checkbox"/>	Employment or other vocational/pre-vocational service
<input type="checkbox"/>	Residential service
<input checked="" type="checkbox"/>	Related service (defined as: 1. Program(s) designed toward enabling a person with a developmental disability to progress

Service requested is: New service for consumer Expansion of existing service

Amount requested is: One-time request Annual/Ongoing

Will the service be funded through the Medicaid waiver program? Yes No (explain:)

Even though over the counter medications are order by a physician, Medicaid will no longer cover these medications.

Describe the service to be provided, why the consumer needs the service, and how the service will enable the consumer to enhance...
 [REDACTED] needs assistance in paying for the amlactin lotion that helps keep [REDACTED] soft, which allow [REDACTED] to walk more comfortably [REDACTED]
 [REDACTED] assistance paying for the miralax that keep [REDACTED] regular and prevent [REDACTED] impaction. [REDACTED]

See back of receipt for your chance to win \$1000 ID #: 7P7H1PZ6B6



573-346-3588 Mgr: PAUL GARDNER
 94 CECIL ST
 CAMDENTON MO 65020

ST# 00089 OP# 004826 TE# 02 TR# 09812
 EQ CLEARLAX 068113110988 18.98 0
 AMLACTIN 030781709879 12.97 0
 SUBTOTAL 31.95
 TOTAL 31.95
 MCARD TEND 31.95

MasterCard **** * 1859 1 21
 APPROVAL # 65561C
 REF # 1042000314
 AID A0000000041010
 TC 2C97168FFBABC973
 TERMINAL # SC010964
 *NO SIGNATURE REQUIRED

02/10/20 16:46:01 0.00
 CHANGE DUE

ITEMS SOLD 2

TC# 9576 9580 3131 3601 9353



02/10/20 16:46:14
 CUSTOMER COPY



18.30 and 6.70 per unit		
12 unit(s)	Total annual cost:	\$300.00
	Percent matched by Regional Center:	0.00%
	Percent to be matched by CCDDR:	100.00%

 (Date)

 (Date)

For Office Use Only

 Approved for: \$ _____ Not Approved

Y: \$ _____

[Signature]

2-20-19

Connie's Card

SEE BACK OF RECEIPT FOR YOUR CHANCE
to win \$1000 ID #:7P7H1PZ6B7



573-346-3588 Mgr: PAUL GARDNER
94 CECIL ST

CAMDENTON MO 65020

ST# 00089	OP# 004826	TE# 02	TR# 09813	
REMOVER	695780720132			1.16 0
GV FR RST 96	007874224014	F		24.92 0
CLXTBCBLCHGL	004460030627			3.78 0
LIQUID HAND	068113123956			3.84 0
JER SHEA16.8	001910011012			5.84 0
COFFEE STIR	007874215946			1.88 0
	SUBTOTAL			41.42
	TOTAL			41.42
	MCARD TEND			41.42

MasterCard **** * 1859 1 21
 APPROVAL # 66545C
 REF # 1042000314
 AID A0000000041010
 TC 208885AF526102E9
 TERMINAL # SC010964
 *NO SIGNATURE REQUIRED

02/10/20 16:46:59
 CHANGE DUE 0.00
 # ITEMS SOLD 6

TC# 2600 4609 8787 8490 4868



02/10/20 16:47:14
 CUSTOMER COPY



CAMDENTON
 625 W US HIGHWAY 54
 CAMDENTON, MO 65020-9998
 281242-0020
 (800)275-8777
 02/10/2020 04:16 PM

Product	Qty	Unit Price	Price
First-Class Mail® Letter (Domestic) (CAMDENTON, MO 65020) (Weight:0 Lb 0.60 Oz) (Estimated Delivery Date) (Wednesday 02/12/2020)	1	\$0.55	\$0.55
Certified (USPS Certified Mail #) (70171070000063072346)			\$3.55
Return Receipt (USPS Return Receipt #) (9590940251789122784600)			\$2.85
First-Class Mail® Letter (Domestic) (LEBANON, MO 65536) (Weight:0 Lb 0.60 Oz) (Estimated Delivery Date) (Wednesday 02/12/2020)	1	\$0.55	\$0.55
Certified (USPS Certified Mail #) (70171070000063072339)			\$3.55
Return Receipt (USPS Return Receipt #) (9590940251789122784617)			\$2.85
First-Class Mail® Letter (Domestic) (CAMDENTON, MO 65020) (Weight:0 Lb 0.60 Oz) (Estimated Delivery Date) (Wednesday 02/12/2020)	1	\$0.55	\$0.55
Certified (USPS Certified Mail #) (70171070000063072322)			\$3.55
Return Receipt (USPS Return Receipt #) (9590940251789122784624)			\$2.85
First-Class Mail® Letter (Domestic) (CAMDENTON, MO 65020) (Weight:0 Lb 0.60 Oz) (Estimated Delivery Date) (Wednesday 02/12/2020)	1	\$0.55	\$0.55
Certified (USPS Certified Mail #) (70171070000063072315)			\$3.55
Return Receipt (USPS Return Receipt #) (9590940251789122784631)			\$2.85
First-Class Mail® Letter (Domestic) (CAMDENTON, MO 65020) (Weight:0 Lb 0.50 Oz) (Estimated Delivery Date) (Wednesday 02/12/2020)	1	\$0.55	\$0.55
Certified (USPS Certified Mail #) (70171070000063072308)			\$3.55
Return Receipt (USPS Return Receipt #) (9590940251789122784648)			\$2.85
Total:			\$34.75

1070 0000 6307 2315

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$0.00

Return Receipt (electronic) \$0.00

Certified Mail Restricted Delivery \$0.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$4.95

CAMDENTON MO FEB 10 2020

Postmark Here

1070 1070 0000 6307 2315

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$0.00

Return Receipt (electronic) \$0.00

Certified Mail Restricted Delivery \$0.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$4.95

CAMDENTON MO FEB 10 2020

Postmark Here

1070 0000 6307 2322

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$0.00

Return Receipt (electronic) \$0.00

Certified Mail Restricted Delivery \$0.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$0.00

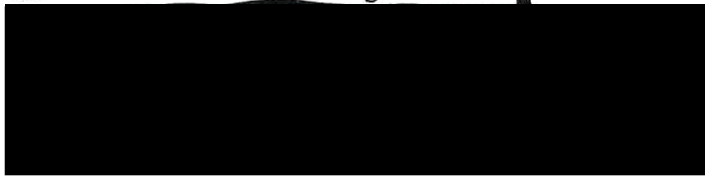
Postage \$0.55

Total Postage and Fees \$4.95

CAMDENTON MO FEB 10 2020

Postmark Here

Board Request for



Connie's Card

I didn't buy correct quantity the 1st time. CLB

See back of receipt for your chance to win \$1000 ID #:7P7H88Z465

Walmart 

573-346-3588 Mgr: PAUL GARDNER
94 CECIL ST

CAMDENTON MD 65020

ST# 00089	OP# 001999	TE# 06	TR# 07765
EQ CLEARLAX	068113110988		18.98 0
AMLACTIN	030781709879		12.97 0
AMLACTIN	030781709879		12.97 0
	SUBTOTAL		44.92
	TOTAL		44.92
	MCARD TEND		44.92

MasterCard **** * 1859 1 21

APPROVAL # 63578C
REF # 004300729315
PAYMENT SERVICE - A
AID A000000041010
TC 3502E6AC3529A500
TERMINAL # SC010152
*NO SIGNATURE REQUIRED

02/12/20 13:34:00
CHANGE DUE 0.00

ITEMS SOLD 3
TC# 4867 7260 5053 5713 2565



02/12/20 13:34:11
CUSTOMER COPY



Connie's Card

See back of receipt for your chance
to win \$1000 ID #:7P7H88Z466

Walmart

573-346-3588 Mgr: PAUL GARDNER
94 CECIL ST

CAMDENTON MD 65020

ST# 00089 OP# 001999 TE# 06 TR# 07766
SM HCM MLK 007092047671 F 5.43 0
SUBTOTAL 5.43
TOTAL 5.43
MCARD TEND 5.43

MasterCard **** * 1859 1 21
APPROVAL # 64515C
REF # 004300050761
PAYMENT SERVICE - A
AID A0000000041010
TC CA7D3D3050DF9822
TERMINAL # SC010152
*NO SIGNATURE REQUIRED

02/12/20 13:34:55
CHANGE DUE 0.00
ITEMS SOLD 1

TC# 9142 0937 4746 4183 9454



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Product	Qty	Unit Price	Price
First-Class Mail® Letter (Domestic) (OSAGE BEACH, MO 65065) (Weight: 0 Lb 0.60 Oz) (Estimated Delivery Date) (Friday 02/21/2020)	1	\$0.55	\$0.55
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Total:			\$6.95

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 (Approval #: 66498C)
 (Transaction #: 373)
 (AID: A0000000041010 Chip)
 (AL: MasterCard)
 (PIN: Not Required)

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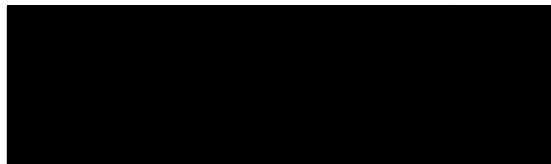
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Certified Mail Fee	\$3.55	
Extra Services & Fees (check box, add fee as appropriate)		\$7.85
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Total Postage and Fees		\$6.95

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Product	Qty	Unit Price	Price
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$15.05

Total Postage and Fees \$21.45

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Postage \$7.50

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<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$2.20

Total Postage and Fees \$8.60

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ST# 00089	OP# 001443	TE# 08	TR# 03320
5G WASTECAN	084943401905		3.98 0
MULTI MF 4PK	075116622004		2.88 0
EXPO 2 DRY E	007164186661		4.46 0
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KEY ID TAGS	073651159029		0.97 0
KEY ID TAGS	073651159029		0.97 0
KEY ID TAGS	073651159029		0.97 0
REMOVER	695780720132		1.16 0
SURGE STRIP	008272140678		11.83 0
SURGE STRIP	008272140678		11.83 0
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	TOTAL		40.02
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→ surge protector/plug strip

MasterCard **** * 1859 1 21
APPROVAL # 69440C
REF # 005800267836
PAYMENT SERVICE - A
AID A0000000041010
TC C46FOA003D220070
TERMINAL # SC011009
*NO SIGNATURE REQUIRED

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Product	Qty	Unit Price	Price
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 (Transaction #:443)
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 Adult Signature Required \$0.00
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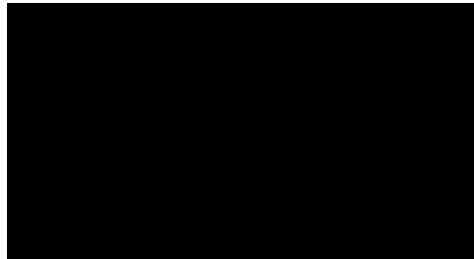
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 Total Postage and Fees \$7.60

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Product	Qty	Unit Price	Price
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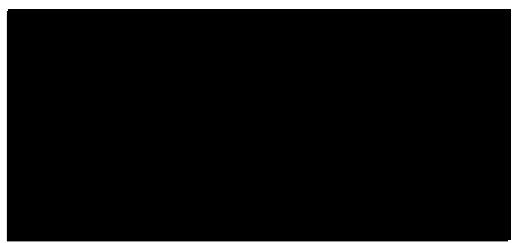
Postage \$8.70

Total Postage and Fees \$15.10

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Rolla Regional Offices
105 Fairgrounds Road
Rolla, Mo 65401

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ENTERTAINMENT-ELECTRONICS
008000446 PHILIPS T \$19.99
RETURN BY 04/02/20
SUBTOTAL \$19.99
TAX EXEMPT SALE \$0.00
TOTAL \$19.99
*1859 MASTERCARD CHARGE \$19.99
AID: A0000000041010
MasterCard

REC#2-0063-1914-0123-6481-5 VCD#751-250-648



OSAGE BEACH - 573-302-7969
03/03/2020 11:40 AM



ENTERTAINMENT-ELECTRONICS
008000442 PHILIPS T \$17.99
RETURN BY 04/02/20
SUBTOTAL \$17.99
TAX EXEMPT SALE \$0.00
TOTAL \$17.99
*1859 MASTERCARD CHARGE \$17.99
AID: A0000000041010
MasterCard

REC#2-0063-1914-0123-6401-3 VCD#752-252-840

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Hook up 3rd monitor.

Resolutions 2020-19,
2020-20, 2020-21,
2020-22, 2020-23,
2020-24, 2020-25,
2020-26, 2020-27,
2020-28, 2020-29, &
2020-30



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2020-19

APPROVAL OF AMENDED CLIENT-FAMILY HANDBOOK

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden County voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, handbooks, manuals, and job descriptions and creates new Bylaws, policies, plans, handbooks, manuals, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend the Client-Family Handbook.
2. That the Board hereby amends and adopts the Client-Family Handbook (Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairperson

Date

Secretary, Vice Chairperson, or Treasurer

Date

Attachment “A” to Resolution
2020-19



CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES

CLIENT-FAMILY HANDBOOK

(Revised 7/20/2015, 6/15/2017, 3/19/2018, 4/9/2020)

Note- People First version of handbook can be found starting on pg. 16

WELCOME TO CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES!

WHO WE ARE

Camden County Developmental Disability Resources (CCDDR) is the “doing business as” (dba) name of the Camden County Senate Bill 40 Board. Our agency was created in August 1980 with passage of the “Senate Bill 40” tax levy in Camden County. The tax levy which supports our agency is authorized by Sections 205.968-205.972 of the Revised Missouri Statutes and is designed to meet the needs of Camden County citizens with developmental disabilities in areas of employment, residential, and related services. CCDDR is a political subdivision of Camden County and subject to Missouri's Sunshine Law.

The board typically meets on the second Thursday of each month, and these meetings are generally held at 5:00 p.m. (unless previously scheduled at a different date and time) at a location determined by the board. Public notice of the meeting date, time, and location is provided on the agenda per the Missouri Sunshine Law. Unless otherwise indicated, all meetings are open to the public per the Missouri Sunshine Law.

Agencies which either receive funds or are eligible to receive funds from CCDDR include, but are not limited to:

- Lake Area Industries
- Future Care
- Lake of the Ozarks Developmental Center
- Missouri Mentor
- Arc of the Lake
- Arc of Missouri
- Special T Acres
- Independent Living Resource Center
- Achieving Life Skills
- Park Place
- Bridges
- Easter Seals
- Children's Learning Center
- Skillset
- OATS

CCDDR's Support Coordination program was initiated in 2006. The board provides this service to all Medicaid-eligible persons in Camden County on a contract basis with the Department of Mental Health, Division of Developmental Disabilities, and to all Medicaid-ineligible persons in Camden County who choose to receive this service.

Eligibility is determined by DMH/DD according to statutory guidelines that define a developmental disability as: a condition that manifests prior to age 22, with the expectation that it will continue lifelong, and one that causes substantial functional limitations in at least 2 life areas.

The nine-member Board of Directors of CCDDR is appointed by the Camden County Commission. Board members serve three-year terms, and in many cases are family members of persons with developmental disabilities.

OUR MISSION

“We provide persons with developmental disabilities the necessary tools to achieve self-determined lives, while ensuring quality services.”

VALUES

We believe that our community thrives when all individuals become capable of participating in the spectrum of community life; we respect and promote the recognition of individual dignity and self-worth; and we promote accountability to taxpayers with regard to prudent use of tax funds and accountability to clients and families with regard to effectiveness and quality of services.

THE PERSON-CENTERED PLANNING PROCESS

In years past, services authorized in the annual plans for people with developmental disabilities were focused on the individual’s deficits and trying to fit the individual into existing programs and facilities. In short, the focus was on the disability, not the individual, and on the needs of the provider, not the unique needs of the individual.

Today, we focus on an individual’s strengths and abilities and how the individual wants to live. Rather than trying to fit our clients into existing programs and facilities, supports are tailored to meet each of our clients’ unique needs. In short, our focus today is on the client, not the disability, and on tailoring supports to meet our clients’ unique needs instead of trying to fit our clients into a particular program or facility.

Person-Centered Planning recognizes these essential components and empowers clients and families to make fundamental decisions about how they are supported.

Essential Aspects of Person-Centered Planning are:

- A commitment to know our clients and seek to understand them
- A conscious resolve to be of genuine service to each client and/or family
- A willingness to be guided by the client
- A willingness to struggle to achieve difficult goals
- Flexibility, creativity and openness in trying what might be possible
- A willingness to enhance the humanity and dignity of the client
- A commitment to “look for the good in people and help bring it out”

Person-Centered Plans:

- Use ordinary language and images rather than professional jargon
- Actively search for a client's gifts and capacities in the context of community life
- Strengthen the voice of the client and those who know the client best
- Define desirable changes in the client's life
- Create personal outcomes and goals in 6 domains:
 - Daily Life and Employment
 - Community Living
 - Social and Spirituality
 - Healthy Living
 - Safety and Security
 - Citizenship and Advocacy
- Result in actions that achieve those desired changes

Each member of the Planning Team, including the family and/or client, plays a vital role in developing the plan and ensuring continued action towards the achievement of the client's desired goals and outcomes.

Roles of the Various Team Members

The family and/or client:

- Identifies the people to invite into the planning meeting
- Works with the Support Coordinator/Plan Facilitator in designing the planning session and subsequent meetings
- Is open to sharing ideas, interests and aspirations
- Actively participates in developing outcomes and goals
- Follows through on commitments
- Provides honest feedback to the team

The Support Coordinator:

- Assists the family and/or client in setting up the meeting and inviting others as requested and/or needed
- Makes sure that appropriate documentation is completed
- Reviews other assessments that have been conducted (health, behavioral, risk, etc) prior to developing or updating a plan
- Ensures that recommendations regarding support or service needs are addressed in the plan
- Knows when plans are due and assures that planning meetings are conducted in a timely fashion
- Makes sure plans are dated and signed at least annually by the client and/or their guardian and the Support Coordinator
- Ensures that addendums are dated and signed by the client and/or the client's guardian and the Support Coordinator

- Reviews the plan to be sure the Individual Support Plan Guidelines criteria is met
- Assists the client and those who are writing the plan in understanding Person-Centered Planning
- Ascertains the client, the guardian, and the support staff have copies of the plan
- Assist clients in meeting their personal needs and goals and in obtaining the greatest degree of independence and inclusion possible in everyday community life

Planning Guidelines

Other members of the Planning Team, referred to as the Support Team, are those additional individuals who will make sure that necessary action is taken to achieve plan outcomes. The Team may include family members, friends, teachers, professionals, and community members—anyone who is responsible for doing something for or with the client. The people at the table should be those who can construct the most potentially successful plan. The client and the Support Coordinator should work together to determine who is responsible for inviting these individuals to attend the Planning Meeting.

The Support Team should:

- Engage in active and respectful listening
- Be willing to focus on the positive and possible
- Make meaningful and relevant contributions
- Be committed to assisting in setting goals and taking action steps
- Participate in subsequent meetings until involvement is no longer needed
- Follow through on commitments

The Division of Developmental Disabilities Person-Centered Planning Guidelines

On January 16th, 2018, the Division of Developmental Disabilities (DDD) revised a document called “The Individual Support Plan Guide”. The purposes of the Guide are to:

- Describe the Division’s values in supporting people
- Ensure that plans meet Home and Community Based Waiver requirements
- Provide consistency in what information must be in a plan, particularly information concerned with supporting the person’s health and safety
- Describe the role of each Planning Team member
- Provide examples of different planning tools

A copy of the Division’s Person Centered Planning Guidelines may be found at: <https://dmh.mo.gov/dev-disabilities/manuals> or may be obtained from your Support Coordinator.

WHAT TYPES OF SERVICES ARE AVAILABLE?

Through the Person-Centered Planning Process, each client served will have an Individual Support Plan (ISP) which outlines the various services, generic and specialized, required to meet the client’s unique needs. Service options and supports which are identified for the client in the plan shall foster:

- Personal competencies and control over his/her life
- Active participation in the community
- Relationships with non-disabled peers
- Natural environments for health, education & habilitation
- Protection of rights
- Effective use of public resources

The following are examples of programs and paid services that may be authorized in a client's ISP to address needs that are identified in the plan. Programs and services may have additional eligibility guidelines and may be subject to available funding:

- Autism services
- Respite services
- Crisis intervention services
- Self-Directed Services
- Medicaid Home & Community Based Waiver programs (includes a variety of long-term services for those eligible for this program, such as Residential Habilitation, Day Habilitation, Personal Assistant Services, Employment Services, etc.)
 - Missouri Children's with Developmental Disabilities Waiver
 - Partnership for Hope Waiver
 - Community Support Waiver
 - Comprehensive Waiver

The availability of services is dependent upon available resources – county, state and federal – to fund the services outlined in the plan. If funding for a service is not available, the client will be placed on a waiting list for the service until funding becomes available. As funds become available, clients on the waiting list will be served based upon their Priority of Need (PON.) score. Persons with higher PON. scores will be served first.

WHAT SHOULD I EXPECT FROM MY SERVICES?

1. They are available when you need them.
2. They meet your individual needs.
3. You are involved in the planning of the services.
4. Provider agency staff is properly trained to provide the services authorized in the ISP.
5. You have a choice of who provides the service.
6. You have a choice of the type of job and where you work.
7. You and your family are satisfied with the quality of your life and services.
8. Your services lead to greater independence.

TARGETED CASE MANAGEMENT

Any person in Missouri who has a developmental disability and is Medicaid-eligible is entitled to have a Support Coordinator (Case Manager). CCDDR also provides a Support Coordinator for individuals with a developmental disability who are Medicaid-eligible. Support Coordinators assist persons with developmental disabilities access the services they need and achieve the

outcomes which have been identified in their ISP. They also act as staunch advocates for the people they serve. Support Coordinators also monitor the quality and effectiveness of services received by clients from providers of services.

Each person residing in Camden County who has been determined to be eligible for services by the Department of Mental Health, Division of Developmental Disabilities (DDD), is assigned a specific Support Coordinator employed by CCDDR. Support Coordinators will become acquainted with their clients and work with them to identify, locate, access, and monitor the services that meet their particular needs. CCDDR contracts with the DDD to provide Support Coordination services to all Medicaid-eligible persons in Camden County. In order to maintain quality Support Coordination services, our agency strives to maintain caseload sizes at a 1 to 35 ratio (35 persons assigned to 1 Support Coordinator).

The Targeted Case Management program allows qualified entities to bill Medicaid for some of the time spent assisting Medicaid-eligible clients accessing comprehensive medical, social, educational, and other specialized services. Support Coordinators employed by the DDD Regional Office, by a County SB 40 Board (such as CCDDR), or by Affiliated Community Service Providers (ACSPs) are professionals who are trained in the field of Mental Health and/or closely related fields. Support Coordinators are required to be Qualified Developmental Disability Professionals, or "QDDPs". Such individuals are required to have a Bachelor's Degree or a Registered Nurse License. Support Coordinators provide "case management" and are sometimes also referred to as "Case Managers".

Support Coordinators log all time they spend communicating directly with or on behalf of the client or other responsible party in person, by telephone, or through written correspondence. Other activities recorded are travel, telephone calls, creation of letters to providers, case documentation, and consultations with other professionals.

Actual costs for case management services can be billed to the SB 40 tax fund; private insurance, when such coverage exists; Medicaid; or to the client or the client's financially responsible representative if the Department of Mental Health's Standard Means Test has established an ability to pay. The Standard Means Test provides guidelines to determine if the clients' families or the clients who live in their natural home have the "ability to pay". Case Management services billed to private insurance or to Medicaid are reported on an "Explanation of Benefits" notice as "Targeted Case Management Services".

Examples of case management services (time spent by the Support Coordinator) which may be billed include, but are not limited to:

- Assisting the client and/or client's family in completing applications and submitting appropriate documentation, arranging meetings, etc., to determine the client's eligibility for DDD Regional Office services
- Calling a provider to make an appointment or to arrange a specific service
- Talking with a responsible party in person or by telephone who is requesting assistance in obtaining services or who wishes to discuss changes in the client's life
- Attending to or assisting with crisis situations
- Sending letters to the client, the client's family, and/or service providers to schedule a Person-Centered Plan meeting

- Conducting the ISP meeting and writing the ISP
- Visiting the client in the home, including travel time to and from the home
- Reviewing services the client receives on a monthly basis and determining if the services continue to meet the client's need
- Writing notes in the client's case record to document all service needs being met, all service needs not being met, continuing efforts made to meet those needs, changes in a client's needs, etc.
- Completing forms and documenting the clients records when the client's case is closed

SUPPORT COORDINATION OUTCOMES

CCDDR has developed Performance Indicators for its Support Coordination services as a means to ensure the quality and effectiveness of services provided. These indicators cover four primary areas:

1. Efficiency
2. Effectiveness
3. Satisfaction
4. Service Access

An annual report is provided to our Board of Directors and other interested parties identifying progress towards meeting the criteria outlined in our Performance Indicators, and this report is available upon request.

SUPPORT COORDINATION MONITORING

Your Support Coordinator will monitor the services you or your family member receives monthly but no less than quarterly (every 3 months). For clients who receive Medicaid Waiver services, the review of services will occur monthly, and clients living in waived residential settings must have a face to face visit monthly. Monitoring services includes a review of the monthly progress notes written by the provider agency, contact with clients to determine their level of satisfaction with the service/support, on-site observation during the provision of the service/support, and any intervention necessary to assure successful provision of the service/support. Your Support Coordinator will work with you to determine the level of contact you or your family needs in order to best meet your outcomes.

AVAILABILITY OF SERVICES

There may be a wait list for some services in Missouri. Camden County has been able to offer Support Coordination services to ALL qualified applicants thus far. While it is unlikely that circumstances will develop to cause CCDDR to establish a wait list, the following considerations will determine when services can begin:

- Severity of disability and level of care required to maintain life
- Availability of natural supports
- Safe, secure environment
- Likelihood of harming self or others

The DDD utilizes the PON tool to measure needs. This tool will be completed by a CCDDR Support Coordinator, scored by DDD Regional Office staff, and maintained in the DDD database. CCDDR will use the same scale used by DDD to determine a client's position on the wait list.

GUARDIANSHIP AND CHOICE

Many people receiving Support Coordination services from CCDDR have persons appointed as their legal guardians or conservators. Our agency will work with the legal guardian(s) or conservator(s) in identifying service/support options available and/or needed, in addition to assisting the client who requires the service/support, to make meaningful choices in selecting a provider agency.

For persons who receive residential services or other services that provide opportunities for choice, CCDDR and the provider agency will encourage choice-making by the client receiving the service in those areas that do not require an appointed guardian decision. For example, choices in activities, choice of foods, choice in home decorations, choice in employment, etc.

FINANCIAL SERVICES AND RECORDS

The DDD Regional Office is mandated to apply benefits (SSI, SSA, Veteran's benefits, etc.) clients may receive toward the cost of their residential services prior to utilizing state tax dollars. Some services clients may want or need will require the clients or their parents, guardians, or conservators to share in the costs of the service. The rate of pay will be determined by a standard means test and is based on a table of ability to pay. DDD Regional Office staff (Reimbursement Officers) will assist in determining this amount, if any.

CLIENT/GUARDIAN COMPLAINT PROCESS

If at any time our clients or their parents/legal guardians have a concern about the services/supports given by a provider agency, they should first discuss their concerns with the identified contact person for the provider agency. If they do not feel their concerns were appropriately resolved, they should contact their Support Coordinator for follow-up with the agency. If resolution is not found, then the clients or their parents/legal guardians should contact the DDD Regional Office.

If our clients or their parents/legal guardians are not satisfied with the performance of their Support Coordinator, they should contact the Support Coordinator's supervisor to discuss possible corrective action. Clients or families making complaints will not be retaliated against in any way. The supervisor will have 10 business days to respond to the complaint. If a resolution is not obtained through the supervisor, a formal grievance/complaint may be filed by completing a CCDDR Grievance/Complaint Form. The Executive Director or Board Chairperson will respond in writing to the complaint within 7 business days. Clients and their families are encouraged to contact the Executive Director or Board Chairperson, if necessary, to discuss their concerns, ask questions, or request a different Support Coordinator.

The following chart identifies the CCDDR management structure:

Support Coordinator: (573-317-9233)



TCM Supervisor: (573) 317-9233



Director of Services & Supports: (573) 317-9233



Executive Director: (573) 693-1511



CCDDR Board Chairperson: (573) 693-1511

As a further procedural safeguard, clients and families served are welcome to file a complaint using the Missouri Department of Mental Health complaint process. This process is outlined at: <https://dmh.mo.gov/constituent-services/constituent-rights>

The Rolla Satellite Regional Office can also be contacted toll-free at 1-800-828-7604.

CLIENT RIGHTS/CONSENT FOR TREATMENT

CCDDR makes every effort to support and protect the fundamental human, constitutional, and statutory rights of clients served. Individual rights as citizens are not limited except through legal proceedings (such as guardianship), when clients are posing an immediate danger to themselves or others, or if the planning team has agreed to a limitation of rights and a due process procedure has been followed.

CCDDR protects the rights of clients served in accordance with State of Missouri Statutes (RSMo 630.110 and 630.115) and DDD Rules and Regulations, specifically “Individual Rights of Persons Receiving Services from The Division of Developmental Disabilities”, which is located at: <https://dmh.mo.gov/media/pdf/individual-rights-persons-receiving-services-division-developmental-disabilities>

Consent for all services authorized in the ISP is obtained from all clients served by CCDDR or their guardian(s). Consent is also obtained to authorize CCDDR to provide Support Coordination services. Prior to the beginning of service delivery and/or at initiation of service delivery at the initial Person-Centered Plan meeting and annually thereafter, each client served by CCDDR and/or their legal representative is provided with a copy of CCDDR’s Client Rights & Responsibilities form, and a signature page is obtained. The explanation of rights is in a form which can be understood by the client. All clients served by CCDDR have their rights reviewed annually.

No client’s rights can be limited by the planning team without due process as defined by state regulations, including the guardian’s written consent for the limitation and approval by the Rolla Regional Office Human Rights Committee.

GRIEVANCE PROCESS

If at any time a client and/or their legal guardian feel as though the client's rights have been violated by CCDDR or any other agency in any manner, they are entitled to file a grievance, using the same process outlined previously in the "Client/Guardian Complaint Process" section. CCDDR has policies and procedures in place should a client wish to file a grievance, and the Department of Mental Health, Office of Constituent Services may also be contacted at:

Office of Constituent Services
Department of Mental Health
P.O. Box 687
Jefferson City, Mo 65102
1-800-364-9687
constituentsvcs@dmh.mo.gov

FREQUENTLY ASKED QUESTIONS

Q: What is the Division of Developmental Disabilities (DDD)?

A: The DDD is one of three Divisions within the Department of Mental Health with regional offices located around the state. It is at these regional offices where services are obtained. They provide eligibility determination and referral to contract agencies which specialize in services to persons with developmental disabilities. The primary responsibility of DDD Regional Offices is to determine eligibility for services and provide funding for services and assistance to families who have young children and adult persons with developmental disabilities. There are also several state-operated residential facilities for adults and children who have developmental disabilities.

Q: Who is eligible to receive services from the DDD?

A: A developmental disability is a disability which is attributable to cerebral palsy, epilepsy, head injury, autism, a brain dysfunction, or any other mental or physical impairment which occurs before age 22. It must be determined this disability is likely to continue indefinitely and it results in a substantial functional limitation in two or more of the following six areas of major life activities: self-care; receptive and expressive language development and use; learning; self-direction; capacity for independent living or economic self-sufficiency; and mobility. Eligibility is determined by what's known as a functional assessment as opposed to linking eligibility to a specific diagnosis (see 9 CSR 45-2.010).

Q: Who should I contact if I believe I am eligible or a member in my family is eligible for services?

A: There are Regional and Satellite Regional Offices located throughout the state in the following cities: Albany, Columbia, Hannibal, Joplin, Kansas City, Kirksville, Poplar Bluff, Rolla, St. Louis (North and South), Sikeston, and Springfield. The addresses and phone numbers of these Regional Offices can be located at: <https://dmh.mo.gov/dev-disabilities>

Q: What is the role of a Support Coordinator?

A: Support Coordinators provide support planning, advocacy, resource referrals, and help to link clients to community services. The Support Coordinator is the primary link to the DDD Regional Office system and maintains frequent contact with the person receiving services. CCDDR is the authorized, contracted provider for Support Coordination services within Camden County for all persons with developmental disabilities. The Support Coordinator is also responsible for reviewing the provider's progress notes and modifying the ISP in conjunction with the Person-Centered Planning Team as needed to provide the best services possible for the client receiving services.

If a child or adult is determined to be eligible for services, a Person-Centered Planning Team, which includes the person with the disability and family members, meet and determine needed services, which are included in a Personal Plan. The Person-Centered Planning process enables and assists the client to access a personalized mix of paid and non-paid services and supports that will assist in achieving personally defined outcomes. The Support Coordinator is knowledgeable about where services can be obtained and assists the family or client in accessing the services to meet the outcomes of the personal plan.

Q: Does CCDDR provide any other services besides Support Coordination?

A: At this point in time, CCDDR does not provide any direct services, but CCDDR can contract with other area agencies to provide services for Camden County persons with developmental disabilities.

Q: My son or daughter is approaching graduation from high school. Can CCDDR help?

A: For most families, this is the time when CCDDR and the DDD Regional Office become most involved in coordinating services. Depending on the circumstance and wishes of the person with a developmental disability, CCDDR and the DDD Regional Office can coordinate vocational training and job placement services or other supported activities based upon the needs of the client. Your child is entitled to having a transition plan included in the Individualized Education Program (IEP), and CCDDR Support Coordination staff is available to be involved in your child's transition IEP.

Q: Will I get all of the services I want?

A: The extent of services received is based upon the needs of the person with a developmental disability and available funds. The solution may not always be purchasing a specific service the family is requesting, but it must address the need directly in a way the family feels will work. In some cases, services can be obtained from other agencies and may not require funding from the DDD Regional Office and/or CCDDR. If funding is not available for a service which has been determined to be a need for a client served, the client is placed on a waiting list for the service and will be removed from the waiting list once funding becomes available. Persons with higher PON scores will be taken off of the waiting list first. It is important to remember the services are based on the needs of the client, not necessarily the wants.

Q: How long will it take to get the services I need?

A: There are a number of factors involved in the application, eligibility, and service determination process. Typically, the DDD Regional Office is required to make a determination of eligibility within 30 days of the time an application is received, and additional time may be needed for planning and obtaining the services. If an additional assessment is needed, the time may be extended. If clear information confirming a developmental disability is readily available, it will take a much shorter time. In crisis situations when all the required elements are readily available, the determination and initial service plan may be made within a day or two.

Q: Who should I call if there are problems or concerns with the services I receive?

A: Your best contact is the Support Coordinator, whose responsibility is to work with you to resolve these concerns.

Q: Are there costs associated with these services?

A: Some services are exempt from charges to the client, while others are based on the ability to pay as per a Standard Means Test with the DDD Regional Office. Your Support Coordinator in cooperation with accounting staff at the DDD Regional Office can provide you with specific information related to your situation.

Q: I have limited income, who can help me with the cost to become a legal guardian?

A: Some legal aid agencies will assist if the person wanting to become a legal guardian has limited financial resources. Also, the disabled person's SSI benefits or other income can be saved to pay for guardianship expenses. Your assigned Support Coordinator can assist your family or interested party in locating attorneys in their community who charge reduced rates in the guardianship process.

Q: Is there an unlimited amount of money available to pay for services?

A: CCDDR is supported by a county property tax levy. County funds are often leveraged with DDD Regional Office funds and federal funds to obtain needed services. Local, state, and federal funds are limited. This combined with an increasing demand for developmental disability services throughout the state and nation means not all services can be immediately provided. The Utilization Review process attempts to prioritize county, state, and federal funding of services based upon an objective priority of need basis. Your Support Coordinator will be knowledgeable about these funding options.

Q: What should I do if I suspect a family member may have been the victim of abuse or neglect?

A: You should immediately notify the proper authorities and contact your Support Coordinator about your concerns. There are specific statutory requirements under which the Department of Mental Health and DDD Regional Offices operate and respond to allegations of abuse and/or neglect as well as other state agencies, such as the Department of Health and Senior Services and Children's Division. The Adult Protective Services hotline is 1-800-392-0210, and reports can also be made online at: <https://health.mo.gov/safety/abuse/>. The Children's Division hotline is 1-800-392-3738. All calls will be kept confidential and the caller can choose to remain anonymous.

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES

Ethical Conduct and Values Statement

Camden County Developmental Disability Resources (CCDDR) will conduct business in a respectful, honest, and trustworthy manner and will strive to provide the highest quality services to persons with developmental disabilities within Camden County.

CCDDR employees and Board members will be guided by internal policies (Policy#8) and Missouri State Law (Sec 630.115, RSMO) pertaining to the rights of persons served. Policy #21 shall govern conduct best described as unprofessional or unethical. Policy #14 shall dictate sound governance principles in order for the Board of Directors to effectively manage the operations and in order for the agency to accomplish its stated mission. Violations of ethical conduct will be evaluated by management and handled as outlined by state statute or agency policy.

CCDDR leadership will be guided by its bylaws and policies on leadership and legal requirements. Violations of ethical conduct will be brought to the attention of the Executive Director and the Chairperson of the Board of Directors and will be dealt with according to agency policy and bylaws.

CCDDR's financial practices will be handled according to the agency's policy on financial management. CCDDR will conduct its financial practices in accordance with applicable federal, state and local laws as well as its by-laws. No Board member or employee shall conduct any fundraising on the CCDDR premises or while conducting CCDDR business for personal gain.

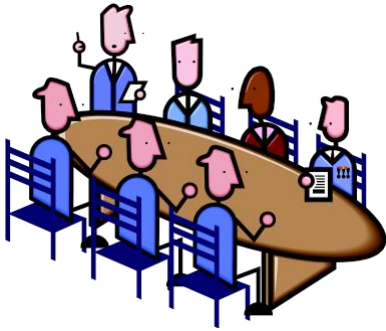
CCDDR's marketing activities will be implemented in a manner that respects the dignity and the privacy rights of persons with disabilities. CCDDR will never knowingly mislead/misinform the public and will be accountable to the public for its activities.

It shall be recognized that the persons served by CCDDR and their families should be the guiding force behind the organization. All activities of the organization will be directed toward promoting services that are consistent with developing opportunities for consumers to achieve their highest level of independence, productivity, and citizenship. The rights of persons served will be protected in accordance with state law and organizational policy.

The following is an explanation of this handbook in People First language.

WHO WE ARE

The Camden County Senate Bill 40 Board was created in 1980. CCDDR was started when people in our county had an election and voted to start an agency to meet the needs of persons with developmental disabilities. There are nine people in charge of CCDDR, called the Board of Directors. These nine people are asked to be board members by the Camden County Commission, the people in charge of running the county.



CCDDR collects money paid by taxes. This money is used to meet the needs of persons with developmental disabilities in our county. CCDDR uses this money and gives some of it to other agencies in the area, like the sheltered workshop. CCDDR also has Support Coordinators who help persons with developmental disabilities get the services they want and need.

THE PERSON-CENTERED PLANNING PROCESS



Our Support Coordinators help persons with developmental disabilities get the services and supports they need. They do this using what is called an Individual Support Plan. This plan is made after getting people with disabilities, their families, and friends to tell their Support Coordinator what they need. The Support Coordinator is there to work for and serve the person with a developmental disability.

Sometimes the services you need may not be available right away, because there isn't enough money to pay for them. If this happens, your name will be put on something called a waiting list. Persons who need services the most are taken off the waiting list sooner than those who don't need services as much.

Persons we serve have the right to expect our Support Coordinators to do a good job. If you don't feel this is happening, you can complain. One way to complain is to contact the Support Coordinator's boss, called a Supervisor. If you still are not satisfied, you can contact the boss's boss, called the Executive Director. If you still are not satisfied, you can call the person in charge of the CCDDR Board of Directors, called the Chairperson. Call (573) 317-9233 or 573-693-1511 for any of these people. If you complain, we will not "hold this against you", something called "retaliation". You can also call the Regional Office to complain. Their number is 1-800-828-7604.

SUPPORT COORDINATION MONITORING



If you get services funded by the state, your Support Coordinator is responsible for making sure these services are good and you are happy with them. This is called Service Monitoring. If you are in an ISL home or group home, your Support Coordinator will check on your services every month. If you get other services, like in a day program, your Support Coordinator will check on your services every three months. The agencies that provide your services must meet certain standards that show they are doing a good job. Our Support Coordinators are one part of making sure the services you get are good.

TARGETED CASE MANAGEMENT



CCDDR gets paid for providing Support Coordination. Many persons with disabilities have Medicaid. Sometimes, CCDDR can have Medicaid pay for the Support Coordination services that we provide. This helps CCDDR pay bills, pay our staff and other things.

CHOICE OF PROVIDER/SUPPORT COORDINATOR



Persons with developmental disabilities we serve can have choices of some things. If you are in a program called the Medicaid waiver, you have a choice of what provider agency provides you with services our Support Coordinators arrange for you. There must be more than one agency available before you can choose. You can also decide to direct your own supports through the self-directed supports program. Let your Support Coordinator know what your choices are.

If you have a guardian, these choices are made by this person.

CLIENT RIGHTS/CONSENT FOR TREATMENT



All persons have rights, must not be hurt, and must be cared for properly. CCDDR provides you or your guardian with a copy of your rights every year. Some of your rights may be restricted, like if you have a guardian, conservator, or a rights restriction in your plan. Some of your rights cannot be restricted though. Your CCDDR Support Coordinator and your Planning Team work to ensure your rights are protected. Your rights are restricted only if absolutely necessary for your own safety and well-being or for the safety and well-being of others. If you feel your rights have been violated, call these people:

Office of Constituent Services
Department of Mental Health
P.O. Box 687
Jefferson City, Mo 65102
1-800-364-9687

Nobody is **ever** allowed to hurt you, take advantage of you, or not care for you properly. This is called abuse and neglect. If someone is hurting you, being mean to you, taking advantage of you (like taking your money), doing something you are not comfortable with (like touching you in private areas), or not taking care of you, **call your Support Coordinator right away at 573-317-9233 or Adult Protective Services at 1-800-392-0210 if you're over 18 or Division of Family Services at 1-800-392-3738 if you're under 18.**

CCDDR cannot provide you with Support Coordination services until you or your guardian say this is OK. This is called "consent". You or your guardian has the right to give your OK to the services which are determined in your plan.

When a big change to your plan is made during the year, you or your guardian needs to give your OK on this, too.

HAVE QUESTIONS??



If you need help with anything covered in this booklet, please call us at **573-317-9233** or stop by our office at **100 Third St., Camdenton MO.**

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES

NOTICE OF RECEIPT OF CLIENT-FAMILY HANDBOOK

Print name of client receiving services: _____

My signature below indicates that I have been provided a copy of the Camden County Developmental Disability Resources Client/Family Handbook.

(Signature of Client, Parent of Minor Child,
or Legally Authorized Representative)

(Date)

If signed by a legal representative, relationship to client: _____



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2020-20

APPROVAL OF AMENDED HEALTH AND SAFETY MANUAL

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden County voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, handbooks, manuals, and job descriptions and creates new Bylaws, policies, plans, handbooks, manuals, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend the Health and Safety Manual.
2. That the Board hereby amends and adopts the Health and Safety Manual (Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairperson

Date

Secretary, Vice Chairperson, or Treasurer

Date

Attachment “A” to Resolution
2020-20



**CAMDEN COUNTY
DEVELOPMENTAL DISABILITY RESOURCES**

HEALTH & SAFETY MANUAL
REVISED 09/2014; 08/2017; 04/2020

**CAMDEN COUNTY
DEVELOPMENTAL DISABILITY RESOURCES**

HEALTH & SAFETY MANUAL

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SECTION ONE HEALTH AND SAFETY

A. Intent

It is the intention of Camden County Developmental Disability Resources (CCDDR) that the health and safety of all individuals and employees within the CCDDR facility are maintained during all daily operations and in the event of any disaster relating to health and safety. Further, that persons served by the agency's Support Coordination program are supported in safe and healthy environments within the community.

In order to ensure these objectives, The Administrative Team will oversee all aspects of safety assurance including, but not limited to:

- Initial education
- On-going education
- Training
- Emergency drills
- Inspections
- Service monitoring
- Event report trending data of clients served
- Liaison with Regional Center Quality Enhancement Provider Relations Team and service providers

The Administrative Team shall review and track any safety or health hazards and trends as well as ensure they are properly remedied.

SECTION TWO SAFETY COMMITTEE COMPOSITION

A. Composition

The Safety Committee will be made up of the Administrative Team and the Safety Officer(s). A Safety Officer(s) will be appointed by the Administrative Team to implement and monitor emergency procedures.

SECTION THREE GENERAL SAFETY COMMITTEE GUIDELINES

A. General

The mission of the Safety Committee is to maintain a high level of interest in and awareness of health and safety issues among staff. To do this, the committee should perform at least the following:

- Meet as necessary
- Increase safety awareness and promote an attitude of cooperation on safety concerns
- Review the Safety Manual and make revisions as necessary
- Review all CCDDR Workers Comp claims and Accident Investigation Report forms as requested, compiling a database of reports to identify trends or increases in accidents and identifying necessary remedial training

- Act as a resource for in-house health issues and arrange for outside consultation
- Develop safety rules and practices as well as implementation
- Identify unsafe work practices or conditions and suggest remedies
- Include health and safety policies in new support coordination training and provide opportunities for certification as required by DMH operating regulations and CCDDR policy
- Encourage feedback regarding problems, ideas, and solutions related to safety from all staff
- Keep everyone in CCDDR informed about safety procedures
- Identify specific safety-related problems that seem to be recurring and develop appropriate prevention measures
- Maintain safety records and reports
- Perform or schedule all internal and external self-inspections and recommend action to be taken
- Review client/visitor reports of injury

B. Minutes

Safety concerns and policy changes will be recorded in Support Coordination team meeting minutes.

SECTION FOUR FUNCTIONS OF THE SAFETY OFFICER(S)

A. Purpose

The Safety Officer(s) will be responsible for ensuring that CCDDR has a safe working environment. The Safety Officer(s), or designee(s), will perform the following functions:

B. Responsibilities

The Safety Officer(s)'s responsibilities include, but are not limited to:

- Coordinating periodic required emergency drills
- Ensuring that adequate first aid and other emergency supplies are current and present
- Reporting any issues and discuss training needs at staff meetings

SECTION FIVE SAFETY OBJECTIVES

A. Objectives

- Maintain ongoing programs to identify employee and client health and safety risks
- Provide safety programs to encourage employees to identify and eliminate safety risks
- Conduct ongoing safety training activities

SECTION SIX GENERAL SAFETY GUIDELINES

1. CCDDR strives to provide a healthy and safe environment for all persons served and its staff. CCDDR will comply with local, state and federal laws and regulations concerning occupational health and safety. CCDDR requires all employees to strictly follow all health and safety policies and procedures.
2. CCDDR strives to meet the standards of CARF, funders, local/state safety codes, MO Division of DD Directives, operating regulations, and relevant state statutes as defined by law.
3. In striving to provide the safest possible environment and in order for management to respond immediately, CCDDR encourages employees to identify potential hazards that are associated with their immediate environment and to detect hazards before they can result in injury and/or damage.
4. CCDDR requires employees driving their vehicles and company vehicles during working hours to follow all local and state regulations. This includes, but is not limited to, wearing seat belts and adherence to speed limits. Employees must also follow guidelines described in CCDDR personnel policies and this Safety Manual.
5. CCDDR is dedicated to discovering, correcting, and preventing safety and environmental health hazards that could affect persons served, employees, and the general public. CCDDR will endeavor to assure that all persons served and employees are knowledgeable of all health and safety programs and procedures.

SECTION SEVEN FACILITY SAFETY RULES

1. All staff must be trained in CCDDR safety procedures and safety rules during orientation.
2. Any hazardous condition must be reported immediately to the Safety Officer.
3. All employee injuries must be reported immediately to the Human Resource Officer, and appropriate workers comp forms completed.
4. Emergency routes are posted throughout the building, and procedures in this manual are available to all staff on CCDDR's secured online network database and website.
5. All aisles, hallways, and doorways must be maintained, which includes being free of obstacles and stored materials.
6. Areas around fire extinguishers must always be kept clear and free of obstructions.
7. All storage areas shall be kept neat, clean, and orderly at all times.
8. Smoke detectors and fire extinguishers are required in the CCDDR office and will be inspected periodically, but no less than annually.

SECTION EIGHT SAFETY TRAINING GUIDELINES

CCDDR takes safety training very seriously. The purpose is to teach staff to be safety conscious in their work and everyday living environment, as well as to be aware of safety issues pertaining to clients. Safety training is necessary for all new employees, with re-training required per requirements of regulatory agencies. New procedures are introduced to all employees. Most importantly, safety training is vital as a preventative measure.

A. New Employee Training

- First Aid/CPR

- Fire Suppression
- Safety Rules
- Infection Control/Blood Borne Pathogens
- Emergency Plans/Disaster Plans / Drills
- Medication Administration
- Abuse/Neglect
- Accident Reporting
- Service Monitoring/Event Report Procedures
- Location of First Aid Kits

Safety resources include, but are not limited to:

- American Red Cross
- Camden Fire Dept.
- Lake Regional Hospital Occupational Medicine Clinic
- Camden County Health Department
- First Aid Instructors
- Rolla Regional Office
- Local/State/Federal Emergency Mgmt. Offices

B. Safety Orientation for New Employees

The purpose of Safety Orientation is to educate and train all new CCDDR employees in areas related to safety.

It is the responsibility of the Targeted Case Management Supervisor(s) and the Safety Officer(s) to orient new staff about CCDDR health and safety policies and procedures, including the content of this Health and Safety Manual. Post-test competency procedures may be utilized in this process.

SECTION NINE PROCEDURE FOR INFECTION CONTROL

A. Statement

It is CCDDR's responsibility to protect the health and safety of all its employees and clients via the use of universal precautions, and other standard procedures or recommended protocols as outlined by the Occupational Health and Safety Administration (OSHA), Centers for Disease Control, and/or other regulatory and/or relevant agencies. This infection control policy will be implemented through the training and education of employees, compliance with standard operating procedures in the workplace, administrative monitoring, and record keeping. The policy is divided into the following categories:

- Personnel Requirements
- Client Requirements
- Infection Control Procedures
- Human and Animal Bites
- Environmental Sampling
- Exposure Control Plan

B. Application

This Manual applies to all staff having contact with individuals served in the community, staff within the CCDDR facility, and staff involved in the administration of first aid and other health care procedures.

1. Personnel Requirements

- a. Employees whose positions place them at risk for exposure to potentially infectious materials will be offered education, testing and/or vaccinating information for the appropriate infectious disease.
- b. Caution will be exercised in preventing the transmission of communicable diseases.
 - i. Any employee exhibiting signs of a communicable disease may be required to leave the office(s) (other directives/conditions may apply) and will be encouraged/asked to remain home until such conditions are resolved.
 - ii. Concurrent disinfection as required will be carried out.
 - iii. Any employee who becomes ill at work will report to the supervisor or appropriate designee and then be asked to return home.
- c. Employees will be responsible for conducting proper sanitation of their work area.
- d. An emergency first aid kit is available within the CCDDR office, as well as agency vehicles.

2. Client Requirements

- a. CCDDR staff reserve the right to refuse direct contact with clients when signs of infectious disease become apparent (i.e., rashes, conjunctivitis (pink eye), or other related signs to any applicable circumstance).
- b. CCDDR shall comply with the regulations of the MO Department of Health & Senior Services, Centers for Disease Control, and/or other regulatory and/or other relevant agency pertaining to the control of communicable disease.

3. Infection Control Procedures

- a. Dishes, utensils and countertops are to be sanitized.
- b. Areas accessible to the general public and employee workstations are to be sanitized regularly.
- c. Staff is instructed to use hand washing protocols after toileting or contact with individuals and prior to or after exposure to clients.
- d. When applicable, sanitize all equipment used with clients.
- e. When necessary, provide disposable tissues and/or sanitizing materials at all times.
- f. Employees cleaning any spill of bodily fluids shall wear sterile latex, nitrile, or other gloves. The area shall be cleaned with warm soapy water followed by a rinse with a 1:9 household bleach solution.

4. Human and Animal Bites

All bites will be promptly treated with routine wound care. In cases of human bites, both parties will be tested for HIV, Hepatitis, and/or other bloodborne pathogens, if applicable and/or necessary. Appropriate action/follow-up will be dependent on lab results. In the event of an animal bite, the appropriate authorities will be notified. The injured employee will work with the Human Resource Officer in completing the Camden County

Developmental Disability Resources Worker's Compensation Authorization for Medical Treatment Form.

5. Environmental Sampling

Microbiological sampling will be done upon request in the course of an epidemiological investigation.

6. Exposure Control Plan

a. Personal Protective Equipment (PPE)

No invasive procedures are carried out by the CCDDR staff. The Infection Control Policy prohibits the administration of medication and eliminates the risk of exposure via needle stick and the need for a needle protected system, or specific protocols for recapping. The nature of job duties in CCDDR's office setting presents a low potential for occupational exposure to blood and bodily fluids. Staff is to use the PPE during activities that may lead to exposure to potential infectious material. Non-allergic gloves will be provided if needed by staff members. Hands are to be washed thoroughly following removal of gloves.

b. Universal Precautions

Universal Precautions education is provided through staff training at CCDDR.

c. Engineering Controls and Workplace Practices

Universal Precautions shall be employed when there is risk of exposure to potentially infectious materials. Frequent hand washing is stressed as a first line of defense for all employees. Hand washing facilities are located in the restroom and kitchen area.

d. Training

A copy of CCDDR's Health and Safety Manual is given to each employee during orientation, upon annual review, and as revised. Training will be provided and shall include modes of transmission, precautions and the correct use of personal protective equipment.

C. Procedures

1. General Precautions

The bodily fluids of all persons should be considered potentially infectious. In general, good hygiene practices, especially hand washing and sanitizing, will prevent transmission of most infectious agents.

- a. All personnel will routinely use appropriate precautions to prevent small skin and mucous membrane exposure to blood and bodily fluids.
- b. Disposable gloves shall be provided and should be worn for touching blood and bodily fluids, mucous membranes or non-intact skin of others.
- c. Disposable gloves should be worn for handling items or surfaces soiled with blood or

- bodily fluids.
- d. Hands and other exposed skin will be washed immediately after gloves are removed.
- e. All personnel will take precautions to prevent exposure to blood and bodily fluids through unanticipated events, including scratching, biting, spitting, etc.
- f. All personnel will cover open injuries with the appropriate dressing.
- g. Gloves will be worn when administering First Aid.

2. Procedures for Monitoring Compliance

All personnel will receive orientation to and training in the following practices for prevention of infection transmission. Training will be documented.

- a. An Accident Investigation Report Form will be utilized to document all incidents of exposure to blood and bodily fluids by personnel. This includes all incidents where proper procedures were followed and there was direct non-intact skin contact or mucous membrane contact with blood or bodily fluids. This form will be completed by Targeted Case Management Supervisor(s), Human Resource Officer, or the appropriate designee(s).
- b. If there was direct skin or mucous membrane exposure, personnel will follow "Procedure for Management of Exposure."
- c. The Administrative Team will review the CCDDR Accident Investigation Report Form when submitted for compliance to procedures. Any corrective actions will be noted on the report. The Administrative Team will determine staff training needs based on these reviews.

3. Procedures for Management of Exposure

- a. Direct Skin Contact with Blood or Bodily Fluids
 - i. All skin areas exposed to blood or bodily fluids will be washed immediately with soap and water following hand washing procedures.
 - ii. Staff will work with the Human Resource Officer in completing a Worker's Compensation Authorization for Medical Treatment Form if needed.
 - iii. The Targeted Case Manager Supervisor(s), Human Resource Officer, or appropriate designee(s) will complete an Accident Investigation Report Form.
- b. Direct Non-Intact Skin or Mucous Membrane Contact with Blood or Bodily Fluids
 - i. Non-intact skin/mucous membranes will be washed immediately with soap and water following the "Procedure for Hand Washing."
 - ii. Eyebath solution will be applied if there is direct exposure to the eye area.
 - iii. Nose will be flushed with a soap/water solution if there is exposure of fluids to that area.
 - iv. Mouth will be rinsed with antiseptic mouth wash when there is exposure to that area.
 - v. Staff will work with Human Resource Officer in completing a worker's compensation authorization for medical treatment form, and an Accident Investigation Report Form will be completed by the Targeted Case Manager Supervisor(s), Human Resources Officer, or appropriate designee(s).
 - vi. Staff who experience direct non-intact skin or mucous membrane exposure should report the incident via the Accident Investigation Report Form and seek medical evaluation for any acute illness that occurs within 12 weeks following the exposure.

4. Processing of Accident Investigation Report Forms

- a. The CCDDR Accident Investigation Report Form will be completed by the Targeted Case Manager Supervisor(s), Human Resource Officer, or appropriate designee(s).
- b. The Targeted Case Manager Supervisor(s), Human Resource Officer, or appropriate designee(s) will seek medical advice from the Camden County Health Department, Lake Regional Occupational Medicine Clinic, or other appropriate agency on whether clinical or serological testing should be performed on the source of blood or body fluid.
- c. The Accident Investigation Report Form will be submitted to the Safety Committee for review at next Safety Committee meeting to determine what preventative actions need to occur.

SECTION TEN HAND WASHING

A. Statement

CCDDR provides these guidelines to prevent the spread of germs.

B. Standard Procedure

1. Wash hands before:

- Touching or serving food
- Treating a wound
- Handling contact lenses
- Caring for someone sick

2. Wash hands after:

- Using or helping someone use the toilet
- Coughing or sneezing
- Wiping nose
- Being out in public
- Playing with pets
- Handling raw meat, poultry or fish
- Handling garbage
- Touching your face or hair, especially if you wear makeup or hair ointments
- Touching unclean equipment, work surfaces, soiled clothing, etc.
- Smoking, eating and drinking
- Clearing away dirty dishes, utensils, etc.
- When hands become visibly soiled
- Handling money
- Touching infected parts of the body
- Coming into contact with bodily fluids of self or others
- Use of sterile gloves

3. How to wash hands:

- Use warm running water and soap
- Lather up for 20 seconds
- Rub lather all over, in between fingers and under nails
- Rinse well and dry

The American Public Health Association encourages proper hand washing to help protect you and those you touch from germs. Wash your hands the right way at the right times.

SECTION ELEVEN COMMUNICABLE DISEASE

- A. Support Coordinators are not expected to enter the home or workplace of any individual with a communicable disease.
- B. Support Coordinators are expected to encourage immediate medical attention for individuals to include, but not limited to, the following conditions:
- Chickenpox
 - Measles (Rubella)
 - Mumps
 - Whooping Cough (Pertussis)
 - German Measles (Rubella)
 - Tuberculosis (active)
 - Bacterial Meningitis
 - Streptococcal Sore Throat (untreated)
 - Flu
 - Staph/Strep Skin Infections (untreated)
 - Conjunctivitis (untreated)

Support Coordinators are expected to follow Universal Precautions.

SECTION TWELVE RECOMMENDED GUIDELINES FOR “UNIVERSAL PRECAUTIONS”

A. Statement

The guidelines will assist in minimizing exposure to blood and body fluids.

B. Procedures

Universal precautions include, but are not limited to, the following procedures:

1. Hands should always be washed before and after eating, after toileting, and more frequently during the cold and flu season. Hands should be washed even when gloves have been used. If hands come in contact with blood or body fluids, they should be immediately washed with soap and water.
2. Gloves should be worn when contact with blood, bodily fluid, tissues, or a contaminated surface is anticipated.
3. To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces,

- resuscitation bags, or other ventilation devices should be used when available.
4. Sharp objects should be handled in such a manner to prevent accidental cuts or punctures. All accidental cuts or punctures or contamination of open wounds with blood or body fluids should be reported immediately to the employee's supervisor.
 5. Blood and body fluid spills should be cleaned up promptly with a disinfectant solution, such as a 1:9 dilution of bleach.
 6. All blood and body fluid should be considered biohazards.

**SECTION THIRTEEN
PROCEDURES FOR SPECIFIC EMERGENCIES**

General procedures in the event of Fire, Tornado, Earthquake and other natural disasters

A. Disaster Kit (BackPak)

Some emergency situations may require use of a disaster kit (E & F below). This kit will consist of, but not limited to, the materials listed below and will be stored in the Client Records Room, which is the sheltering-in-place location.

<u>Item</u>	<u>Qty.</u>
Flashlight.....	1 heavy duty
Flashlight Batteries	8
Battery-Powered Radio	1
First Aid Kit	1
Emergency Blankets	6
Manual Can Opener	1
Garbage Bags	1 Box

An assortment of gloves, masks, bandages, other personal hygiene products, and an Emergency Food Rationing Bar (or equivalent) will also be included.

B. Emergency Evacuations – Agency Documents

Some emergency situations may require evacuation or may compromise the use of CCDDR facilities (D & F below). Stored paper records, including copies of important documents for CCDDR to continue to operate, are now cloud-based.

Cloud-based information will include:

- Copy of emergency contact list of all CCDDR employees, provider agency administrative staff/QDPs/Lead Staff, and all clients served
- Copy of CCDDR insurance policies and agent contact information
- Copy of the list of emergency vendors (contractors, plumbers, electricians, restoration contractors, mold remediation, etc.)
- Copy of the list of vendors & suppliers (and alternates) essential for mission critical activities
- Copy of essential policies, emergency procedures, plans and manuals
- Copy of general office supply lists along with copies of frequently used forms

C. Coordination with Other Agencies

CCDDR shares building/office space(s) with the Children's Learning Center, OATS, and/or other agencies, and CCDDR will coordinate emergency planning with these agencies as well as regular health and safety drills.

D. Fire Emergencies Procedures

1. If an alarm has not automatically activated and smoke and/or fire is discovered, the employee should immediately pull the fire alarm to notify all staff.
2. When notified of a fire, staff and visitors will immediately evacuate the site using the nearest clear exit, per the evacuation maps posted, and meet at the North parking area if possible.
3. If a visitor is present when the alarm is given, it will be the responsibility of the staff member who the visitor is with (or TCM Office Manager if visitor(s) are in reception area) to assist that person in evacuating the building. Fire or police department officials will be notified upon their arrival of all individuals not yet accounted for or present.
4. Staff shall take all possible measures to assist visitors who have mobility barriers to evacuate the building in the event accessible exits are obstructed.
5. As employees are exiting the building, they should notify as many persons in the building as possible that there is a fire in the building.
6. Staff should come together outside at a designated area so that the Directors/Supervisors can account for all personnel. Staff responsible for visitors/clients should determine that all visitors/clients have exited the building.
7. Staff will not re-enter the building for any reason until clearance is received from the fire department.

E. Tornado and Severe Storms Procedures

1. When weather becomes threatening, e.g., conditions are such that severe thunderstorms or tornadoes may occur, the Targeted Case Manager Supervisors, Safety Officer(s), or other appropriate designee(s) will monitor the weather radio for reports of severe weather conditions. The Targeted Case Manager Supervisors, Safety Officer(s), or other appropriate designee(s) shall also contact community placement facilities and day service providers within Camden County to insure these facilities are monitoring the weather. When a watch or warning is issued, designated staff will immediately notify all employees present. Tornado warning sirens are present in Camdenton and Osage Beach.
2. Upon being notified of severe storm/tornado watch/warnings, all staff will shut down any computers in use to prevent damage and electrical shock.
3. If a client/visitor is present when the alarm is given, it will be the responsibility of the staff member whom the client/visitor is with (or TCM Office Manager if the client/visitor is in reception area) to assist that person(s) in evacuating to the designated area.
4. Staff actions will be dependent upon the type of watch/warning issued:
 - a. Severe Storm Warning/Tornado Watch
 - i. Staff will stay away from windows and avoid using electrical equipment. Staff will remain alert for additional information, including possible need to evacuate.
 - b. Tornado Warning:
 - i. When tornado sirens are sounded or a weather alert broadcasts over the weather radio, all staff/clients/visitors will immediately report to the Client Records Room.
 - ii. An "all clear" announcement will be made to indicate that it is safe to return to

classrooms, offices, and/or cubicles.

F. Earthquake Procedures

1. If an earthquake occurs, staff is directed to seek safety under a sturdy desk, table, and/or other furniture or door frames. Staff is to direct any clients/visitors to these areas, and everyone is to assume the safety position of sitting with head between knees and hands over head. People are to remain in this position until there is word that the alert has been lifted or (in the event of an actual earthquake) there is information about emergency and evacuation procedures.
2. All persons should move away from large glass doors and windows, hanging objects, mirrors, tall furniture, and/or other large objects that could fall.
3. The procedures listed above integrate the following basic responses to an earthquake. The basic responses to an earthquake are as follows:
 - a. **DUCK.** Cover or drop to the floor.
 - b. **COVER.** Take cover under a desk, tables, or other furniture. If that is not possible, seek cover against an interior wall and protect your head and neck with your arms. Avoid danger spots near windows, hanging objects, mirrors, or tall furniture.
 - c. **HOLD.** If you take cover under a sturdy piece of furniture, hold onto it.
4. If you are outdoors, stay there. Move away from any buildings, streetlights, and utility wires. If you are in a moving vehicle, stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, utility wires, or an overpass. Be prepared for aftershocks and take action as needed.

G. Threatening Situations

1. Home Visit Safety
 - a. Don't wear expensive jewelry; valuables should not be in plain sight.
 - b. Before leaving for home visits, lock your purse in the trunk of your car. Carry a briefcase, notebook, or folders on the home visit.
 - c. Don't give too much personal information about yourself to unfamiliar persons/families.
 - d. Inform your supervisor or other staff where you will be going, what time you will get there, how long you will stay, and what time you will return.
 - e. Be aware of your surroundings and pay attention/notice things around you at all times.
 - f. Don't overburden yourself with equipment.
 - g. Sit near an exit door if you have any concerns about the nature of those you are visiting.
 - h. When in an unfamiliar home, develop an exit strategy if you feel the situation may be or become volatile.
 - i. Couple your appointment with another agency worker or schedule appointments in the morning.
 - j. Lock your vehicle.
 - k. React to signals of apprehension or "gut feelings" with caution or by leaving. Remain calm if signs of anger or hostility are shown.
 - l. Carry a cell phone.
2. Hostile Persons in the Office
 - a. Office procedures are in place if a person becomes hostile while in CCDDR offices.

H. Extended Power Loss

1. In the event of utility failure occurring during regular working hours, check the breaker box first to determine if a breaker needs to be reset.
2. If it is determined that power to the building is off completely, immediately notify Laclede Electric by calling 573-346-5303 (Camdenton office or Keystone facility) or 800-263-7303. If there is a power loss in the Osage Breach Office, call Ameren at 800-552-7583
3. If there is a potential danger to building occupants or if the utility failure occurs after hours, weekend, or holidays, call Laclede Electric at 800-299-3164 (Lebanon office) and the CCDDR Executive Director at 573-469-5851.
4. During an electrical failure, CCDDR facilities have emergency lighting. Emergency lights contain battery-packs, which are continuously charged during normal building operations, and in the event of a power failure, the emergency lighting systems will automatically switch on.
5. All CCDDR computers have battery backups for a limited period of time. In the event of a power loss, staff will ensure that programs are exited and their computer workstations are shut down and subsequently unplugged. Any unnecessary electrical equipment and appliances should be turned off in the event that power restoration would surge, causing damage to electronics and effecting sensitive equipment. Unplug equipment if you are not sure that the device was on when power went out.
6. In the event of an extended power loss when evacuation of the building is not possible, the Targeted Case Management Supervisor(s), Safety Officer(s), or TCM Office Manager shall obtain the Disaster Kit from Client Records Room, unless sheltering in place within this room is required.
7. Upon restoration of heat/power, electronic equipment should be brought up to ambient temperatures before energizing to prevent condensation from forming on circuitry. The Executive Director, Targeted Case Management Supervisor(s), or other appropriate designee(s) will make the determination as to when this is to be done.

I. Medical Emergency

Use the following procedures in the event of a life-threatening medical emergency.

1. **CHECK** the scene for any potential safety hazards
2. **CALL** 9-1-1
3. **CARE** for the victim...maintain **Airway Breathing Circulation (A-B-C)**!
4. Provide the following information to the 9-1-1 operator:
 - Nature of medical emergency
 - Location of the emergency (address, building, etc.)
 - Your name and phone number from which you are calling
5. Do not move the victim unless absolutely necessary.
6. Only CCDDR personnel with a current certification in CPR and First Aid are authorized to provide emergency medical assistance in the event of a medical emergency.
7. If personnel trained in First Aid/CPR are not available, as a minimum, attempt to provide the following assistance:
 - Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or

- other bodily fluids)
- Clear the air passages using the Heimlich Maneuver in case of choking

8. Stay with the victim until help arrives.

J. Bomb Threat

1. When the Police Dept. authorizes an evacuation of the CCDDR facility due to a bomb threat, all employees will do the following:
 - Prior to leaving, all employees should briefly inspect their immediate work area for anything suspicious or out of the ordinary – if anything is found, advise the Executive Director or Targeted Case Management Supervisor(s) immediately after evacuating
 - After evacuation, all employees and visitors will report to the far north parking lot to stage and await further instructions, and the Executive Director, Targeted Case Management Supervisor(s), or appropriate designee(s) shall account for all staff members
 - All employees will be updated on the status of the situation as information becomes available
 - No one will re-enter the building until the authorities authorize the building to be re-opened

K. Phone Threat

1. The person receiving a telephone bomb threat should remain calm and obtain as much information as possible by completing the checklist provided in the Appendices, which will be made available as a separate sheet to all employees.
2. If your phone is equipped with caller identification, write down the number that is on the display screen.
3. After the caller hangs up, immediately call 911. Give all available information. Notify the Executive Director immediately.

L. Emergency Drills

Drills will be conducted for the CCDDR facilities and staff per accreditation guidelines. Scheduled and unscheduled tests of the emergency action plan (bomb threats, natural disasters, utility failures, medical emergencies, and violent or other threatening situations) shall be conducted at least on an annual basis. All staff present will be required to participate in drills. Evacuation route maps will be posted throughout the CCDDR facility.

SECTION FOURTEEN EMERGENCY PHONE NUMBERS

After obtaining an outside line, dial:

- Police: 911
- Fire/Ambulance Department: 911
- Poison Control: 800-222-1222
- Chemical Spill: 800-424-8802
- Emergency Personnel: 911
- FBI: 573-636-8814

- Electric: Camden & Keystone facility is 573-346-5303 or 800-263-7303
- Summit Natural Gas: 800-927-0787 for the Keystone facility
- Electric: Osage Beach office is 800-552-7583
- Water: 573-346-3600 for the Camden office, 573-317-9406 for the Keystone facility, or 573-302-2020 for the Osage Beach office
- Sexual Assault: 888-809-7233 or Kids Harbor is 573-348-6886
- Suicide Prevention: 800-273-8255

SECTION FIFTEEN TRANSPORTATION FOR PERSONS SERVED

A. Policy

It is CCDDR's responsibility to protect the health and safety of all our clients who are being transported in staff personal vehicles or company vehicles. On occasion, there may be situations where CCDDR employees must use their personal vehicles to transport clients. CCDDR has established requirements for staff transporting clients in personal and company vehicles. CCDDR has established contracted transportation services with OATS Inc. to support specifically identified transportation purposes for CCDDR clients; however, OATS Inc. is the designated public transit provider in Camden County and offers several transportation services from which to choose.

B. Procedure for Transporting Clients in Staff-Owned Vehicles

1. Drivers shall be properly licensed. Employees will furnish a copy of their driver's license to the Human Resource Officer.
2. Employees must have the minimum liability coverage as required by CCDDR policies.
3. Vehicles must have a copy of guidelines regarding what to do in event of an accident.
4. In the event of an accident and/or injury while transporting a client, the driver will immediately notify the police and ambulance (if needed) to report the accident, provide CPR/First Aid as needed, and follow the appropriate guidelines. The Executive Director and/or Compliance Manager will be notified immediately and, if needed, the Work Comp Authorization for Medical Treatment Form, Auto Accident Report Form, and other necessary paperwork will be completed.

C. Procedure for Transporting Clients in an Agency-Owned Vehicle

1. Drivers shall be properly licensed. Employees will furnish a copy of their driver's license to the Human Resource Officer.
2. Vehicles must have a copy of guidelines regarding what to do in event of an accident.
3. In the event of an accident and/or injury while transporting a client, the driver will immediately notify the police and ambulance (if needed) to report the accident, provide CPR/First Aid as needed, and follow the appropriate guidelines. The Executive Director and/or Compliance Manager will be notified immediately, and, if needed, the Work Comp Authorization for Medical Treatment, Auto Accident Report Form, and other necessary paperwork will be completed.

SECTION SIXTEEN HEALTH & SAFETY OF PERSONS SERVED

A. Intent

It is CCDDR's policy to ensure the health and safety of clients served in community settings for which CCDDR is responsible as part of its Support Coordination program.

B. Procedure

As part of the Dept. of Mental Health/Division of DD Service Monitoring process, CCDDR Support Coordinators shall be responsible for conducting Service Monitoring site visits to agencies where clients are referred to for DMH-funded services. This shall be documented in the client's file.

If there are health and safety concerns regarding clients served within agency programs, these will be processed according to Division of DD guidelines, operating regulations, Directives, and relevant state statutes. Appropriate DMH protocol shall be followed regarding Service Monitoring procedures, abuse/neglect procedures, etc.

C. Reporting Suspected Abuse or Neglect

1. Introduction

CCDDR is committed to protecting clients served from abuse and neglect as well as any exploitation including, but not limited to, misuse of their funds/property. CCDDR is also dedicated to ensuring that all staff is trained and know what the expectations are when it comes to identifying and reporting abuse and neglect.

2. Reporting Requirement

DMH DOR 2.210 requires all CCDDR employees to immediately report any complaints they receive or make a complaint themselves if they know through direct or indirect means that abuse, neglect, or misuse of funds/property has occurred or suspect that such has occurred. Employees who fail to report complaints of known or suspected incidents of abuse, neglect, misuse of funds/property, or any other misconduct are subject to discipline, criminal prosecution, or both.

Abuse, neglect, or misuse of funds/property may be discovered through:

- Service Monitoring
- Physician visits or Community RN monitoring
- Verbal or written complaints
- Observations in the community
- Reviewing documentation (i.e. event reports, observation notes, staff logs, provider agency monthly reports, etc.)

When the Support Coordinator receives or discovers any information suggesting abuse, neglect, or misuse of funds/property, the Support Coordinator will do the following:

- Contact the provider and ensure the safety and well-being of the client(s) – the Support Coordinator is to stay on site and ensure the client’s safety if it is discovered or learned during a site/monitoring visit
- Ensure a DMH Event Management Tracking Form (EMT) is thoroughly and accurately completed and contains a detailed account of any actions or statements made surrounding the allegation and lists all potential witnesses

Support Coordinators and Targeted Case Management Supervisors will contact the Regional Office and submit appropriate EMT forms. Regional Office staff may ask the Support Coordinator(s) to:

- Gather additional information, if necessary, and compare the information provided to the DMH definitions of abuse, neglect, or misuse of funds/property
- Ask the provider agency to secure any physical evidence pertinent to the complaint, if available
- The Support Coordinator(s) will ensure the Department of Social Services, Children’s Division (800-392-3738) is contacted if the client(s) is under the age of 18; ensure the Department of Health and Senior Services, Adult Abuse/Neglect Hotline (800-392-0210) is contacted if the client is over the age of 18; and determine if the suspected abuse, neglect, or misuse of funds/property occurred while the client was or was not receiving paid supports from DMH at the time the allegation occurred

Following notification of the appropriate investigative agency, if the allegations concern physical abuse, sexual abuse, or misuse of funds/property, the designated staff should also follow protocols related to the type of allegation.

PHYSICAL ABUSE

If an injury occurred, ensure:

- Pictures are taken immediately (if pictures are taken via mobile devices controlled or owned by CCDDR, the pictures are to be immediately saved to the client’s file and deleted from the mobile device unless otherwise directed by law enforcement or other authorized investigating agency)
- A physical examination is performed by a qualified medical staff as soon as practical
- Stay on site and ensure client safety if abuse was discovered during Support Coordinator site visit
- Local law enforcement is contacted

SEXUAL ABUSE

If there is reasonable cause to believe penetration has occurred, ensure:

- A physical examination is conducted immediately (the physical examination should be performed by a medical professional at a facility qualified in the “rape kit” examination)
- Local law enforcement is contacted

MISUSE OF FUNDS/PROPERTY

If there is reasonable cause to believe misuse has occurred, ensure:

- Ensure local law enforcement is contacted.

D. Serving Clients & Their Families During A Disaster

CCDDR will make every attempt to prepare clients served and/or their families before a disaster occurs.

1. Emergency evacuation supports needed for each client in residential placement settings shall be identified in their Person-Centered Plan.
2. CCDDR shall provide disaster preparedness information to natural home clients to assist them in better responding to a disaster.
3. CCDDR shall provide the “Ready In Three” brochure/guide to all current clients served at the time of their annual plan meeting and to all new clients thereafter.
4. CCDDR will assist clients and their families immediately after a disaster.
 - a. CCDDR staff will make every attempt to contact all clients on their caseload to determine their status using emergency information provided by clients, families, or agency staff. Emergency contact information for staff, provider agencies, and clients served will be made available to Support Coordination staff for them to keep in a secure setting at their place of residence.
 - b. As needed, CCDDR staff will connect clients to needed emergency services available within the community, or, if circumstances warrant, directly assist clients/families in obtaining post-disaster assistance. The short-term health, medical, and safety needs of each client shall be determined and addressed by CCDDR Support Coordination staff to the greatest extent possible.
5. CCDDR will assist clients and families in meeting their long-term recovery needs.
 - a. As needed, CCDDR will ensure that clients and their families can get their lives “back to normal” in the shortest amount of time possible, while ensuring that all basic needs of clients are being met. This includes connecting (or re-connecting) to local, state, and federal relief efforts and governmental programs/services/funding.

SECTION SEVENTEEN PROCEDURE FOR ACCIDENT REPORT FORMS

A. Purpose

CCDDR will comply with OSHA and Workers Compensation regulations regarding the accurate and timely reporting of all accidents and injuries which are job related and/or on CCDDR premises. The Work Comp Authorization for Medical Treatment Form, Accident Investigation Report, Client/Visitor Report of Injury, Witness Report of Accident, and any other required forms will be completed when any staff, volunteer, or intern incurs injury or potential injury at CCDDR office during business hours. The CCDDR Client/Visitor Report of Injury form is used when any client or visitor incurs injury at CCDDR offices.

B. Procedure

1. All accidents occurring at the CCDDR office or away from the CCDDR office when on CCDDR business, regardless of whether professional medical attention is sought or

needed, must be reported for Workers Comp purposes.

- a. Verbal notification of any serious occurrences should be immediately reported to the Executive Director.
 - b. The Work Comp Authorization for Medical Treatment form must be completed by the Human Resource Officer for employees who incur work related illness or injuries. The CCDDR Client/Visitor Report of Injury form is completed for any client or visitor.
2. All Workers Comp accident or injury forms must be sent to the Human Resource Officer within 24 hours of occurrence.
 3. Human Resources must immediately send the originals to current workman's compensation insurance carrier.
 4. The Human Resource Officer is responsible for submission of the completed Workers Comp forms.
 5. The CCDDR Board of Directors must be notified of all serious accidents involving medical hospitalization, property damage, death, and any other accidents that would affect the organization in the public. It is the responsibility of the Executive Director to notify the CCDDR Board Chairperson.
 6. The Targeted Case Management Supervisor(s), Human Resource Officer, or appropriate designee(s) complete the Accident Investigation Report Form.

Appendices & Forms

ACCIDENT INVESTIGATION REPORT

Date of Report _____ Date and time of accident _____

Name of injured (Last, First, MI) _____ Full Time Part Time

Job Title _____

Location of accident _____

Was supervisor present at time of accident? Yes No

Was Workman's Comp form completed? Yes No

Part of Body Injured _____

Injured Employee's Description of Accident:

Persons Involved – List names and phone numbers

Were there hazardous or unsafe conditions or acts contributed to the situation? Yes No

Investigator's Description of Accident:

Direct Causes:

Name of Witnesses:

Contributing Cause

Name of Witnesses:

Actions taken to prevent recurrence:

Person Responsible for corrective action and completion date: _____

Comments:

Comments made by: _____

Employees Signature _____ Date _____

Supervisor's Signature _____ Date _____

Safety Coordinator or Human Resources Signature Date _____

Reviewed by Safety Committee: _____ Date _____

AUTO ACCIDENT/INJURY REPORT FORM
 (To Be Completed by Supervisor)

Continue on reverse or attach additional sheet(s)

Department		Supervisor	
Date of Accident	Time of Accident	Location of Accident	
Vehicle Make	Vehicle Model	Vehicle I.D. Number	
Name(s) and Address (es) of Injured Party (ies)			
Witness Name and Address		Witness Name and Address	
Description of Accident			
Description of Injury			
Cause(s) of Injury			
Equipment Being Used			
Police Report Taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Police Report Taken By	
Measures for Preventing Recurrence			
Date of Report		Signature	

CLIENT/VISITOR REPORT OF INJURY

Date of Report:

Reported to Director/Supervisor: _____ Date and Time: _____

Name of Client or Visitor: _____ Age: _____ Sex: _____

Occupation: _____ Date of Incident: _____

Description of Incident: _____

Address of location where injury occurred: _____

First Aid: Yes ___ No ___ By Whom: _____

Type of First Aid: _____

Medical Provider Contacted: Yes ___ No ___ Name of Provider: _____

Hospitalized: Yes ___ No ___ Name of Hospital: _____

Emergency Room Treatment: Yes ___ No ___ Name of Hospital: _____

Extent and nature of injury and part of body affected: _____

Was there a safety hazard? Yes ___ No ___ Comment _____

Preventative safety recommendation: _____

**CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES
WITNESS REPORT OF ACCIDENT**

Location of incident:

_____ **Time of Incident:** _____

Describe what occurred:

Persons Involved:

What hazardous conditions or unsafe conditions or acts contributed to the situation?

Report completed by:

Name: _____
 Please print

Name: _____
 Signature

Address and phone number of witness:

Date: _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES

FIRE - TORNADO-BOMB DRILL RECORD

DATE	TYPE OF DRILL	TIME REQUIRED TO EVACUATE	NUMBER OF PERSONS	COMMENTS (EXAMPLE - TIME OF DAY)

BOMB THREAT CHECKLIST
Threatening Call Form

This form is to be used as provided by company policy in the event of any threatening call (e.g., bomb threat, extortion attempt, etc.). It is to be *filled out as completely as possible* either *during* the call, or *immediately* afterward.

1. The call was received on (month/day/year): _____

2. Phone number at which call was received: _____ Line: _____ Ext: _____

3. The above-noted phone number is: Listed Unlisted

4. The call was possibly: Local Long Distance Cellular

5. The call began at (time): _____ call ended at (time): _____

6. Did the caller state a 'code word'? Yes: _____ No _____

Check off ANY critical words the caller may have used. This may indicate if the threat is REAL:

7. Det Cord Explosives Plastic Initiation C.E.4 Detonate Switch Detonator
 Explosion 808 Fuse Booby Trap Safety Fuse Timer Shrapnel Initiate
 P.E.4 Trigger Semtex: Trip Wire Plastic Explosive Power Source
 Chemical Fuse Trip Dynamite T.N.T Nitro

8. Was the caller reading from a 'text': Yes No

If *Yes*, the caller's *exact words* were as follows:

Questions to Ask:

9. When will the bomb go off? _____

10. Where is the bomb right now? _____

11. What does the bomb look like? _____

12. What kind of bomb is it? _____

13. What will cause the bomb to explode? _____

14. Why did you call me? _____

15. Why did you plant the bomb? _____

16. Who are you? _____

17. The caller's sex was: Male Female

18. The caller's age seemed to be about? _____

Background Noise(s)- Check ONE or MORE:

19. House Noises PASystem Aircraft Traffic Crockery Kids Crying Voices
Static Office Machinery Factory Machinery Animal Noises Music Bar Sounds Trains
Motors Clear Other: - Please Specify:
-
-

The caller's ACCENT was:

20. English (Canadian) French German Italian English (British) Spanish Polish
Pakistani English (American) Jamaican Russian Chinese English (Australian)
Japanese Greek Scandinavian English (South African) Arabic
Other – Please Specify:
-
-

The caller SEEMED to be:

21. Calm Emotional Irrational Crying Intoxicated Excited Drugged Cool
Immature Frightened
Other – Please Specify:
-
-

The caller's MANNER of SPEECH was:

22. Ragged Slurred Polite Slow Frightened Clearing Throat Incoherent
Cracking Voice Fast Taped Stuttering Deep Breathing Lisping Obscene
Normal Rude Whispering Disguised Defective Out of Breath Well Spoken/Educated
Other – Please Specify:
-
-

23. Was the caller's voice familiar? Yes No

24. Who might the caller have been?

THIS FORM WAS COMPLETED BY:

25. Your name: _____

Your Position/Title: _____

Date Form Completed _____

Time Form Completed _____

INSTRUCTIONS TO FILE WORKMAN'S COMPENSATION CLAIM

(In the event an employee needs medical attention due to an injury SUSTAINED ON THE JOB, the employee must inform Executive Director, Supervisor and Human Resources immediately.)

ALL WORK COMP INJURIES MUST BE REPORTED WITHIN 24 HOURS TO WORKER'S COMP INSURER (DR ABBOT AND CINCINNATI INSURANCE)

1. Employee to fill out work comp authorization for medical treatment form
2. Employee to sign authorization to obtain information form
3. Employee to go to OCCUPATIONAL MEDICINE, 54 Hospital Drive, Suite 102, Osage Beach. Drug test must be administered.
 - a. *Dr Abbott 348-8045 must be utilized if employee wishes to get medical services paid for by the agency. (3.20 Employee Handbook)*
 - b. Dr. Abbott's office will treat the injury or make referrals if necessary and administer a drug/breath test per CCDDR policy.
 - c. Dr. Abbot's hours are Monday thru Friday 8:00am to 4:00 pm. If employee is working after normal business hours, and emergency medical attention is required, employee should go to urgent care facility or emergency room.

THIS IS THE ONLY WORK COMP CLINIC FOR THE LAKE AREA.
 - d. If accident occurs *out of lake area*, during working hours and employee is involved in accident/incident, that requires immediate attention, employee should go to nearest emergency room.
 - e. Executive Director, Human Resources Officer, or immediate supervisor will complete the Supervisor Incident/Injury Reporting Form and get statements from witnesses, if any.

**AFTER PAPERWORK IS COMPLETED WITH NECESSARY INFORMATION
CALL CINCINNATI INSURANCE COMPANY AT **1-877-242-2544**
(AVAILABLE 24 HOURS) TO REPORT ACCIDENT.**

Work Comp Authorization for Medical Treatment

POLICYHOLDER NAME: Camden Co Senate Bill 40 Board dba
Camden Co Developmental Disability Resources
573-693-1511

POLICY NUMBER: EWC 038 43 57-00

EMPLOYEE INFORMATION

Name _____
Address _____
Phone # _____
Social Security number _____ Date of Birth _____
Gender _____ Marital Status _____
Number of dependents _____ Hire Date _____
Job Title _____
Wage information _____

INCIDENT INFORMATION

Type of injury – such as burn or cut _____

Specific body part injured _____

Cause of accident (Contributing factors, lighting, ice, housekeeping, other)

Names / Telephone number of witness's _____

Address of where injury occurred _____

Date and time of injury _____

Was injured employee treated Yes ___ No ___

If so, indicate medical facility name, address, and phone number _____

When was the accident reported to you? _____

By Whom _____

Employee Signature **Date**

HR/Management Signature **Date**

**CONSENT AND AUTHORIZATION FOR RELEASE AND USE
OF DRUG AND/OR ALCOHOL TESTING**
Camden County Developmental Disability Resources (CCDDR)

I agree, per a request made under the drug/alcohol testing policy (3.32 Substance Abuse) of Camden County Developmental Disability Resources, to submit to a drug or alcohol test and to allow the laboratory testing service make the results available to Camden County Developmental Disability Resources.

If the test is for pre-employment and positive test results are confirmed, I understand I will not be considered as a candidate for employment.

If I am in the employment of Camden County Developmental Disability Resources, I understand I must abide by the company's alcohol and drug-free work place policy and may be required, at management discretion, to submit to testing for the presence of illegal drugs and/or alcohol. I understand that submission to such testing is a condition of employment with the company, and disciplinary action, up to and including termination, may result if I refuse to consent to such testing,

I hereby authorize any physician, laboratory, hospital or medical professional retained by Camden County Developmental Disability Resources for screening proposed, to conduct such screening, and to provide the results to aforementioned agency, or any person affiliated with Camden County Developmental Disability Resources.

ACCEPT

I hereby consent to the administration of the drug test and to the terms and conditions of the **CONSENT AND AUTHORIZATION FOR RELEASE AND USE OF DRUG AND/OR ALCOHOL TESTING**

Applicant/Employee Signature_____ **Date**_____

Agency Representative_____ **Date**_____

REFUSE

I hereby refuse to the administration of the drug test and to the terms and conditions of the **CONSENT AND AUTHORIZATION FOR RELEASE AND USE OF DRUG AND/OR ALCOHOL TESTING**

Applicant/Employee Signature_____ **Date**_____

Agency Representative_____ **Date**_____

Supervisor Incident/Injury Reporting Form

Use this form to report any workplace accident, injury, incident, clinic/ER or fatality
Return completed form to the Compliance Manager, or Management.

This is documenting a:

Lost Time/Injury First Aid only Incident Taken to Clinic/ER Fatality

Details of person injured or involved

Person Completing Report: _____ Date: _____

Name of Injured Employee(s) Involved: _____

Hire Date: _____ Job Title: _____

Date Incident/Injury reported _____ Person reported to _____

Event Details

Date and Time of Incident/Injury: _____

Location of Incident/Injury: _____

Time of Event: _____ Witnesses: _____

Description of Incident/injury - involved body part injured, reason incident/injury occurred.:

*If more space is required please use the back of this sheet

Action taken by staff member (counseled employee on safety etc)

TO BE COMPLETED ONLY IF LOST TIME/INJURY WAS REQUIRED	
Type of injury sustained:	
Was medical treatment necessary? YES ___ NO ___	If yes, name of hospital or physician:
Return to work date: _____	Are Duties restricted? Yes ___ NO ___

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Authorization to Obtain Information

I AUTHORIZE any licensed physician, medical practitioner, nurse, hospital, or other medically related facility, insurance company, and employer who has any information as to the diagnosis, treatment of any physical condition of me, and any information regarding my occupation and salary, to give any information to The Cincinnati Insurance Companies, and the Division of Workers' Compensation to which a claim is submitted on my behalf

I UNDERSTAND that the information obtained by use of this authorization will be used by the company to determine eligibility for workers compensation benefits. Any information obtained will not be released to any person or organization except to other persons or organizations performing a business or legal service in connection with my claim or as may be otherwise permitted or required by law.

I HEREBY CONSENT AND AUTHORIZE the medical record provider to release and provide records containing this information to The Cincinnati Insurance Companies.

I AUTHORIZE The Cincinnati Insurance Companies to discuss my health information with my authorized treating physician, evaluating physician and/or medical care provider and with my Employer and their representatives and agents for the purpose of managing and adjudicating my workers compensation case(s).

I KNOW that I may request to receive a copy of this authorization.

I AGREE that a photocopy of this authorization shall be as valid as the original.

I AGREE that this authorization shall be valid for the duration of this claim, unless I choose to withdraw this aauthorization in writing.

_____ **Date**

_____ **Print Name of Injured Employee**

_____ **Signature of Injured Employee or Authorized Representative**

*** NOTE TO RECORD PROVIDER:**

The Health Insurance Portability and Accountability Act (HIPAA) expressly indicates that a patient's consent or authorization is not required for records to be disclosed when the request is made pursuant to workers compensation laws. See 45 CFR Section 164.512(1). This request for records is made pursuant to The Missouri Workers' Compensation Act, Section 287.210 RSMO, subsections 5 and 6.

Submit completed form to:

**The Cincinnati Insurance Companies
PO Box145496
Cincinnati, OH 45250-5496**



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2020-21

APPROVAL OF AMENDED POLICY #2

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden County voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, handbooks, manuals, and job descriptions and creates new Bylaws, policies, plans, handbooks, manuals, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend Policy #2, New Client and Family Orientation.
2. That the Board hereby amends and adopts Policy #2 (Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairperson

Date

Secretary, Vice Chairperson, or Treasurer

Date

Attachment “A” to Resolution
2020-21



Policy Number:
2
Effective: May 1, 2008
Revised: October 16, 2017, April 9, 2020

Subject: New Client/Family Orientation

PURPOSE:

Camden County Developmental Disability Resources (CCDDR) shall have a policy to provide comprehensive and specific information to clients receiving Support Coordination services, as well as their families and others as appropriate, in a manner which is understandable and is appropriate to their needs and types of services received.

This information is designed to assist the client and their family in making informed decisions about the client's habilitation, treatment and care; in understanding the background of CCDDR and basic agency information; client rights and responsibilities; appeals processes; exactly what will happen as Support Coordination services are provided; encouragement of active participation in the Person-Centered Planning process; and feedback regarding quality of care, service progress and client satisfaction.

POLICY:

Upon intake of new, reactivated, or transferred clients receiving Support Coordination services, CCDDR shall provide materials at the time of the initial plan meeting. Those materials include, but are not limited to:

A. Client/Family Handbook, which includes:

- Background of CCDDR
- Overview of Person-Centered Planning process
- Types of services available
- Overview of Targeted Case Management
- Support Coordination performance indicators
- Appeals processes
- Information about abuse, neglect, and exploitation
- Frequently asked questions

B. After hours/emergency contacts and hours of operation

C. CCDDR Code of Ethics Statement

D. HIPAA Privacy Practices Notice/Signature Page

E. Client Rights Form/Signature Page

F. Releases of Information

G. CCDDR Release/Medical Info. Form (if client plans to participate in CCDDR-sponsored programs/activities in coming year)

H. "Ready in Three" Disaster Preparedness Brochure

I. CCDDR Brochure

J. CCDDR Media Release Permission Form

REFERENCES:

- CARF Standards Manual



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2020-22

APPROVAL OF AMENDED POLICY #3

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden County voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, handbooks, manuals, and job descriptions and creates new Bylaws, policies, plans, handbooks, manuals, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend Policy #3, Client Records.
2. That the Board hereby amends and adopts Policy #3 (Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairperson

Date

Secretary, Vice Chairperson, or Treasurer

Date

Attachment “A” to Resolution
2020-22



Policy Number: 3 Effective: May 1, 2008 Revised: April 20, 2009, April 19, 2010, October 16, 2017, April 9, 2020
Subject: Client Records

PURPOSE:

Camden County Developmental Disability Resources (CCDDR) shall have a policy to have an official record for each client served by the agency.

POLICY:

The client record is the property of CCDDR and is maintained for the benefit of clients, their responsible parties, and CCDDR staff. CCDDR will maintain the security and confidentiality of client records and safeguard the information contained in the client record against loss, tampering, or use by unauthorized persons. The content and format of client records are standardized according to joint Division of Developmental Disabilities (DDD) and Senate Bill 40 Targeted Case Management guidelines to facilitate:

- Accessing client information
- Maintaining/Filing records
- Charting accurately and punctually
- Auditing/Reviewing records
- Consistency among staff making entries into records

Official Records

An official record for each client served by CCDDR shall be maintained within the CCDDR facility and in the CCDDR secured online network (aka “cloud”) database. The content and format of the client’s official record will contain separate sections including, but not limited to, the following categories of information:

- Client admission/discharge/transfer information
- Legal documents
- Individual Support Plan (current and historical)
- Monthly/Quarterly reports
- Correspondence
- Financial information
- Assessments/Evaluations
- Health information
- Other pertinent information

Support Coordination log notes are recorded and stored in a separate online database used for Targeted Case Management service activity and billing.

Location of the Client Records

CCDDR shall follow the DDD Standardized Record as outlined in Appendix A. Any permanent physical (i.e. “paper”) records of all clients served by CCDDR will be located in a secured area within the CCDDR office. The physical records shall be stored in an area reasonably protected against breaches in confidentiality, water damage, and other hazards. Digital records shall be stored on CCDDR’s secured online network database, and Targeted Case Management activity shall be stored in the separate online database with all appropriate access and security protocols in place.

Support Coordinators can maintain temporary working files for physical records to be stored in a locked file cabinet for all clients on their caseload and a temporary working file for all clients on their caseload on the secured CCDDR online network database for digital records. At the very least, the working file(s) will contain pertinent documents within the current plan year or as necessary for immediate reference.

Applicable historical physical records shall be stored in the CCDDR permanent client record in the client records room, and digital records shall be stored appropriately in the permanent client record on the secured CCDDR online network database or Targeted Case Management database. Support Coordinators shall provide the appropriate physical or digital documents to the Administrative Assistant and/or TCM Office Manager as needed for filing in the permanent client record(s).

Client physical records may be removed from CCDDR premises only in accordance with a court order, subpoena, statute, or transportation to another service site. When records are transported, the security and confidentiality of the record is the responsibility of the staff person who is transporting the record. Staff who remove records from CCDDR premises without authorization are subject to disciplinary action, including dismissal.

Retention and Destruction

CCDDR shall refer to the Department of Mental Health (DMH) Department Operating Regulation (DOR) 8.110, Retention and Destruction of Protected Health Information, for rules pertaining to storage, retention, and destruction of protected health information. There shall be no other CCDDR facility policies pertaining to this, and the DOR shall control.

CCDDR must maintain records in accordance with the standards set forth by their regulatory authorities, to include the following when applicable:

- CCDDR will retain all records pertaining to Targeted Case Management for 6 years after the close of the contract year unless audit questions have arisen with the 6-year limitation and have not been resolved (all records shall be retained until all audit questions have been resolved)
- HIPAA: requests for information – 6 years; records related to services – 6 years from date of service
- SB 40 Board records – 7 years
- DMH DOR 8.110: permanent retention for some; others for 6 years; records for minor children 3 years after they reach legal age (See Appendix B)
- Records not specifically identified as permanent or in a retention schedule will be kept for no less than 7 years

Transfer of Records

All paper records will be forwarded to the receiving Targeted Case Management agency/DDD Regional Office upon official acceptance by either:

- Hand delivery
- Mailed by USPS, certified with return receipt

Transfer of electronic records between CCDDR and DDD Regional Offices/Targeted Case Management agencies will be done via a folder system (FTP site) for the secure transfer of multiple types of reports and data. CCDDR is assigned access credentials and will transfer the information through a folder structure on DMH's secure FTP server. Records may be transferred directly to the agency which will be providing Targeted Case Management for the individual in the new location but must follow all transfer procedures listed in the Community Transition Manual to ensure the DDD Regional Offices involved are notified of the transfer.

Custodians of Client Information

The custodians of the client records at CCDDR shall be the Administrative Assistant and TCM Office Manager.

Access to Client Records

Anytime staff removes the physical client record from the client records room, the staff must check these out. The Administrative Assistant and TCM Office Manager shall maintain a check-out log form of all files checked out of the client records room. The Administrative Assistant and/or TCM Office Manager shall indicate on the check-out form, the time and date the file was checked out, what file was checked out, and to whom the file was checked out, which is also signed by the employee checking out the file.

All files checked out during the day by staff must be returned to the client records room at the end of the day to be re-filed. When the staff person has finished with the file, it is to be submitted to the Administrative Assistant or TCM Office Manager, who will log the time the file was returned and will refile the record. As a general rule, CCDDR Support Coordinators should only check out files for persons on their caseload.

Except in certain circumstances, clients served and/or their legal representatives have the right to review and obtain copies of medical/health information maintained in agency records and used for making decisions. Access to records, copying of records, changes to health information contained in the record, etc. shall comply with Policy 25, HIPAA Compliance, and Policy 26, Confidentiality of Client Information and Access to Client Records. Per Policy 25, HIPAA Compliance, the client or their legal representative must request in writing for access to inspect or receive copies of Protected Health Information, except in those instances covered by Federal Regulation and outlined in the Notice of Privacy Practices acknowledged at admission. It must further specify the exact information requested for access.

Copying

Paper copies of client record data can be made (if physical) or produced (if digital) by staff. These copies can be for their own client working file or to fax a document to ensure no original documents leave the facility. Staff removing paper documents from the file for copying/faxing are responsible for putting the file back into its original order and condition in which it was removed. Staff producing document copies from digital records are responsible for destroying the produced document copies after the intended purpose. Appropriate authorizations must be in place before CCDDR staff release confidential client information to outside entities.

Annual Audit of Records

The clients' permanent files maintained by CCDDR shall be audited annually by the Executive Director or appropriate designee(s) when the new annual plan is filed into the client record or as needed to ensure required documentation is in place per the state of Missouri and/or Federal Medicaid waiver guidelines. The audit shall determine if documents required per DDD and SB 40 standardized records management, as well as required Medicaid waiver documentation, are in place in all client files. A checklist or similar tool will be utilized to assist the Executive Director or appropriate designee(s) in the audit of client files. If there are missing documents in the client file, the Administrative Assistant, TCM Officer Manager, and/or assigned Support Coordinator shall make every effort to locate the missing data and/or documents.

During any annual audit of records, the Executive Director or appropriate designee(s) may determine if any original physical records/documents or physical copies of any original records/documents can or should be retained or destroyed according to the most recent applicable federal or state laws and pursuant to the most recent DMH Record Disposition Schedule.

REFERENCES:

- DDD Directive 1.060
- DMH DOR 8.110
- Targeted Case Management for Individuals with Developmental Disabilities Manual
- Developmental Disabilities Waivers Manual
- DDD Community Transitions Manual
- SB 40 Records Retention Schedule, MO Secretary of State's Office
- CARF Standards Manual

Appendix A

STANDARDIZED RECORD FILING ORDER

SKELETAL FILE Originals at the Regional Office Copies to the TCM Entity	MASTER FILE Originals at the Regional Office Copies to the TCM Entity
Admission Documents: <ul style="list-style-type: none"> • Initial Contact form • Application information • Application for Services • Initial Client Rights Receipt • HIPAA Form • Guardianship/Custody documentation • Assessments and Diagnosis supporting documentation used to determine eligibility (collateral) • Eligibility Determination, Intake Summary and Temporary Action Plans (if one is completed) 	Admission Documents: <ul style="list-style-type: none"> • Initial Contact form • Application information • Application for Services • Client Rights Receipt • HIPAA Form • Guardianship/Custody documentation • Assessments and reports used to determine eligibility (collateral) • Eligibility Determination, Intake Summary and Temporary Action Plans (if one is completed) • Diagnosis supporting documentation
	Originals to the TCM Entity No copies at Regional Office
	PCP/IFSP/AMENDMENTS: <ul style="list-style-type: none"> • Amendments/Addendums to plan • Annual plan, to include budget summary plan • Behavior plan, if separate • Nursing Home Care Plan • Children’s Services Case Plan (Children’s Division Custody) • ICF-MR Form (requirement for Waiver Services) • Utilization Review Committee Recommendation sheet • Most recent progress reports (Judevine, therapies, etc.)
	Originals to the TCM Entity No copies at Regional Office
	REVIEWS: <ul style="list-style-type: none"> • 30 Day (monthly) program review completed by vendor for current IP year • Service Monitoring Review for current IP year • Current IP year of PCP reviews

Updated Documents to be sent to Regional Office Originals to Regional Office	Copies to the TCM Entity
EVALUATION AND ASSESSMENT: <ul style="list-style-type: none"> • Psychological Assessment • Any evaluation of documentation determining Diagnosis • Social History Assessment • Vineland/MOCABI/SIS • NHR – Nursing Home Reform Evaluation • Vocational Assessment • Diagnostic Summary (Special Education) • PT Evaluations • OT Evaluations • Speech Evaluation • School IEP 	EVALUATION AND ASSESSMENT: <ul style="list-style-type: none"> • Psychological Assessment • Any evaluation of documentation determining diagnosis • Social History Assessment • Vineland/MOCABI/SIS • NHR – Nursing Home Reform Evaluation • Vocational Assessment • Diagnostic Summary (Special Education) • PT Evaluations • OT Evaluations • Speech Evaluation
	Originals to the TCM Entity No Copies at Regional Office
	HEALTH: <ul style="list-style-type: none"> • Physical Examination, including lab-work • Dental Examination • Audiological report • Consultation report and request (physician and hab center) • Physical reports and notes • Hospital discharge plan • Physician’s orders and progress/program notes • Regional Center RN Health Inventory • Report of Hepatitis B Status • Immunization Records
	Originals to the TCM Entity – No Copies at the Regional Office
	CASENOTES: <ul style="list-style-type: none"> • Case Manager case notes/TCM log notes for 1 year (only until CIMOR access is gained)
Originals at the Regional Office	Copies to the TCM Entity
LEGAL: <ul style="list-style-type: none"> • Court Orders • Subpoenas • Guardianship Letters • Conservatorship Letters • Birth Certificate • Social Security Card • Missouri Medicaid/Medicare Card • Adoption Papers • Client Rights Receipt Form • Divorce Decree/Child Custody Documents • Consumer Marriage Certificate 	LEGAL: <ul style="list-style-type: none"> • Court Orders • Subpoenas • Guardianship Letters • Conservatorship Letters • Birth Certificate • Social Security Card • Missouri Medicaid/Medicare Card • Adoption Papers • Divorce Decree/Child Custody Documents • Consumer Marriage Certificate

	Originals at the TCM Entity
	No Copies at the Regional Office
	LEGAL: CONTINUED <ul style="list-style-type: none"> • Annual Client Rights Receipt Form • Client Choice of Provider Statement • Notice of Right to Choose Form (Olmstead)
	Originals to the TCM Entity No Copies at the Regional Office
	FINANCIAL: <ul style="list-style-type: none"> • ISL Budget and Staffing Pattern • Individual Plan of Care (IPC Funding Authorization)

Appendix B

DMH DOR 8.110 (Effective 6-20-18)

PURPOSE: To ensure the availability of relevant data and information, it is the policy of the Department of Mental Health (DMH) to maintain specific retention schedules for various types of individually identifiable health information in compliance with federal and state laws and professional practice standards. DMH has a records disposition schedule approved by the State Records Commission. (RSMo 109.250) Under Missouri Statute 109.120, records may be photographed, microphotographed, photostated or transferred to other material using photographic, video or electronic processes, including a computer-generated electronic or digital retrieval system. This policy shall be consistently applied with the more stringent law followed and records destroyed after the retention period has expired.

APPLIES: DMH, its facilities and workforce.

PROCEDURE:

(1) Storage: All storage systems used by facilities within DMH shall be designed and implemented to ensure the safety, security, and integrity of consumer Protected Health Information (PHI). The storage method selected shall be dependent on the security of the area and the volume of the information stored.

(A) Paper PHI records storage shall be adequate to protect the physical integrity of the record and prevent loss, destruction, and unauthorized use.

1. If the records office is shared with other departments not responsible for maintaining the records, the shelves or file cabinets shall be lockable and kept locked whenever records staff is not in attendance.

2. If PHI records are retained in a lockable office that is not shared with other staff or in a separate locked file room, open shelf filing without lockable doors is acceptable. The office or file room shall always be locked when staff is not in attendance.

3. Storage area environment should not cause damage to the records and documents and shall meet accreditation and safety standards.

4. Off site storage shall meet the above standards, be approved by the facility or DMH Privacy Officer, as applicable, and have a signed business associate's agreement.

5. A record tracking system shall be in place to identify when a record has been removed, who took the record, and where it is located.

6. When a microfilmed copy of the original paper record has been produced, it may be used as a permanent record of the original. Duplicate reproductions of all microfilmed records shall be kept by the facility originating the paper records with suitable equipment for viewing and the original microfilm maintained off site in a fireproof vault. A log shall be maintained of all microfilmed records and cross-indexed, or otherwise linked with a common identifier, with the consumer Master Patient Index or Admission/Discharge database.

(B) Electronic: Electronic storage of medical records, if applicable, shall have a permanent retrievable capability, and such capability should occur even when there is a technology change.

(2) Retention: Retention of PHI records and databases shall comply with federal and state regulations; accreditation, licensure and accepted standards of practice. The more stringent between federal and state law shall be followed. This DOR shall be consistently applied and records destroyed after the retention period has expired.

(A) Master Patient Index: permanent retention

(B) Admission/Discharge Register or Database: permanent retention

(C) Medical Record: permanent retention as advised in the current Missouri DMH Records Disposition Schedule. Medical Record documents not on the schedule for permanent retention shall be kept six (6) years after the month of discharge or the month the Medicare cost report is filed, whichever is later, and for minors, three (3) years after the consumer reaches legal age as define by Missouri law.

(D) Consumer Financial Records: permanent retention per current Missouri DMH Records Disposition Schedule. These records include: consumer receipt and disbursement records, reimbursement information including but not limited to Standard Means Test, Consumer Financial File, placement files, resources files, valuable reports. Financial documents not on the schedule for permanent retention shall be kept six (6) years after the month the Medicare cost report is filed.

(E) Accounting of Disclosure of Information, a minimum of six (6) years according to the HIPAA Privacy Rule.

(3) Destruction: Destruction of PHI in paper or electronic format shall be carried out in accordance with federal and state law and pursuant to the DMH Records Disposition Schedule. Records approved for destruction must be destroyed so that there is no possibility of reconstruction of information.

(A) Paper: Microfilm is an accepted form of records maintenance and is recognized by Missouri Revised Statute Section 109.120 as an acceptable medium substituting original paper documents in legal proceedings. When paper records have been microfilmed the original paper may be destroyed. If they are not destroyed, then their retention shall be in accord with the procedures outlined in this DOR.

1. Because all media and reproductions typically have the same legal effect as originals, when a record meets the guideline for destruction, all copies in any medium shall be destroyed.

2. Appropriate methods for destroying paper records include burning, shredding, pulping, and pulverizing.

3. Documentation of the destruction of records shall include: Date of destruction; method of destruction; description of records; inclusive date of records; statement that the records were destroyed in the normal course of business; the signatures of the individual supervising and witnessing the destruction. Destruction documents should be permanently retained. Documentation records shall be maintained by the facility Privacy Officer, or the DMH Privacy Officer, as applicable.

4. If destruction services are contracted, the contract shall include a business associate agreement that specifies: the method of destruction; the time that will elapse between acquiring and destroying the records; identify safeguards against breaches in confidentiality; indemnify the facility from loss due to unauthorized disclosure; and provide proof of destruction to the facility Privacy Officer or DMH Privacy Officer.

(B) Electronic. When electronic records or computerized data is destroyed, it shall be permanently and irreversibly non-retrievable. For procedures for the destruction of computer disks, laser disks, back-up tapes, etc., please refer to the destruction requirements as set forth in DOR 8.370.

(4) Any questions as to whether information retention or destruction is permitted or required by law shall be directed to the Facility Health Information Management Director (HIMD), the Client Information Center representative, or the facility Privacy Officer or his/her designee. Electronic data destruction questions shall be directed to the Chief Security Officer or designee.

(5) There shall be no facility policies pertaining to this topic. The Department Operating Regulation shall control.

(6) SANCTIONS: Failure to comply or assure compliance with the DOR may result in

disciplinary action, up to and including dismissal.

(7) REVIEW PROCESS: Information shall be collected from the facility Privacy Officers annually to monitor compliance and identify any issues with this DOR

HISTORY: Emergency DOR effective January 15, 2003. Final DOR effective June 1, 2003. Amendment effective July 1, 2006. On July 1, 2009, the sunset date was extended to July 1, 2012. Amendment effective June 27, 2012. Amendment effective June 17, 2015. On June 20, 2018, the sunset date was extended to July 1, 2021.



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2020-23

APPROVAL OF AMENDED POLICY #4

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden County voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, handbooks, manuals, and job descriptions and creates new Bylaws, policies, plans, handbooks, manuals, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend Policy #4, Client and Guardian Feedback.
2. That the Board hereby amends and adopts Policy #4 (Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairperson

Date

Secretary, Vice Chairperson, or Treasurer

Date

Attachment “A” to Resolution
2020-23



Policy Number: 4 Effective: May 1, 2008 Revised: October 16, 2017, April 9, 2020
Subject: Client/Guardian Feedback

PURPOSE:

Camden County Developmental Disability Resources (CCDDR) shall have a policy to actively and continually solicit input and involvement of clients served and/or their legal representatives through a variety of methods, both formal and informal. The information collected will be analyzed and used by CCDDR leadership in governance; client Person-Centered Planning; evaluation of agency strategic planning; program development; financial planning; resource planning; and organizational advocacy in order to meet or exceed the needs and expectation of clients, their family members, stakeholders and the community.

POLICY:

Clients and their families are encouraged to express their needs and feedback with any CCDDR staff member, Support Coordinator or the Executive Director at any time.

CCDDR sends satisfaction surveys about its Support Coordination services to clients annually. Results of this survey are utilized to develop the agency's Strategic Plan and other agency programs.

Clients, families, and guardians are surveyed periodically, either formally or informally, to determine support needs, economic needs, social needs, and local resource or program deficiencies.

Clients and/or family members are also encouraged to attend and provide input at the monthly CCDDR Board of Directors meetings.

Clients and/or their legal representatives are expected and encouraged to take an active part in the Person-Centered Planning process.

REFERENCES:

- CARF Standards Manual
- DDD Person Centered Planning Process Overview



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2020-24

APPROVAL OF AMENDED POLICY #6

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden County voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, handbooks, manuals, and job descriptions and creates new Bylaws, policies, plans, handbooks, manuals, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend Policy #6, Client and Guardian Grievance and Complaint Process.
2. That the Board hereby amends and adopts Policy #6 (Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairperson

Date

Secretary, Vice Chairperson, or Treasurer

Date

Attachment “A” to Resolution
2020-24



Policy Number: 6
Effective: May 1, 2008
Revised: April 20, 2009, October 16, 2017,
February 25, 2019, April 9, 2020

Subject: Client/Guardian Grievance &
Complaint Process

PURPOSE:

Camden County Developmental Disability Resources (CCDDR) shall have a policy to ensure a process for filing client grievances and complaints from clients served and/or their legal representatives in order to provide guidance for receiving, considering and resolving client grievances/complaints filed with the agency. All grievances/complaints shall be heard promptly, investigated appropriately, and where possible, resolved informally. No client served by CCDDR shall be retaliated against or be denied services for filing a grievance/complaint. A review of formal grievances/complaints and appeals can give the organization valuable information to facilitate change that results in better customer service and results for the clients served.

POLICY:

- I. The client or their legal representative may file a grievance/complaint with regard to the Support Coordination services provided by CCDDR, if the client/guardian believes their rights have been violated, abuse or neglect has taken place, and/or to voice general concerns with regard to the Support Coordination services being provided by CCDDR.
- II. The Executive Director will initially review all written grievances/complaints and determine a resolution/disposition of a grievance/complaint. Grievances/Complaints shall be categorized by the Executive Director within one of three categories:
 - A. Informational/Dissatisfaction of Services
An informational report of dissatisfaction, which may include but is not limited to: violation of a DMH standard or CCDDR policy, contract provision, rule or statute, or a practice or service is below customary business or medical practice.
 - B. Client Rights
Client reporting a violation of client rights per 630.110
 - C. Suspicion/Allegation of Abuse/Neglect/Exploitation
Class I neglect, class II neglect, misuse of funds/property, physical abuse, sexual abuse, or verbal abuse has occurred as defined in 9 CSR 10-5.200.

III. Abuse/Neglect/Exploitation or Client Rights

- A. If in initially reviewing the written grievance/complaint the Executive Director finds evidence of abuse, neglect, exploitation or evidence of a violation of client's rights on the part of Support Coordination staff or other CCDDR employee, this shall be reported immediately per the relevant state statutes/Division Directives, and steps shall be taken to ensure client safety, if necessary.
- B. Grievances/Complaints with regard to human rights violations by CCDDR staff may be made within this process or can be made with the Dept. of Mental Health, Office of Constituent Services, at:

Office of Constituent Services
Department of Mental Health
P.O. Box 687
Jefferson City, Mo 65102
1-800-364-9687
constituentsvcs@dmh.mo.gov

IV. Information/Dissatisfaction with Services

In the case of "informational" grievances, including dissatisfaction with Support Coordination services, the following steps shall be taken:

- A. Informal complaints/grievances shall be reviewed by the appropriate Support Coordinator supervisor, and the supervisor shall respond to complaints/grievances within ten (10) working days. If informal efforts do not produce a satisfactory solution, a grievance/complaint may be filed in writing by completing a CCDDR Grievance/Complaint Form. In all cases, review actions and documentation will remain confidential.
- B. The Executive Director (or Board Chairperson if the grievance/complaint is against the Executive Director) may assign an investigator if deemed appropriate. Complainant shall be informed in writing within three (3) business days that the formal grievance/complaint has been received and is being reviewed. In addition to completing the form, complainants have the right to present any additional information they feel to be pertinent to the grievance/complaint in a meeting with the investigator. Before considering filing a grievance/complaint, it is encouraged that the complainant try to resolve the matter informally by discussing it first with the Support Coordinator.
- C. Within seven (7) working days after the grievance/complaint is filed, the investigator will submit his or her findings to the Executive Director (or Board Chairperson if the grievance/complaint is against the Executive Director). A letter confirming/not confirming the allegations will be sent to the client

and/or their legal representative and CCDDR staff alleged to have been involved. If the letter confirms the allegation(s), further actions will be outlined in the letter.

- D. If the complainant disagrees with the investigator's disposition of the grievance/complaint, they can appeal to the Executive Director (or Board Chairperson if the grievance/complaint is against the Executive Director), who will have 10 working days in which to make a decision with regard to the grievance/complaint. In this decision, the Executive Director (or Board Chairperson if the grievance/complaint is against the Executive Director) may accept, reject or modify the Supervisor's initial recommendation, or she/he may return the case to the investigator for further proceedings.
 - E. The Executive Director (or Board Chairperson if the grievance/complaint is against the Executive Director) shall specify the matters to be addressed in the further proceedings and shall specify the period within which those proceedings shall be conducted, not to exceed ten (10) working days.
 - F. If the complainants disagree with the decision of the Executive Director (or Board Chairperson if the grievance/complaint is against the Executive Director), they can appeal to the Board Chairperson, who will have 10 days in which to make a decision with regard to the grievance/complaint. In this decision, the Board Chairperson may accept, reject, or modify the Executive Director's recommendation, or she/he may return the case to the Executive Director or assigned investigator for further proceedings.
 - G. If the complainants disagree with the decision of the Board Chairperson, they may complain to the full Board of Directors, whose decision on all grievances/complaints shall be final. The Board of Directors shall review such appeals at the next regularly scheduled board meeting, in closed session if deemed appropriate.
 - H. The complainant shall be encouraged to file a grievance with the Department of Mental Health/Rolla Regional Office if she/he is not satisfied with the outcome/disposition of the grievance/complaint decision rendered by the Board of Directors.
 - I. Obstruction of a grievance/complaint investigation or retaliation of any kind on behalf of CCDDR staff involved shall be reported to the Executive Director (or Board Chairperson or Board of Directors, as appropriate) who shall take action to eliminate the obstruction or retaliation. Staff members are subject to disciplinary action for engaging in any obstruction of or retaliation with regard to a grievance/complaint.
- V. The decision-maker at each step for good cause may extend time limits designated in this policy.

- VI. CCDDR's Administrative Team shall annually review all formal grievances/complaints that have been filed with the agency in an effort to identify trends and areas of needed improvements and develop a Plan of Action to mitigate such grievances/complaints.
- VII. CCDDR prominently displays Client Rights information, which provides the name, mailing address and phone numbers to whom grievances/complaints may be addressed, at each service site.

REFERENCES:

- CARF Standards Manual
- 9 CSR 10-5.200 (MO Code of State Regulations)
- 9 CSR 45-3.030 (MO Code of State Regulations)
- RSMo 630.110 (Revised MO Statutes)

**CAMDEN CO. DEVELOPMENTAL DISABILITY RESOURCES
GRIEVANCE/COMPLAINT FORM-SUPPORT COORDINATION PROGRAM**

CLIENT INVOLVED: _____ TODAY'S DATE: _____

NAME OF PERSON FILING: _____

RELATIONSHIP TO CLIENT: _____

WHAT IS/ARE YOUR GRIEVANCE(S) OR COMPLAINT(S)? PLEASE EXPLAIN IN DETAIL (add pages if needed as well as other documentation)

DESCRIBE YOUR EFFORTS TO RESOLVE THIS INFORMALLY WITH YOUR ASSIGNED SUPPORT COORDINATOR AND/OR OTHER TEAM MEMBERS (add pages if needed):

WHAT WOULD YOU LIKE TO SEE HAPPEN IN THIS MATTER? (add pages if needed)

SIGNATURE OF GRIEVANT/COMPLAINANT _____ DATE _____

INVESTIGATOR RESOLUTION OFFERED (add pages if needed):

Investigator Signature: _____ Date: _____

I AGREE WITH THE ABOVE RESOLUTION Yes No If "No," I wish to appeal the above resolution Yes No

SIGNATURE OF GRIEVANT/COMPLAINANT: _____ DATE: _____

EXECUTIVE DIRECTOR RESOLUTION OFFERED (add pages if needed):

Executive Director Signature: _____ Date: _____

I AGREE WITH THE ABOVE RESOLUTION Yes No If "No," I wish to appeal the above resolution Yes No

SIGNATURE OF GRIEVANT: _____ DATE: _____



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2020-25

APPROVAL OF AMENDED POLICY #7

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden County voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, handbooks, manuals, and job descriptions and creates new Bylaws, policies, plans, handbooks, manuals, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend Policy #7, Security of Electronic Information.
2. That the Board hereby amends and adopts Policy #7 (Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairperson

Date

Secretary, Vice Chairperson, or Treasurer

Date

Attachment “A” to Resolution
2020-25



Policy Number:

7

Effective Date: May 1, 2008

Revised: August 15, 2016, October 16, 2017,
April 9, 2020

Subject: Security of Electronic
Information

PURPOSE:

Camden County Developmental Disability Resources (CCDDR) shall have a policy to properly secure electronically stored client records, computerized client information, and client information transmitted/received via facsimile (fax) machines. All CCDDR staff shall be trained with regard to data security procedures.

POLICY:

Security of Electronic Data

The following measures shall be enacted by CCDDR to protect the security of agency electronic data:

- A. Employees' workstations/computers shall be automatically configured to go to screen-saver mode after a maximum period of 15 minutes of inactivity.
- B. Password authentication shall be required to log back on by employees after the screen saver mode has been initiated.
- C. All employees shall have individual usernames and passwords that comply with industry standards and eliminate unauthorized access.
- D. All passwords must meet the following requirements:
 - Are 9 or more characters in length
 - Include a number and/or character (preferably both)
 - Are randomly generated by the network administrator, Executive Director, or authorized designee(s)
- E. All passwords shall be assigned to CCDDR staff by the Executive Director, contracted IT Personnel, or authorized designee(s).
- F. Separate passwords shall be used to access the service monitoring database.
- G. Employees are not to share passwords and should commit to memory rather than having them written on paper indefinitely.
- H. All client information, files, documents, etc. shall be saved to the appropriate secured online network databases by agency staff.
- I. Client information can be temporarily saved to a working file on CCDDR-owned computers; however, once the working file is completed, the file must be saved to the appropriate online secured network database(s) and immediately deleted from the computer afterwards.
- J. Client information cannot be saved on employee personal computers, employee personal

portable computers, or other computers or devices not owned by CCDDR. Files temporarily stored on approved cell phones, digital cameras, or other similar storage devices used in the course of CCDDR business/services must be transferred as soon as possible to the appropriate CCDDR secured online database and then immediately deleted from the device afterwards.

- K. All crucial agency information, such as bank account numbers, vendor account numbers, etc., shall be saved to the online secured network database(s) by designated agency staff.
- L. Only contracted IT personnel, the Executive Director, and authorized designee(s) shall have security rights to the network.
- M. In addition to a network firewall, all individual workstations and portable computers shall also utilize firewalls.
- N. All databases are maintained by the contracted database entity/entities.
- O. Designated staff or contracted IT personnel shall ensure all media has been thoroughly cleansed of any client data before the media is released or disposed.
- P. Access to databases containing client data shall be controlled by designated staff through:
 - Access control lists to network media
 - Physical access control to hardware
- Q. CCDDR employees shall not load software from any source onto their assigned workstation or any other CCDDR equipment without prior approval of the Executive Director.
- R. Software shall be loaded on workstations only by authorized CCDDR employees or contracted IT personnel.
- S. CCDDR workstations shall be situated within work areas to prevent incidental observation of screens that may contain Protected Health Information (PHI). Failure of employees to comply or assure compliance with this policy may result in disciplinary action, including termination.

Staff Access to the Secure Online Databases Away from CCDDR Facilities

CCDDR's secure online database systems are web-based systems designed for authorized employee-user convenience and can be accessed from other computers via the Internet. Nevertheless, security and confidentiality of client information remains paramount, and state and/or federal confidentiality laws apply. The following guidelines apply to all CCDDR employees when accessing CCDDR's secure online databases away from the CCDDR facility:

- A. As a general rule, the database systems should only be accessed from a CCDDR-owned computer; however, the Executive Director may approve the use of devices not owned by CCDDR in emergency situations. If approved to use by the Executive Director, computers not owned by CCDDR must have the following:
 - Firewall protection
 - Anti-virus protection
 - Controls set to time-out after a maximum of 5 minutes of inactivity, with password authentication (known only to the employee) required to log back on

- B. Steps must be taken to place computers in secure locations while performing work remotely to ensure unauthorized individuals do not have access.
- C. Due to security concerns, use of unsecured wireless connections to access CCDDR databases is prohibited.
- D. Passwords for accessing the database are not to be written on paper in the employee's home or any other location accessible to others and should be committed to memory.

Virus Protection

Virus protection for the office network shall be maintained by CCDDR's contracted IT agent. All computers or other devices connected to the network shall be protected using the anti-virus software for that device installed by designated CCDDR staff or contracted IT personnel. Equipment that has not been purchased or leased by CCDDR shall not be allowed to connect to the CCDDR office network.

Anti-virus software shall be configured by CCDDR's contracted IT agent to check for virus signature updates as recommended. Special virus signature updates created in the event of a known virus will be manually pushed by CCDDR's contracted IT agent to the network components, including all computers and connected hardware, within 24 hours of receipt.

Anti-virus software shall be kept by CCDDR's contracted IT agent at the current release or no more than one release below the most current release version.

Use of Facsimile (Fax) Machines

Fax machines are to be located in secure areas, and the designated employee(s) shall periodically check for and distribute incoming documents.

When faxing PHI, the CCDDR staff person must:

- Ensure that documents are handled securely/confidentially
- Ensure that the document is delivered to the authorized addressee
- Verify the destination when sending to a fax number for the first time
- Include a confidentiality notice within the fax cover sheet – no client PHI will be contained on the fax coversheet

Use of Office Internet

Employee use of the office Internet for personal reasons is prohibited.

Annual Review of Technology Needs

On an annual basis, the Executive Director, in consultation with the CCDDR contracted IT agent and CCDDR's Administrative Team, shall evaluate the agency's current hardware and software systems. The systems will be evaluated to determine how well the current systems meet the agency's needs and if substantial upgrades are necessary.

REFERENCES:

- HIPAA Privacy & Security Rules & Regulations
- CARF Standards Manual
- CCDDR Technology Plan



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2020-26

APPROVAL OF AMENDED POLICY #8

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden County voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, handbooks, manuals, and job descriptions and creates new Bylaws, policies, plans, handbooks, manuals, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend Policy #8, Client Rights.
2. That the Board hereby amends and adopts Policy #8 (Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairperson

Date

Secretary, Vice Chairperson, or Treasurer

Date

Attachment “A” to Resolution
2020-26



Policy Number:

8

Effective: May 1, 2008

Revised: April 19, 2010,
October 16, 2017. April 9, 2020

Subject: Client Rights

PURPOSE:

Camden County Developmental Disability Resources (CCDDR) shall have a policy to support and protect the fundamental human, constitutional, and statutory rights of clients served by CCDDR. Individual rights as citizens are not limited except through legal proceedings such as guardianship when an individual is posing an immediate danger to themselves or others, or if the planning team has agreed to a limitation of rights and a due process procedure has been followed.

POLICY:

All clients are to be treated with dignity and respect at all times by CCDDR staff and contracted agency staff. The clients' right to privacy is protected.

CCDDR protects the rights of clients served in accordance with the State of Missouri Statutes (RSMo 630.110 and 630.115) and Division of Developmental Disabilities (DDD) Rules and Regulations, specifically DDD Directive 4.200 and the DDD publication, "Individual Rights of Persons Receiving Services from the Division of Developmental Disabilities."

Consent for services is obtained from all clients served by CCDDR and is included in the client record. If the client is a minor or is not legally competent to give informed consent, the person legally able to give consent does so, and it is documented in the client record.

Prior to the beginning of service delivery and/or at the initiation of service delivery at the initial Person-Centered Plan meeting and annually thereafter, each client served by CCDDR and/or their legal representative is provided with a copy of CCDDR's Client Rights Form, and a signature page is obtained. The explanation of rights shall be in a form that can be understood by the client, and in a media form that takes into account any physical challenges (i.e., an audio media for visually impaired, etc.). This explanation of rights and procedures is documented in the client's record by obtaining the signature page of the Client Rights Form from the client/guardian. Clients will have their rights reviewed annually and documented in their client record. In addition, each client will be given a copy of the CCDDR Client/Family Handbook, further explaining rights and grievance/complaint processes.

A restriction to a client's rights shall only be considered by the planning team after all other less restrictive alternatives have been attempted to address the issue, including the use of Positive Behavioral Supports, Functional Analysis of Behavior, etc. No client's rights shall be limited by the planning team without due process as defined by state regulations, including the guardian's written consent for the limitation and approval by the DDD Due Process Review Committee.

If it is deemed necessary to propose any limitation of rights to an individual served by CCDDR, the following procedure and appeal process will be followed:

1. The Support Coordinator will contact the agency QDDP, the client, the DDD Regional Satellite Office, the client's family, the client's guardian, or the client's advocate to meet as a team to determine if a rights restriction is warranted in lieu of or in conjunction with positive behavioral supports.
2. The client and/or the client's guardian, if applicable, shall receive written notification of the rights restriction to include specific rights which will be limited, the length of time they will be limited, how frequently the limitation will be reviewed, the actions the person must demonstrate or eliminate in order to no longer have these limitations, and the process for appealing the decision.
3. Signed documentation is available that the client and/or client's guardian was involved with the decision to limit rights.
4. The Support Coordinator shall make every effort to make sure the client is aware of the proposed limitation of the client's rights. The Support Coordinator shall use communicational aides to ensure the client can comprehend to the best of the client's abilities, the proposed limitation of the clients's rights. The number for the Department of Mental Health (DMH) Constituent Services shall be provided to the client as part of the process.
5. The client, client's guardian, and/or client's advocate may meet with a review panel to present the client's response to the proposed limitation of rights. The review panel, as needed, will utilize available resources, such as an attorney, People First Chapter, DMH Constituent Services (800-364-9687), MO Protection & Advocacy, etc. for in-service training or for additional information.
6. In the event the client, client's guardian, and/or client's advocate disagree with the proposed limitation of rights and cannot reach a resolution with the review panel, they may appeal in writing to request a meeting with the agency management. The agency will assist the client, client's guardian, and/or client's advocate with any questions pertaining to the appeal and inform them as to when and where their appeal will be reviewed.
7. If applicable, the client's guardian must provide consent of the rights limitation by signature on the appropriate document(s).
8. The length of time on limiting the rights of any client shall be reviewed by the DDD Due Process Review Committee and communicated to the CCDDR Support Coordinator when a review is needed.
9. Rights restrictions are to be reviewed periodically, but no less than annually, by the DDD Due Process Review Committee.
10. At least annually, the State Quality Enhancement (QE) Team will review information from all Due Process Review Committees as part of an ongoing Quality Assurance Process. The State QE Team will provide technical assistance as needed.

All limitations of client's rights approved in this manner shall be documented in each client's Person-Centered Plan and shall include a provision as to how the restriction may be removed and Outcomes needed to remove the restriction as well as the phone number of the outside advocate for DMH.

REFERENCES:

- Section 630.110 and 630.115 RSMo
- CARF Standards Manual
- DDD Publication: “Individual Rights of Persons Receiving Services From the Division of Developmental Disabilities”
- DDD Directive 4.200
- 9 CSR 45-3.030



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2020-27

APPROVAL OF AMENDED POLICY #12

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden County voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, handbooks, manuals, and job descriptions and creates new Bylaws, policies, plans, handbooks, manuals, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend Policy #12, Client Intake and Discharge.
2. That the Board hereby amends and adopts Policy #12 (Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairperson

Date

Secretary, Vice Chairperson, or Treasurer

Date

Attachment “A” to Resolution
2020-27



Policy Number: 12 Effective Date: May 1, 2008 Revised: August 15, 2016 September 18, 2017, April 9, 2020
Subject: Client Intake and Discharge

PURPOSE:

Camden County Developmental Disability Resources (CCDDR) shall have a policy to receive new clients referred to CCDDR by the Division of Developmental Disabilities (DDD) Regional Center or individuals applying through CCDDR for Support Coordination services. CCDDR shall also have a policy to discharge clients served by CCDDR.

POLICY:

Initial Eligibility Determination

Clients receiving Support Coordination services from CCDDR do so voluntarily per consent of the client or their guardian. Determination of eligibility for Support Coordination services is performed by the DDD Regional Center, who makes a determination of whether or not an individual has a developmental disability per state statute (RSMo 630.005).

Eligibility Redeterminations

Using a comprehensive evaluation, DDD Regional Centers shall periodically review the eligibility status of clients and shall discharge clients who are no longer eligible for services or clients for whom DDD services are no longer appropriate. Written notice of the upcoming reassessment will be provided to the client and responsible party, and the possibility of discontinued services will be addressed.

Support Coordination

If individuals are determined to be eligible for DDD services or supports, they are entitled to receive Support Coordination services if they are also Medicaid eligible. Medicaid eligible individuals will also be evaluated to determine the need for any other services through the utilization review process. In Camden County, Medicaid status has no effect on the level of Support Coordination an individual receives, but it may affect the types of other services an individual receives.

Support Coordinators provide a “single point of entry” into services. Support Coordinators help people with developmental disabilities and their families identify and obtain needed services and supports, regardless if these are natural supports, state/federally funded services, or locally funded services. They also advocate for, monitor, and evaluate services along with the individuals, their families, and/or their guardians. A key role of the Support Coordinator is to assist people with the process and paperwork necessary to obtain services.

Interdisciplinary Team

The interdisciplinary team consists of, but it not limited to:

- Client, client's family, client's guardian (if applicable), and/or other individuals, support providers, and/or health professionals involved in the client's life
- DDD Regional Center staff, the Support Coordinator, and other CCDDR staff, including those conducting any part of the intake or comprehensive evaluation

The interdisciplinary team's roles and responsibilities include, but are not limited to:

- Determining eligibility based on criteria defined above
- Developing a temporary action plan, if needed
- Developing an Individual Support Plan (ISP)
- Making referrals and monitoring the ability to access services

Support Coordinator

The Support Coordinator serves as a member of the interdisciplinary team and facilitates the development of the ISP; collaborates with other members of the interdisciplinary team; provides advocacy to, for, or on behalf of the client; and provides support monitoring services.

CCDDR's Role

CCDDR provides Support Coordination services for all Camden County clients who have been determined eligible by the DDD Regional Center. Certain direct support services authorized in a client's Person-Centered Plan may be limited due to the availability of resources. Service availability or access may also be limited based on specific eligibility criteria for various DDD and/or CCDDR operated and/or funded programs and services.

Criteria for Terminating Support Coordination Services/Discharge

Reasons clients are discharged from Support Coordination services may include, but are not limited to:

- Incarceration
- Non-compliance
- The inability of agency staff to make contact with the client/guardian after an extended period of time
- The client has been determined to be no longer eligible to receive DDD services
- Upon client or guardian request
- The client relocates out of the county or state
- Death

REFERENCES:

- RSMo 630.005
- 9 CSR 45-2.010, 45-2.015, 45-2.017
- CARF Standards Manual
- DDD Support Coordination Manual



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2020-28

APPROVAL OF AMENDED POLICY #13

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden County voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, handbooks, manuals, and job descriptions and creates new Bylaws, policies, plans, handbooks, manuals, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend Policy #13, Consent for Services.
2. That the Board hereby amends and adopts Policy #13 (Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairperson

Date

Secretary, Vice Chairperson, or Treasurer

Date

Attachment “A” to Resolution
2020-28



Policy Number: 13 Effective: May 1, 2008 Revised: April 20, 2009 September 18, 2017, April 9, 2020
Subject: Consent for Services

PURPOSE:

Camden County Developmental Disability Resources (CCDDR) shall have a policy for obtaining written consent from the client and/or the client’s guardian/legal representative prior to authorizing and/or providing supports or services that have been identified through the Person-Centered Planning process, as well as obtaining consent from the client served and/or the client’s guardian/legal representative for CCDDR Support Coordination services.

POLICY:

Consent for Services Identified in the Individual Support Plan

Through the Person-Centered Planning process, Interdisciplinary Team members shall make a determination as to the services required, both paid and generic, in order for the client to meet the outcomes and action steps identified in the client’s Individual Support Plan (ISP). The client and/or the client’s guardian/legal representative shall be provided with a clear, concise explanation of proposed services, supports, and activities to meet the client’s needs and preferences, if such services are readily available or subject to a waiting list, and the potential benefits (or risks, if any) of proposed services and supports have been identified in the ISP. The ISP shall reflect the client’s desires in life, preferences, and needs, with the client’s input being the primary importance in developing the ISP.

The client and/or the client’s guardian/legal representative shall authorize any and all services identified in the client’s ISP by signing all components of the ISP. By signing, the client and/or the client’s guardian/legal representative are also indicating their agreement with the content of the ISP.

The client and/or the client’s guardian/legal representative shall have a copy of the current ISP and budget authorizing services identified.

Significant changes to the client’s ISP (adding or changing outcomes/action steps; adding, changing, or terminating services; etc.) require prior written authorization from the client and/or the client’s guardian/legal representative. Informational changes only to an ISP (correcting a typo in the ISP, correcting a name in the ISP, etc.) do not require written consent of the client and/or the client’s guardian/legal representative.

All clients who have been enrolled in the Missouri Home & Community Based Waiver program shall be provided the opportunity to choose their provider(s) of service(s) within this program and shall annually state their desire to continue as participants in this program.

No limitation of a client's rights or other adverse action shall be made without the client's and/or client's guardian's/legal representative's signed consent.

All proposed Behavioral Support Plans and accompanying due process must be incorporated into the current ISP, be approved by the Division of Developmental Disabilities (DDD) Regional Center Due Process Review Committee, and have consent by the client and/or client's guardian/legal representative.

No services identified in the ISP that will be paid by the DDD and/or CCDDR shall be delivered or paid unless authorized prior to implementation.

All ISPs must be signed and dated by the client or the client's guardian/legal representative prior to the ISP implantation date.

Consent to have CCDDR Provide Support Coordination Services

Clients and/or their guardians/legal representative shall provide consent to have CCDDR provide Support Coordination services for the client by signing a Support Coordination Acknowledgement attached to the Client Rights Acknowledgement form on an annual basis. This form acknowledges that the client and/or the client's guardian/legal representative have authorized CCDDR to provide Support Coordination services on the client's behalf.

REFERENCES:

- CARF Standards Manual
- RSMo 633.110
- Developmental Disabilities Waiver Manual
- DDD Support Coordination Manual
- Targeted Case Management for Individuals with Developmental Disabilities Manual



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2020-29

APPROVAL OF AMENDED POLICY #39

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden County voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, handbooks, manuals, and job descriptions and creates new Bylaws, policies, plans, handbooks, manuals, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend Policy #39, Client Digital/Electronic Records.
2. That the Board hereby amends and adopts Policy #39 (Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairperson

Date

Secretary, Vice Chairperson, or Treasurer

Date

Attachment “A” to Resolution
2020-29



Policy Number:

39

Effective Date: August 15, 2016

Revised: September 18th, 2017, April 9, 2020

Subject: Client Digital/Electronic Records

PURPOSE:

Camden County Developmental Disability Resources (CCDDR) shall maintain permanent client physical records when necessary, convert physical records to digital/electronic format when applicable, and store digital/electronic records on secured online (aka “cloud”) databases.

POLICY:

Client records shall be stored in multiple secured online databases maintained by the contracted online data storage provider, contracted IT agent, and/or appropriate designee(s). The servers are redundant and update immediately and simultaneously. Data compromised by damage to any one online server can be recovered immediately via one of the other online servers or via a secondary provider’s back-up data storage system server.

All client records are given to a designated employee. Records received in digital form will be moved to the Client Records folder on the appropriate secured online database, and an email will be sent to the designated employee regarding the receipt of new records.

Physical records received will be placed in the Records Room Inbox to await scanning. The designated employee will scan the physical records and transfer the digital copy to the appropriate file in the secured online database. Physical records will be filed by client name and number and will be maintained for 1 year. After 1 year, any physical document that does not require permanent retention and/or pertains to initial eligibility or legal status will be shredded as outlined in the Division of Developmental Disabilities Directive 1.060.

As much as possible, any transfer of records will occur digitally. Once the receiving agency has confirmed receipt of the digital files, the digital record will be moved to the CCDDR Inactive Client file.

If the receiving agency is unable to receive digital files, a designated CCDDR employee will print the file and send it to the receiving agency via certified mail.

REFERENCES:

- DDD Directive 1.060
- DMH DOR 8.110
- CARF Standards Manual



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2020-30

APPROVAL OF FFCRA POLICY

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden County voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, handbooks, manuals, and job descriptions and creates new Bylaws, policies, plans, handbooks, manuals, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to create and adopt a Families First Coronavirus Response Act (FFCRA), Paid Sick Leave and Expanded FMLA Leave, Policy.
2. That the Board hereby adopts the FFCRA Policy (Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairperson

Date

Secretary, Vice Chairperson, or Treasurer

Date

Attachment “A” to Resolution
2020-30

Camden County Developmental Disability Resources (CCDDR) Families First Coronavirus Response Act Policy: Paid Sick Leave and Expanded FMLA Leave (“FFCRA Policy”)

Effective Dates of Policy: April 1, 2020 – December 31, 2020

Introduction

The Families First Coronavirus Response Act (“FFCRA”) creates two new types of leave to which eligible employees may be entitled if they are unable to work due to COVID-19 related reasons: **Paid Sick Leave** and **Expanded FMLA Leave**. Information regarding both types of leave is set forth below. Further information regarding the FFCRA, as well as a CCDDR Request for FFCRA Leave Form, can be obtained from CCDDR’s Human Resource Officer.

Unable to Work

For purposes of both types of leave under this policy, an employee is considered “unable to work” if CCDDR has work for the employee and one of the Qualifying Reasons (as defined herein) prevents the employee from being able to perform that work, either under normal circumstances at the employee’s normal worksite or by means of telework. CCDDR may approve an employee to work an adjusted schedule (aka “Flex” time), in which case an employee who has been approved to work an adjusted schedule is not “unable to work” unless one of the Qualifying Reasons prevents the employee from working the adjusted schedule and there are no extenuating circumstances that prevent the employee from performing that work.

Paid Sick Leave Under the FFCRA

Eligible Employees

All employees, regardless of length of employment with CCDDR, are eligible for Paid Sick Leave. However, CCDDR may choose not to permit an employee to take Expanded FMLA Leave where the employee’s use of Expanded FMLA Leave would jeopardize the viability of the business as a going concern.

Qualifying Reasons for Paid Sick Leave

An employee is entitled to take Paid Sick Leave when the employee is unable to work because the employee:

- Is subject to a federal, state, or local quarantine or isolation order due to COVID-19 (“Quarantine Order”)¹

¹ A quarantine or isolation order includes quarantine, isolation, containment, shelter-in-place, or stay-at-home orders issued by any Federal, State, or local government authority.

- Has been advised by a healthcare professional to self-quarantine due to COVID-19 (i.e., based on the health care provider’s belief that the employee has COVID-19, may have COVID-19, or is particularly vulnerable to COVID-19 (“Quarantine Recommendation”))
- Is experiencing symptoms of COVID-19 (such as fever, dry cough, shortness of breath, or other COVID-19 symptoms identified by the U.S. Centers for Disease Control and Prevention [CDC]).and is seeking medical diagnosis (“COVID-19 Symptoms”)
- Is caring for a qualified individual² who is under a Quarantine Order or Quarantine Recommendation (“Quarantine Care”)
- Is caring for the employee’s son or daughter, because the son or daughter’s school or childcare provider is closed/unavailable due to COVID-19 precautions (“Child Care”)³
- Is experiencing any other substantially similar condition specified by the Secretary of the Health and Human Services, in consultation with the Secretary of the Treasury and Secretary of Labor (“Other Symptoms”)

Amount of Paid Sick Leave:⁴

Employees who are full-time status are entitled to a maximum of 80 hours of Paid Sick Leave.

Employees who are part-time status are entitled to a maximum number of hours of Paid Sick Leave that is equal to the average number of hours that such employee works over a two-week period. Special rules may apply to part-time employees who work varying schedules.

Amount of Pay for Paid Sick Leave

For Paid Sick Leave due to reasons as set forth herein, leave will be paid at the employee’s regular rate of pay.

Relation of Paid Sick Leave to Other Paid Leave

Paid Sick Leave is in addition to any other paid leave which may be available to employees under the CCDDR’s other paid time off (PTO) policies. Employees are not required to first use PTO under any other CCDDR policy before using Paid Sick Leave.

Paid Sick Leave is in addition to any other paid leave which may be available to employees under applicable Federal, state, or local law.

² A qualified individual is someone who is: (a) an employee’s immediate family member, roommate, or similar person with whom the employee has a relationship that creates an expectation of care; and (b) in need of genuine care from the employee.

³ Paid Sick Leave for Child Care may be used only when no other suitable person will be caring for the employee’s son or daughter during the period for which the employee is requesting leave.

⁴ The amount of Paid Sick Leave available under this FFCRA Policy to an employee who becomes employed by the Company after April 1, 2020, will be reduced by the amount of Paid Sick Leave, if any, such employee used while working for any prior employer.

Employee Notice and Documentation Requirements

Employees are requested to provide notice of their need for Paid Sick Leave as soon as the need for leave becomes known. In all cases, however, an employee must give notice of the employee's need for Paid Sick Leave as soon as practicable after the first workday (or portion thereof) for which an employee takes Paid Sick Leave. Employees may provide initial notice of the need for leave either orally or in writing to CCDDR's Human Resource Officer. However, employees thereafter must provide an appropriate statement and supporting documentation demonstrating the need for Paid Sick Leave. A CCDDR Request for FFCRA Leave Form for this purpose must be obtained from, and submitted to, CCDDR's Human Resource Officer.

Use of Paid Sick Leave

All employees are able to telework, but for those employees who are unable to telework during their normally scheduled hours (including any adjusted schedule agreed to by CCDDR) due to a Qualifying Reason for Paid Sick Leave may take Paid Sick Leave intermittently while teleworking, subject to CCDDR's approval of both: (a) the use of intermittent Paid Sick Leave; and (b) the increment(s) or schedule in which Paid Sick Leave will be used. Employees must discuss requests for intermittent Paid Sick Leave with the Human Resource Officer and their supervisor.

No Replacement Requirement

Employees are not required to find a replacement to cover any part of their work schedule while using Paid Sick Leave.

Exhaustion of Paid Sick Leave

If an employee exhausts Paid Sick Leave entitlement but still needs leave for COVID-19 related reasons, the employee should communicate with CCDDR's Human Resource Officer to determine whether another type of leave is available.

Return to Work from Paid Sick Leave

An employee who has taken Paid Sick Leave should notify CCDDR's Human Resource Officer promptly when the employee's need for Paid Sick Leave has ended. The employee's Paid Sick Leave ends as of the next immediately scheduled workday following the conclusion of the employee's need for Paid Sick Leave. CCDDR's Human Resource Officer will work with the employee to return the employee to work from leave, including informing the employee of any return-to-work certification from employee's health care provider that may be required when Paid Sick Leave has been taken due to Quarantine Order, Quarantine Recommendation, COVID-19 Symptoms, Quarantine Care, or Other Symptoms.

Expanded FMLA Leave Under the FFCRA

Eligible Employees

All employees who have been employed by CCDDR for at least 30 calendar days as of the date the Expanded FMLA Leave is to begin are eligible for Expanded FMLA Leave. Employees who have recently been rehired by CCDDR should consult with Human Resources to determine when they are eligible for Expanded FMLA Leave. However, CCDDR may choose not to permit an employee to take Expanded FMLA Leave where the employee's use of Expanded FMLA Leave would jeopardize the viability of the business as a going concern.

Qualifying Reason for Expanded FMLA Leave

An employee is entitled to take Expanded FMLA Leave when the employee is unable to work (including telework) because the employee is caring for the employee's son or daughter because the son or daughter's school or child care provider is closed/unavailable due to and related to COVID-19 as declared by the federal, state, or local authority (a "Public Health Emergency"). Expanded FMLA Leave may be used only when no other suitable person will be caring for the employee's son or daughter during the period for which the employee is requesting leave.

Amount of Expanded FMLA Leave

For those employees who are eligible for FMLA leave, the Expanded FMLA Leave entitlement under the FFCRA does not provide for an additional amount of FMLA leave, but instead simply provides an *additional qualifying reason* for which FMLA leave may be taken (as set forth herein). Thus, employees who are eligible for both Expanded FMLA Leave and for FMLA leave under FMLA are entitled to take up to a combined total of 12 weeks of FMLA leave (or up to 26 weeks of military caregiver leave), including Expanded FMLA Leave and other types of FMLA leave, within the applicable 12-month period (as defined). Regardless of how the 12-month period is defined, in no event may an employee take more than 12 weeks of Expanded FMLA Leave during the period of April 1, 2020 to December 31, 2020.

For example, if you have already taken some, but not all, of your 12 workweeks of FMLA leave during the applicable 12-month period, you may take some or all of the remaining portion of the 12 workweeks as Expanded FMLA Leave (subject to the terms set forth herein). However, if you have already taken 12 workweeks of FMLA Leave during the applicable 12-month period, you may not take additional Expanded FMLA Leave during the applicable 12-month period.

Employees who are eligible for Expanded FMLA Leave but who are not eligible for FMLA leave (due to length of employment, hours worked, or number of employees at work location) are entitled to take up to 12 weeks of Expanded FMLA Leave. If such employees subsequently become eligible for FMLA leave, their 12-week FMLA entitlement may be reduced by the amount of Expanded FMLA Leave they have already taken in the applicable 12-month period, and in no event may they take more than 12 weeks of Expanded FMLA during the period of April 1, 2020 to December 31, 2020.

An employee whose FMLA leave and Expanded FMLA Leave exceeds the amount of leave available under this policy within the applicable 12-month period will not be guaranteed a job upon return from the leave, unless otherwise required by law. Employees may submit a request for other unpaid leave; however, each situation shall be assessed on a case by case basis. Such leave of absence requests must be approved by the Executive Director and may require additional documentation.

Unpaid vs. Paid Expanded FMLA Leave

The first 2 weeks (10 workdays) of Expanded FMLA Leave is unpaid. However, an employee may elect to use Paid Sick Leave under this policy (if available) or currently available paid leave under CCDDR's PTO policies during this two-week period. If the employee elects to do so, then such leave will run concurrently with the unpaid Expanded FMLA Leave and will be paid in accordance with the applicable policy.

Any remaining Expanded FMLA Leave taken after the first two weeks (10 workdays) of Expanded FMLA Leave will be paid at 2/3 of the employee's regular rate of pay, i.e., 2/3 employee's regular rate of pay multiplied by the number of hours that the employee would otherwise be scheduled to work during the period of the leave. Subject to applicable federal or state law, employees may choose to use any currently available paid leave under CCDDR's PTO policies to supplement pay during this period of paid Expanded FMLA Leave so that the employees receive the full amount of their normal pay (e.g. the employee may substitute one-third hour of accrued paid leave for each hour of Expanded FMLA Leave), which is approximately 13.2 PTO hours for each 40-hour workweek. For each day of leave, the employee receives compensation based on the number of hours the employee would otherwise be normally scheduled to work, although special rules may apply to employees with varying schedules.

Employee Notice and Documentation Requirements

Employees are requested to provide notice of their need for Expanded FMLA Leave as soon as the need for leave becomes known. In all cases, however, an employee must give notice of the employee's need for Expanded FMLA Leave as soon as practicable after the first workday (or portion thereof) for which an employee takes Expanded FMLA Leave. Employees may provide initial notice of the need for leave either orally or in writing to CCDDR's Human Resource Officer. However, employees thereafter must provide an appropriate statement and supporting documentation demonstrating the need for Expanded FMLA Leave. A CCDDR Request for FFCRA Leave Form for this purpose must be obtained from, and submitted to, CCDDR's Human Resource Officer.

Employer Notice

After receiving an initial request for Expanded FMLA Leave, CCDDR will inform the employee of the employee's eligibility status for taking leave. If the employee is not eligible for Expanded FMLA Leave, CCDDR will provide a reason for the ineligibility. If the employee is eligible for Expanded FMLA Leave, CCDDR will notify the employee of the employee's rights and responsibilities under the FMLA, including any additional information that may be required of the employee.

After sufficient information is obtained to determine whether the leave will be designated as FMLA-protected, CCDDR will notify the employee as to whether the leave has been designated as Expanded FMLA Leave. If known at that time, CCDDR will also notify the employee of the amount of leave to be counted against the employee's leave entitlement. If not known at that time, CCDDR will notify the employee of the amount of leave counted against the employee's leave entitlement upon request, but no more often than once in a 30-day period during which leave was taken.

Use of Expanded FMLA Leave

All employees are able to telework, but for those employees who are unable to telework during their normally scheduled hours (including any adjusted schedule agreed to by CCDDR) due to a Qualifying Reason for Expanded FMLA Leave may take Expanded FMLA Leave intermittently while teleworking, subject to CCDDR approval of both: (a) the use of intermittent Expanded FMLA Leave; and (b) the increment(s)/schedule in which Expanded FMLA Leave will be used. Employees must discuss requests for intermittent Expanded FMLA Leave with the Human Resource Officer and their supervisor.

Provisions Applicable to Both Paid Sick Leave and Expanded FMLA Leave under this FFCRA Policy

Son or Daughter

For purposes of both Paid Sick Leave and Expanded FMLA Leave, a "son or daughter" includes the employee's: biological, adopted, foster or step child; legal ward; or a child for whom the employee is standing *in loco parentis* (i.e., the employee has day-to-day responsibilities to care for or financially support the child). A "son or daughter" also includes an employee's adult son or daughter (i.e., one who is 18 years of age or older), who (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability.

Continuation of Benefits

Employees will remain eligible for CCDDR-paid employee-only coverage under CCDDR's health insurance plan. To continue family, spouse, and/or dependent coverage, the employee must continue to make any contributions (e.g., premium payments) that the employee made to the plan before taking leave. The employee may also choose not to continue family, spouse, and/or dependent coverage while on leave, and upon returning from such leave, shall be entitled to be reinstated on the same terms as prior to taking the leave. If CCDDR changes or provides new benefits during the period of Paid Sick Leave and/or Expanded FMLA Leave, the employee will be entitled to the new or changed benefits to the same extent as if the employee was not on leave. The employee will also receive all notices of an opportunity to change benefits (e.g., open enrollment) and any such election to change benefits will be honored.

No Carryover

Any Paid Sick Leave available under this Policy that has not been used by December 31, 2020 may not be carried over to 2021. Similarly, Expanded FMLA Leave is available only until

December 31, 2020; after that, an employee may only take FMLA leave (and only to the extent the employee is eligible and has leave time remaining in the applicable 12-month period). Employees will not be paid for any unused Paid Sick Leave or Expanded FMLA Leave upon the expiration of the FFCRA on December 31, 2020.

No Payout on Separation

Employees will not be paid for any unused leave under this Policy upon separation for any reason.

Return to Work/Restoration of Position

If an employee's scheduled work hours are reduced due to the lack of work, the employee is not entitled to use Paid Sick Leave or Expanded FMLA Leave for the hours the employee is no longer scheduled to work.

During Paid Sick Leave or Expanded FMLA Leave, CCDDR may require periodic reports from the employee regarding the employee's status and intent to return to work. If an employee is able to return to work sooner than anticipated, the employee is expected to notify CCDDR of the changed circumstances.

At the end of the approved Paid Sick Leave and/or Expanded FMLA Leave, the employee will be offered restoration to the same position held when leave commenced, or to an equivalent position with the same benefits, terms, and conditions of employment.

However, an employee has no greater right to leave under the FFCRA, or to reinstatement or other benefits and conditions of employment under the FFCRA, than if employee had been continuously employed during the leave period. Thus, for example, the right to paid leave (or to continuing paid leave, if leave has already begun) or to restoration may not apply if there has been a worksite closing, layoff, workforce reduction, a reorganization, or similar business change for legitimate business reasons affecting the employee's position before or while the employee was on leave under the FFCRA. In addition, certain highly compensated "key" employees as defined under the FMLA may not be entitled to job restoration.

With respect to employees who have taken Expanded FMLA Leave, if the employee's previous position no longer exists due to CCDDR's economic conditions or other changes in operating conditions that affect employment and are due to COVID-19 related reasons during the period of the leave, then CCDDR will make reasonable efforts, upon the employee's ability to return from Expanded FMLA Leave, to restore the employee to an equivalent position (including equivalent in terms of benefits, pay, and other terms/conditions). In certain circumstances, no reasonable equivalent position may be available; therefore, the employee may not be reinstated. However, for a period of one year (beginning either on the date the leave related to COVID-19 reasons concludes or the date 12 weeks after your leave began, whichever is earlier), CCDDR will continue to make reasonable efforts to contact you if an equivalent position becomes available.

Protecting Employee Rights

It is against CCDDR policy to interfere with, restrain, or deny the exercise of any right provided by the FFCRA, or to discipline, discharge or otherwise discriminate against any person who lawfully takes leave under the FFCRA, files a complaint, or institutes a proceeding under or related to the FFCRA, or intends to testify in any such proceeding.

Employees who have concerns with how their FFCRA leave requests have been handled are encouraged to bring their concerns to the attention of the Human Resource Officer. Employees also may file a complaint with the U.S. Department of Labor, Wage and Hour Division. Additional information may be obtained through the Department of Labor at 1-866-4US-WAGE (1-866-487-9243) (TTY 1-877-889-5627) or www.dol.gov/agencies/whd.

Dishonesty or Misuse of FFCRA Leave

Employees are prohibited from engaging in fraud, abuse or misuse in connection with a request for leave under this FFCRA Policy. The submission of false information in support of a request for leave under this FFCRA Policy, or the abuse or misuse of approved leave under the FFCRA, may result in disciplinary action, up to and including immediate termination.

Construction of this FFCRA Policy

This policy is intended to comply with the FFCRA and not expand upon it. As such, this policy shall be construed in all cases consistent with the statutory requirements. The ultimate determination of whether an employee is entitled to leave under the FFCRA or whether any time off by the employee may be deemed to be leave under the FFCRA is not governed by this policy, but rather is governed by the provisions of the FFCRA, as well as any applicable regulations and other law interpreting the FFCRA. In addition, CCDDR will comply with any applicable state or local law or regulation that provides greater leave or related entitlements to employees. Accordingly, this policy is intended to provide employees with a summary of some of the important provisions of the FFCRA.

CCDDR reserves the right to amend any portion of this policy at its sole discretion, and to apply all provisions and defenses set forth in applicable law, whether or not specifically set forth in this policy. This policy is not a contract or a promise of any kind and does not alter CCDDR's employment at-will policy.